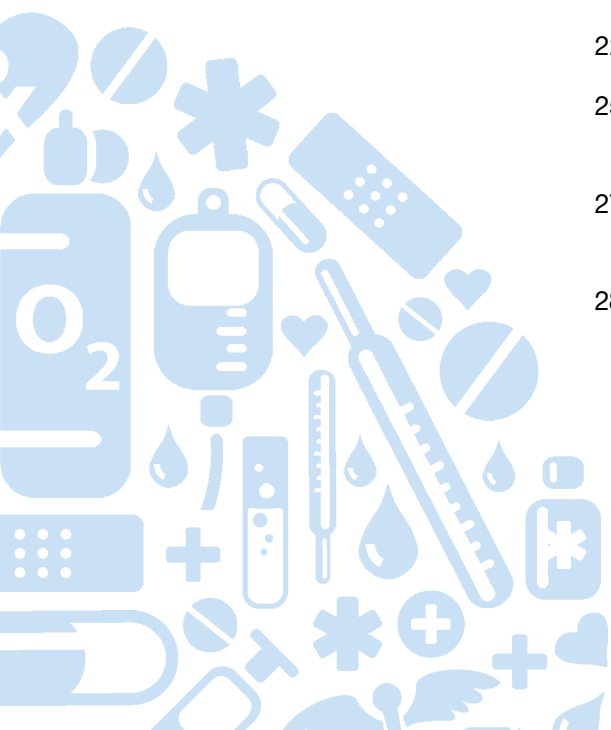


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A Compassionate Science

DR ANDREW MILLER
AMA (WA) President

Hello and welcome to your profession of Medicine. You are here to replace me which is the natural order of things.

I am sure that you are pleased to be finished with the study, and excited to be getting on with the next phase of your life.

All those who care about you will be rightly proud of your achievement, which has come at no small cost.

Our occupation, or calling, enjoys a special place in society because it is at the intersection of the best available science with caring for people.

It is 30 years since I was an intern. From here I can see way down the slope to slowing down and passing on the baton, and look back down the hill I climbed which was steep in places but well worth it.

The AMA is the family home of our profession – it is collectively yours to inhabit and to renovate and to inherit and finally to pass on to those who will come, all too soon, after you. The AMA is here to look after our tribe and represent our grand tradition and all that is good about it, but to do it in a responsive and flexible and modern way that can adapt to the times.

You now enjoy a legislated monopoly and will carry registration

papers that give you both privilege and responsibility. Your license to practise medicine is your greatest asset and you must protect it.

I have seen many careers end too early or in circumstances that the doctor would not have wanted, indeed that no one wanted. A few tips if I can be so bold on how to avoid common problems and fulfil the promise of that internship into the future:

- Don't feel entitled – every day we can practise is a privilege not a right, so stay humble. No one misses even the greatest doctor for more than a few weeks after we retire.
- Treat every patient and co-worker, everyone, with respect and compassion – easy when you like them, much harder when you don't, so keep a sense of humour.
- Stay connected to colleagues through the AMA and other organisations. Be a participator in your medical community because if you are in trouble it is much better when you are in an army than on your own.
- Avoid drug and alcohol problems and get help early if that starts to emerge.
- Avoid conflict in all aspects of life.
- Find another way around if you can. If in the middle of trouble, slow down on work and seek support.

- Stay current and involved in continuing education, and study as much extra stuff as you can in any discipline you are interested in.
- Focus on the job satisfaction and if it makes you some money, great. If it doesn't, make as much as others get, then remember how as a student you never needed as much as you will have now.
- Do something humanitarian any time you get an opportunity – much more fun than paid work usually.
- Contribute to the AMA – lots of fun to be had there.

Have fun and don't worry – there is a lot of negativity because social media has given every loud mouth a megaphone. Times have never been better though, and if you are not too busy when you get to my ripe old age, you will see again no doubt that things have improved. Science combined with compassion always improves things over time. ■





Support each other

DR MEGGE BEACROFT

Co-Chair

AMA (WA) Doctors in Training (DiT) Committee

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

All of that hard work has paid off and your first pay check is on its way. There will be a lot of advice flying around between now and day one so I'll keep mine brief!

Medicine is the most rewarding career. We earn a decent wage to surround ourselves with some of the best and brightest, to see people in what can be the worst moments of their lives – and be there to help. To fall back on all of those late-night cram sessions and pathology notes and history-taking practice to make a real difference in the lives of our patients.

It is a privilege and a pleasure,
and sometimes we need to take
a moment between the endless
paperwork and discharge
summaries to appreciate just how
lucky we are to be in this position.

Get to know your patients. Learn from them and their journey. Even if you get all of your cannulas in and all of your DC letters done on time, it's the genuine gratitude and relationships with patients that will get you through the tough bits.

Support each other. The relationships you form this year will shape your career. From the orderlies to department heads, a hospital doesn't function unless we all pull together. A casual joke with the orderlies, nurses who bring you a cup of tea or a bickie when you're exhausted or years later, picking up the phone on a night shift to make a referral and seeing one of your old co-intern's names on the roster. Learn people's names; be part of the team.

Enjoy the pre-vocational years, before the exams start again, where leave is more readily available and PDL isn't controlled by the colleges or taken up with frantic CV buffing. Take leave, travel, learn things for fun, read fiction.

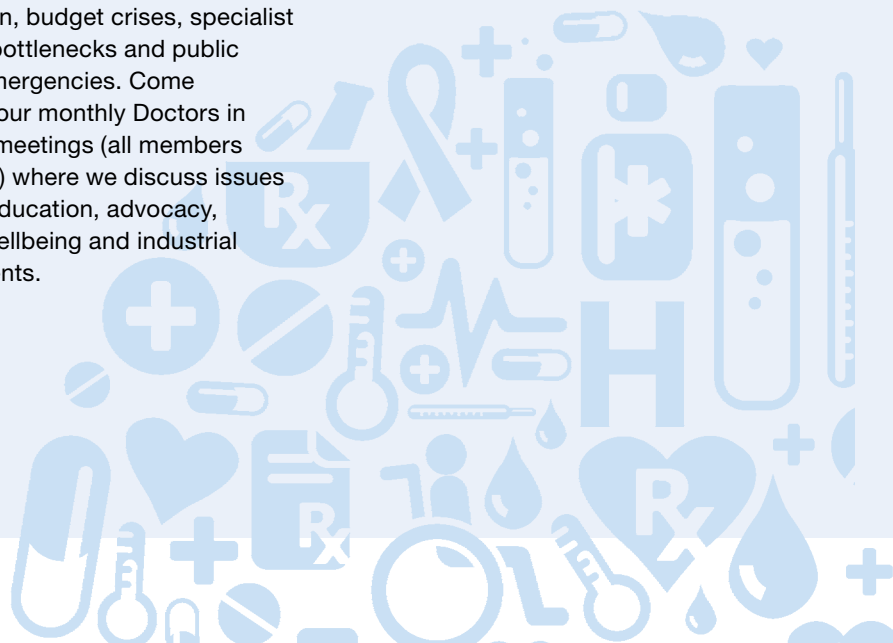
Join the Australian Medical Association (WA). Both medicine and medical training are rapidly evolving as we face technological expansion, budget crises, specialist training bottlenecks and public health emergencies. Come along to our monthly Doctors in Training meetings (all members welcome) where we discuss issues around education, advocacy, doctor wellbeing and industrial entitlements.

While others will discuss the many industrial and professional advantages of joining the AMA (WA), for me it's about shaping the future.

Please do not forget to take part in the AMA (WA) Hospital Health Check. This has become one of the most significant influences on a junior doctor's choice of workplace. I strongly encourage you all to complete the survey when it is released in 2020 and see the 2019 results later in this guide.

The AMA is the coordinated and public voice of all doctors in Australia and we need you to help us shape a message and agenda worthy of our times and the patients we represent.

I look forward to meeting you at one of our intern events in 2020. ■





Own your experiences

DR TESSA KENNEDY

Chair, AMA Council of Doctors in Training

Congratulations on levelling up from student to intern, and welcome to the medical profession!

A lot of things are about to change. First up, you get paid to be at hospital. Flip side – you actually have to be at the hospital. You will be given responsibility for patient care, perhaps the most satisfying part of the job – but with it comes the potential to do patients harm.

You will be pushed to your limits: are you ready?

I truly believe it is the challenge of our work that makes it worthwhile, but to avoid burnout, it's critical to balance work with life.

The Hippocratic Oath tells us to first do no harm. But the practice of medicine isn't just capable of inflicting harm on patients, doctors can also suffer in its pursuit. In the last few years, there has been a spotlight on the epidemic of psychological distress and mental ill health which may be created, or perpetuated by the culture of medicine and the way we work as doctors.

Personally, I've worked back to back 16-hour shifts, 90-hour weeks and then gone home to study. I've felt unable to call in sick because there is no one to cover me.

I've regularly stayed back only to be told I can't claim overtime. I've caught myself falling asleep driving home with 90km to go. I've had a sleep-deprived panic attack before

a high-stakes college exam. I've sat in my car and cried inconsolably after a near miss with a patient for which I felt culpable.

I've worked with a consultant for three months who never remembered my name.

Any doctor can tell you there's nothing terribly remarkable about these stories. I don't share this to scare or depress you, but to encourage you to take ownership of your experiences.

No doubt there are certain stressors inherent to the practice of medicine: dealing with death and suffering, high-stakes decision making and unpredictable workloads. However, many others are not inevitable, more the result of health systems under strain, being asked to do more and more with less and less. This is unhealthy not only for us, but for our patients, who are placed at increased risk of harm.

The various State AMA Doctors in Training Committees have quantified many of the concerns of doctors in training through our Hospital Health Check surveys. This has allowed us to drive long-overdue change to common issues like unpaid overtime, difficulties accessing leave, unsafe working hours, working when sick, service provision eclipsing training and more. The Federal AMA Council of Doctors in Training of which I am Chair are working to address a number of broader issues for DiTs, from gender

inequity and discrimination to onerous requirements for vocational training entry and completion.

I'd strongly encourage you to get involved, either in the AMA (WA), or any other avenue that allows you to help shape our professional world for the better.

Despite its many challenges and frustrations I love my job. I can't imagine doing anything else and I believe it to be a privilege to care for my community. But doctors are part of that community, and we are deserving of the same care and compassion we afford our patients.

As you enter your internship with a hard-earned 'Dr' before your name, here are 10 things that will help you thrive:

1. You are not alone.
2. When and where to get help.
3. Your rights (this is where AMA and ASMOF come in handy).
4. Your limits.
5. Your supports and safety nets.
6. It's okay not to have a 10-year plan.
7. There is no wasted experience.
8. Things can change – but you need to drive it.
9. Eat, sleep and exercise before saving lives (and you'll be better at it).
10. Our job is so amazing!

The next few weeks and months will be full of challenges, but also rich rewards. I wish you all the best. ■



10 things I wish I'd known

DR JAMES CHARLESON

WACHS Intern, Bunbury Regional Hospital

I remember reading this guide prior to starting my internship with all the butterflies and nerves of making the leap from 'senior medical student' to 'bottom of the barrel intern' that I am sure many of you are feeling.

For me that prelude was a collage of emotions: fear that I would forget everything I had learnt at medical school, excitement to finally get paid, terror I would miss a STEMI, trepidation at leaving student life behind and exhilaration that I might actually be able to help some patients. Fortunately most of my fears were unfounded and those hopes were realised. It's been a fantastic year of growth, challenge and learning – and I'm sure it will be for you too!

As you get set to embark on your own journey, here's my best attempt at 10 things I wish I'd known, and things you probably know already but might need to hear again.

1. First and foremost, you will be fine. It's much harder to fail your internship than it is to fail medical school – and you've passed that three times already. Aside from that, the internship is a lot more fun in many ways, the burden of knowledge is lower, you have very little actual responsibility and at the end of each day, you get to go home not worrying about studying for exams.
2. The most useful phrase during your internship (except with patients!) is some variation of,

"I have no idea how to do that". At the outset, I wanted people to think I was competent at everything but the reality is you can't be and there's no shame in that. The longer you pretend to know how to do something and you don't, the worse it is when you do have to admit it. This goes for suturing, ABGs, discharge summaries, writing good notes or even examining patients properly.

3. You can never have too many friends. You would not believe how hard colleagues can make your job if you're rude, abrupt or condescending to them. Conversely, you can't overstate how much easier your job can be when you have people on your side, this includes doctors on other teams, nurses, radiographers, PCAs, ward clerks and medical admin.
4. Collaborate with the other interns, especially early on – you're all in the same boat. I am not a naturally organised person and there are many things my colleagues do better than me, but you should never be afraid to ask how you could do things better.
5. While I'm confident your internship will be a great year I know there will be awful moments. On a ward cover shift, I was managing someone with an NSTEMI, a delirious patient trying to jump out of bed on a total knee replacement and I also had to call a woman to tell her that her husband of 60 years

had died unexpectedly. At times like this you will need someone to de-brief with.

6. Get your finances in order early. You will be paid well, but we're really behind those professionals who start working at an earlier age. I would recommend setting up salary packaging before you start working. Also, If you do get any choice, it's advantageous from a tax point of view to do your higher earning terms in the first half of the year (usually surgical and ED). I would also examine your pay slips – it's amazing how frequently they are wrong. Finally, for what it's worth, I found *The Barefoot Investor* a really helpful guide if you are new to adulating.
7. Having said that, in my opinion some things are worth spending on. I get a cleaner in once a fortnight and the laundromat down the road does all my washing – it leaves me time to actually reset and enjoy my time off.
8. If you do know what area you want to specialise in, then find a mentor early to identify opportunities and some kind of clinical road map early on.
9. If you don't know what you want to do, and even if you do, consider a rural term. I have had a great time in Bunbury.
10. Enjoy that last holiday before work starts! ■



Top tips to survive your internship

DR ALMA CORKER

Intern, Fiona Stanley Hospital

1. Be organised

- Download the *Australian Medicines Handbook* (AMH), Therapeutic Guidelines (eTG) and UpToDate on your phone. They are your best friends when you are unsure what to chart, if there are any contraindications or if you are unsure of the correct management. Hopefully you have received the “Intern Cheat Sheet” from your predecessors. If not, make sure to ask around!
- Prior to each term, check your roster to ensure you are aware of your schedule and familiarise yourself with the orientation material as this will make your first week as smooth as possible. It’s always a good idea to get a handover from your predecessor!
- Arrive at least 15 minutes before each shift to get to know your patients. It will make your day run a lot smoother and ensure you identify any issues that you’ll need to flag with the consultant on the morning ward round, and most importantly, help you get out on time!

2. Pursue your passions

- You have dedicated many years of study to get to this year. Make sure you enjoy it by allocating your spare time to areas you have wanted to pursue but did not have time as a student.
- If you are interested in advocacy work and enjoy being a part of a committee, consider joining your JMO committee, the AMA (WA)

Doctors in Training Committee or the PMCWA JMO symposium.

These opportunities will be promoted at your orientation week, so be sure to listen out for them!

- If research is more your thing, approach the medical education team, your supervisors and colleagues (particularly registrars on training programs) to find out what opportunities are available in your hospital network.

3. Maintain a good work-life balance

- You need to determine what your priorities are this year. As the cliché goes, it is a marathon not a sprint and this can be one of your most enjoyable years as a doctor. Do not become consumed by your work. The wonderful thing about working in the hospital system, is there will always be someone to hand over to. Ensure you are familiar with who this is on each term, so that you do not do unnecessary overtime.
- You have limited time outside of work, so use it wisely. Whether that includes maintaining your sporting commitments, learning a new language or simply hanging out with your family and friends!

4. Look after yourself

- Stay well hydrated. If you are working at Fiona Stanley, there is usually room on the WOWs for your water bottle. Otherwise have a small bag that you take on rounds. Medical rounds can go all morning, if not all day.
- Always take a break to eat and relax. I can promise you now, the jobs will never stop and you will be less productive if you decide to push through.

Even if it’s only 10 minutes, you will thank yourself later.

- If working night shifts, catch public transport or Uber to work. No matter how many coffees you drink at 5am, you will still likely microsleep behind the wheel, endangering yourself and fellow drivers!

5. Be kind and assertive

- Hospitals can be highly stressful environments and bring out (at times) the worst in individuals. Be mindful of your own interactions with others and understand the impact they may have.
- If you are calling a specialty after hours for advice, make sure you have all details at hand, especially the medication chart. This will make your life a lot easier and prevent (as much as possible) any irritation from the individual you are waking at 2am!

6. Seek help early

- On ward rounds, make sure to clarify any queries you have. Often consultants have other commitments and it will make the day much more straightforward if you raise issues whilst reviewing a patient.
- As an intern, you are not expected to have all the answers at hand and it is expected that you will have lots of questions. Don’t be afraid to ask them!

This is your apprenticeship, so use it to your advantage and seek help from those more experienced than you as much as possible. There are no dumb questions, only those that go unasked! ■



Dr Gary Avital and Dr Naomi Avital with their children Mendel and Chaya.

Strive for five

DR NAOMI AVITAL AND DR GARY AVITAL
Interns, Fiona Stanley Hospital

1. Work-life balance

Much has been said about work-life balance and it is a complex, evolving area of thought in the medical profession. After many years of study leading up to internship, now is a good time to take stock and reevaluate what you want your career to look like.

Internship will provide you with the necessary clinical experiences to help decide what you want to do in the future and it is important to come to each term with an open mind.

The best advice we were given was not to make any important decisions about the future this year. As the years go on, work will become more demanding and you need to rejuvenate and re-energise for the years ahead.

Internship is an ideal time to do this. Carefully consider any additional work-related activities you do.

Naturally there will be a range of professional development opportunities that arise. Think carefully about how far you are stretching yourself and what the long-term benefits will be. Take time to consolidate and reflect on your time at work. Make sure you take time to spend with your family and do the things that are important to you.

2. Be efficient

You can't possibly know the answer to everything that you'll be confronted with this year, but having a well-chosen selection of useful apps, documents and reference texts can help save a lot of time and stress. There are three types of useful material. One set is the more

general ward-based management type and helps with day-to-day common ward-based calls such as doses for common electrolytes or managing a low urine output.

There are many of these around – either grab a hold of one of those or make your own based on things that start coming up a lot – you can save useful documents like this in the 'Notes' app so that you can have the answers on hand quickly. The next is calculators such as Medcalc which will allow you to quickly calculate a wells score or a total equivalent morphine dose.

Lastly, there is information on specific sub-specialties – it can be useful to get handover from previous interns or ask your registrars what the go-to guidelines/ apps/texts are for that specific specialty.



Make sure you take time to spend with your family and do the things that are important to you.

3. Be kind

One of the personally rewarding aspects of internship is the collegiate relationships you develop with your fellow interns. Looking out for your colleagues and knowing that they will support you at work can be an immense source of professional satisfaction and reduce stress and anxiety. Help each other out, look out for each other and share your experiences – both the good and bad.

4. Be present – quality not quantity

One of the best things about internship as compared to medical school is that instead of feeling guilt about not studying, now when we are home, we are really 'home'. Whilst there are inevitably long hours spent away from home and the kids at times, we try to make the time we do have count. In a similar vein, we try to plan ahead in terms of shopping and meals so that we have more time to spend together as a family. For us, online shopping has been a huge help, as has cooking in batches.

Outsourcing jobs around the house can save a lot of time and give you a psychological and emotional break when work is really busy.

5. Don't set unreasonable expectations

Don't let any preconceived notions of what you should be doing in your extra-curricular time cause any additional stress. Sometimes it's okay to just take time off and relax. For the parents out there, it's important not feel guilty about occasionally skipping a school function or extracurricular event if you feel you need to.

Finally, enjoy the year because it will be over before you know it. ■



Government of **Western Australia**
Department of **Health**
Clinical Excellence

**Office of the Chief Medical Officer
Medical Workforce Branch**

Email: medicalworkforce@health.wa.gov.au

Specialist Workforce Capacity Program (SWCP) summary sheets

The SWCP summary sheets have been developed to provide an overview of the WA medical workforce based on the SWCP 2015.

Each SWCP summary sheet provides the following information:

- The projected workforce 2015 to 2025
- Projected consultant supply and demand 2015 to 2025
- Workforce distribution 2015
- Trainees and new fellows
- Consultant age distribution 2015
- Workforce planning and risk rating 2015 to 2025

The SWCP summary sheets should be read in conjunction with the *User information: Specialist Workforce Capacity Program summary sheets*.

https://ww2.health.wa.gov.au/Articles/S_T/Specialist-Workforce-Capacity-Program-SWCP/Specialist-Workforce-Capacity-Program-SWCP-2015-summary-sheets





The power of one voice

DR KATHARINE NOONAN

Head of Strategy, END RHD, Telethon Kids Institute
RMO, Perth Children's Hospital
AMA (WA) Councillor

First, let me be the hundredth or so person to congratulate you on joining the medical profession. It's going to be a wild and bumpy ride.

The good news is that if you don't want to think too hard from now on, you don't need to. That's not to say that working as a doctor isn't mentally and physically tough, or that any future exams won't be gruelling – sorry!

The hours can be long, your sleep patterns get out of whack and the realities of illness, life and death weigh heavy on the shoulders of anyone with the slightest empathy.

At the same time, the option is there to keep your head down, enjoy the paycheck, and get through internship and training as unscathed as possible. Questioning the way things are done is a very optional extra.

However, I guarantee you that as interns and RMOs, at the frontline of providing care (read: bottom of the food chain), you will become acutely aware of the inefficiencies and gaps in the system. It also becomes apparent to doctors that a large proportion of health problems could be avoided with sustained and coordinated efforts to improve prevention, health promotion and provision of primary care.

Whether it's chasing regular medications or a recent discharge for an inpatient, treating the endless supply of patients scourged by drugs and alcohol during the ED "disco shift", or observing the injustice of a mental health patient waiting days for an acute bed – doctors witness the issues firsthand.

Sometimes it all feels overwhelming and insurmountable, and frustration can morph into apathy. I would strongly recommend that you harness that frustration, coupled with the sense that things can be done better and your fresh perspective on the long-running issues, and channel it into a pursuit outside of your day job.

One way to do this of course, is to become a member of the Australian Medical Association (WA).

As well as representing the interests and welfare of doctors, the AMA (WA) advocates on behalf of the community and our patients, aiming to improve the health of all Western Australians. Whether you're contributing towards policy submissions to Parliament, engaging in a symposium on end-of-life choices, or completing a survey on weight management in the community, there are endless opportunities to have your voice heard and contribute to advocacy on behalf of the medical profession.

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 per cent. 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 them fester.

Talk to a trusted senior colleague, your peers, hospital administration or the AMA (WA). Our Doctors in Training Committee representatives and staff are there to assist members with workplace issues. ■

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2019 HHC Survey Results



By the AMA (WA) Doctors in Training Committee

2019 Hospital Health Check

Over 750 doctors in training from across WA hospitals have answered our annual survey into education, wellbeing, morale and industrial issues.

For feedback, comments & questions on the 2019 HHC Report Card contact us: dit@amawa.com.au



Grading: A>80, B70-79, C60-69, D50-59, F<50
* Inadequate data to publish.

Morale & Culture

Morale
Engagement with hospital leadership
Hospital supports the wellbeing of DiTs
DiTs would recommend the hospital to other DiTs
Culture

Teaching & Training

Adequate formal teaching
Adequate teaching on the run
Support for exams
Support for research

Rosters, Overtime & Payslips

Receive rosters 21 or more days in advance
Rostered start / end time reflects expected hours
Average unrostered overtime hours/fortnight
% of unrostered overtime claimed by DiTs
Payslips are correct

Wellbeing

DiTs take sick leave when unwell
Access to any debriefing ('hot' or 'cold')
DiTs have experienced bullying at the hospital site
DiTs have witnessed bullying/sexual harassment at the site

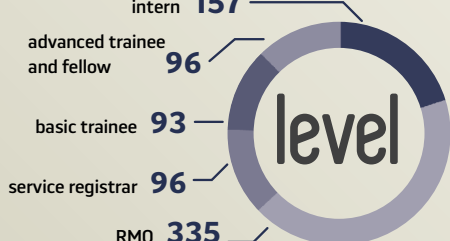
Leave

Average annual leave approved per DiT (weeks)
% Leave applications processed within 2 weeks
Average PDL approved per DiT (weeks)
DiTs able to access exam leave
% DiTs report no difficulty accessing leave

Part Time & Family

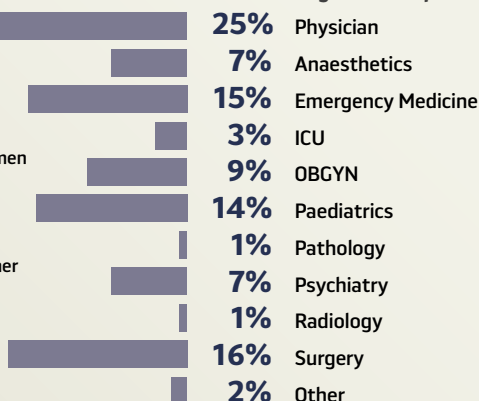
% DiTs fear for job security if took parental leave
Access to breast feeding facilities

| FSH | JHC | KEMH | PCH | RPH | SCGH | SJOG midland |
|---------|---------|---------|---------|---------|---------|-----------------|
| C | A | C | B | A | D | B |
| 67% | 87% | 57% | 73% | 88% | 53% | 78% |
| 50% | 82% | 53% | 64% | 75% | 38% | 66% |
| 63% | 84% | 72% | 75% | 83% | 48% | 78% |
| 80% | 92% | 75% | 85% | 94% | 62% | 82% |
| 65% | 91% | 61% | 82% | 88% | 54% | 78% |
| D | B | A | B | B | F | A |
| 69% | 74% | 87% | 78% | 74% | 61% | 81% |
| 54% | 72% | 78% | 71% | 74% | 49% | 81% |
| 61% | 81% | 86% | 84% | 76% | 43% | 84% |
| 54% | 67% | 89% | 73% | 67% | 44% | 74% |
| F | D | F | F | F | F | F |
| 42% | 41% | 44% | 20% | 40% | 26% | 54% |
| 65%/41% | 76%/42% | 21%/34% | 68%/35% | 50%/36% | 43%/31% | 68%/29% |
| 8.9 | 7.3 | 9.6 | 9.4 | 11.8 | 12.3 | 10.3 |
| 6% | 45% | 7% | 4% | 3% | 25% | 14% |
| 40% | 57% | 26% | 35% | 57% | 32% | 50% |
| D | C | D | D | C | F | D |
| 42% | 40% | 41% | 32% | 38% | 29% | 25% |
| 68% | 63% | 83% | 74% | 72% | 51% | 65% |
| 35% | 20% | 45% | 26% | 27% | 36% | 16% |
| 50% | 24% | 61% | 45% | 35% | 49% | 41% |
| F | C | D | D | C | F | * |
| 1.8 | 2.5 | 2.4 | 2.5 | 2.4 | 2.5 | * |
| 38% | 57% | 33% | 39% | 38% | 16% | * |
| 1.1 | 1.6 | 1.1 | 1.5 | 1.3 | 1.2 | * |
| 65% | 78% | 75% | 70% | 84% | 63% | * |
| 41% | 60% | 58% | 53% | 66% | 35% | * |
| 23% | 23% | 12% | 22% | 18% | 34% | * |
| 37% | 0% | 40% | 78% | 44% | 22% | * |



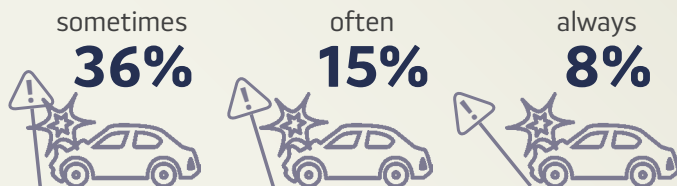
demographics

Registrar discipline:

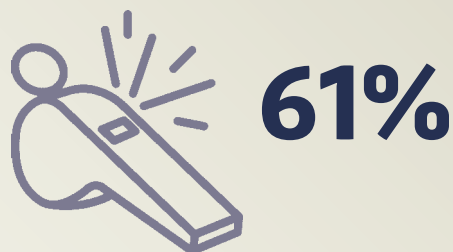


feel unsafe returning to work

Registrars who work on call overnight, when returning to work the next morning.

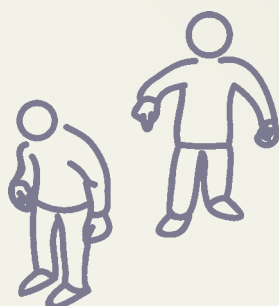


concerned for your job if reporting inappropriate workplace behaviour



have experienced

bullying
30%



have experienced

sexual harassment
6%



believe

part time should be in their specialty



94%

advanced trainees and fellows concerned about

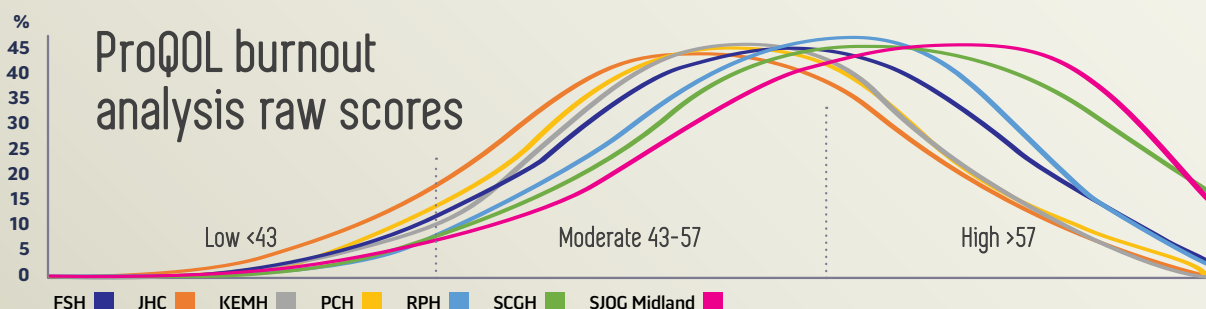
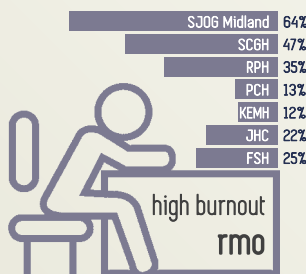
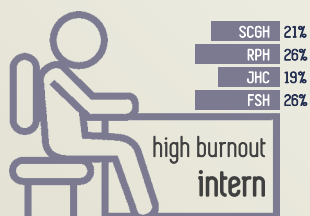
job security



agree **39%**
strongly agree **45%**

burnout level

Reported levels of burnout using Professional Quality of Life Scale



Packing a Punch

Australia & New Zealand Junior Doctor of the Year **Dr Jasmin Korbl** is determined to shine a light on the under-recognised issue of junior doctor welfare



Dr Korbl's work in the areas of junior medical officer welfare, community service and teaching was acknowledged last year when she was named 2018 CPMEC Australia & New Zealand Junior Doctor of the Year.

Earlier this year, the issue of dangerous workloads and untenable rosters was once again highlighted following a searing blog by young Sydney surgeon Dr Yumiko Kadota.

Dr Kadota was on call for 180 continuous hours and worked up to 70 hours a week. She repeatedly raised concerns about her untenable hours, which included being rostered on 24 days in a row and over 100 hours of overtime in a month.

Across the country, there are junior doctors experiencing, if not in equal measure as Dr Kadota, certainly shades of great strain and stress as a result of their demanding training schedules.

One Western Australian junior doctor, however, decided to do something about it.

Dr Jasmin Korbl, a resident medical officer at Sir Charles Gairdner Hospital, developed a new program for clinical debriefing at SCGH as well as an escalation pathway to assist junior doctors in crisis. Project Pow Wow has been running successfully at the hospital and a formal evaluation of the program's impact is underway.

"To be honest the idea was not mine, I was simply the curator," Dr Korbl says.

"The ideas and structure for the program came from the junior doctors who voiced the need for opportunities to talk about clinical and non-clinical issues that they face at work, in a supported and facilitated environment."

Dr Korbl says it is crucial that doctors find time to look after themselves and one another.

"Contemporary literature suggests that a third of junior doctors are suffering from burnout and over the last few years, we have witnessed the tragic consequence of this with the suicides of some of our colleagues who have suffered alone, in a silent crisis."

Dr Korbl's work in the areas of junior medical officer welfare, community service and teaching was acknowledged last year when she was named 2018 CPMEC Australia & New Zealand Junior Doctor of the Year.

Humbled by the recognition, Dr Korbl says she is eager to use the award as a platform to bring to light the important and under recognised issue of junior doctor welfare.

"One of the biggest challenges when we think about junior doctor welfare is that there are just so many problems and the sheer volume in itself can seem too daunting and discouraging for anyone to tackle.

"I have often needed reminders that small interventions can make a large-scale impact and can build a platform for further change."

Dr Korbl says there are male and female doctors who have supported and mentored her but she is keen to point out the many women in the hospital who inspire her on a daily basis.

"There is the medical education officer at Charlie's who knows every single junior doctor by name and provides a nurturing environment for anyone to seek assistance; a hard-working female cleaner in the C-block who has been doing the same job for 30 years and still takes so much pride in her work and of course, the women behind the scenes who unwaveringly support the men in medicine and enable them to flourish."

Even as Dr Korbl works towards acceptance into a specialty, she plans to continue advocating for the wellbeing of junior doctors.

"I am also adamant not to let my chosen career define who I am. I am a mum and have many interests outside of the hospital – it just so happens that I am also a doctor." ■

Member benefits for DiTs professional and industrial services

Membership of the Australian Medical Association (WA) gives you access to a comprehensive range of professional and industrial services including:

- Industrial advice and representation
- Access to Doctors in Training (DiT) Committee meetings
- Opportunity to contribute to the profession's political and public health advocacy
- Agreement negotiation
- Member-only communications
- Social and networking events
- Commercial benefits.

Political Advocacy

The AMA (WA) advocates on behalf of doctors in training (interns, residents, registrars and senior registrars) on a wide range of public hospital issues. Our priorities for 2020 include access to leave, improvements in rostering, ensuring hospitals understand their obligations for doctors wanting to access parental leave and portability of entitlements as doctors move across the WA health system as part of their training.

The DiT Committee Hospital Health Check 2019 survey revealed a number of ongoing workplace concerns affecting junior doctors. The issues identified by the survey, coupled with the AMA (WA)'s advocacy, has been a driving force in the hospitals implementing change.

A key concern has been the ongoing problems with excess working hours and non-payment of overtime. Many junior doctors are consistently advised that they should not claim overtime or that overtime worked will not be approved.

This approach leads not only to junior doctors not being paid correctly but also means that hours of work are “hidden” and this can lead to a misrepresentation of what practitioners are working and ultimately fatigue which impacts on the wellbeing of individuals and service delivery.

Agreement Negotiation

The AMA (WA)'s proud history of negotiating significant improvements to salary rates, allowances and employment conditions has benefited junior doctors over many years. You will now be a beneficiary of the work of our dedicated staff.

As a result of the 2016 Industrial Agreement negotiations, WA interns were the first intern cohort in Australia to receive three-year appointments. As an intern, having satisfactorily completed your internship and achieved general registration, you will progress directly to resident medical officer, resulting in greater job security and guaranteed professional progression. Prior to 2016, interns would have been required to apply for an RMO position.

In 2019, the AMA (WA) commenced negotiations for replacement Agreements. Key issues for junior doctors include the preservation of entitlements such as leave when doctors move between healthcare providers as part of their training and development as a doctor in training.

Industrial Representation

AMA (WA) Industrial Officers can provide specialist advice and assistance to junior doctors on a range of issues including:

- Interpreting your legal employment entitlements;
- Disputes which arise during the course of your employment;
- Accessing your industrial entitlements such as leave;
- Assistance and support with disciplinary processes;
- Renewing your contracts of employment.

Exclusive Member Events and Seminars

Confirmed dates for these events in 2020 will be available on the AMA (WA) website www.amawa.com.au

- Intern Event
- Medico-legal Seminars
- Volunteering and Working Abroad
- Intern/RMO Application information evenings
- Clinical Seminars
- Leadership and Management Training
- CPR Training.

New events monthly. Keep an eye on your emails and the AMA (WA) events page for notifications about additional topics and events.

Member Only Communications

AMA (WA) members receive:

- *Medical Journal of Australia*
- *Medicus*
- *Australian Medicine*
- Industrial Updates
- e-DiT (National e-newsletter for doctors in training). ■

Key Entitlements

what you need to know

What are the ordinary hours of work under the Agreement?

Under the *WA Health System – Medical Practitioners – AMA Industrial Agreement 2016*, a full-time doctor in training's ordinary hours of work are an average of 40 hours per week. Rostered hours worked shall not exceed 75 hours in seven consecutive days and not more than 140 hours in any 14-day period.

Practitioners shall be rostered for a minimum period of three hours and can be rostered for a maximum of 15 hours for a day shift. However, practitioners starting work after 12 noon shall not be rostered for more than 12 consecutive hours.

Practitioners cannot be rostered to work split shifts.

How is overtime paid?

Hours worked in excess of 80 hours in any two-week pay cycle shall be paid at the rate of 150 per cent.

Hours worked in excess of 120 hours in any two-week pay cycle shall be paid at the rate of 200 per cent.

What 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, the practitioner shall be entitled to a second paid rest break of 30 minutes.

What penalty rates apply under the Agreement?

- Hours worked between 6pm and 12 midnight on any weekday shall attract a penalty of 20 per cent.
- Hours worked between 12 midnight and 8am on any weekday shall attract a penalty of 25 per cent.
- Hours worked on Saturday shall attract a penalty of 50 per cent.
- Hours worked between midnight Saturday and 8am Monday shall attract a penalty of 75 per cent.
- Hours worked between 12 midnight at the commencement of a public holiday and 8am on the day after a public holiday shall attract a penalty of 150 per cent, or if agreed, a penalty of 50 per cent with time off in lieu of the public holiday worked.

How 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 (i.e. public holidays, overtime, on-call and call back, shift and weekend work), only the highest of any such penalty shall be payable.

How much notice is the hospital required to give for rosters?

Practitioners shall be given a minimum of 14 days' notice and where possible 21 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.

How much sick leave am I entitled to?

A full-time practitioner shall be entitled to 80 hours' paid sick leave for each year of service. Leave accrues pro rata on a weekly basis and any unused leave carries over into the next year.

A practitioner, in their first year of service, may take sick leave in advance of the entitlement having accrued.

Sick leave in excess of two consecutive days requires a medical certificate or reasonable evidence of the illness or injury.

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 \$10.80, lunch \$13.30 and dinner \$15.95 and supper \$10.80*.

What are the parental leave provisions under the Agreement?

52 weeks of unpaid parental leave which may include:

- 14 weeks' paid leave for the primary care giver with at least 12 months' continuous service.
- Eight weeks' concurrent leave (both parents allowed to be on leave at the same time).

A practitioner must provide 10 weeks' notice if seeking to take leave.

Unpaid parental leave and concurrent leave cannot be refused

by your employer if you have met all necessary notice and evidentiary requirements.

What are the long service leave provisions under the Agreement?

A practitioner is entitled to 13 weeks' long service leave after 10 years' continuous service, with a further 13 weeks after each completed seven years of service thereafter.

How much annual leave am I entitled to?

A full-time practitioner shall be entitled to a minimum of 160 hours' annual leave for each year of service. Leave accrues pro rata on a weekly basis. A practitioner may also accrue a maximum of 40 hours' additional leave per year associated with performance of on-call or working ordinary hours on Sundays/public holidays.

What are the on-call entitlements under the Agreement?

Practitioners rostered on call shall be paid an hourly allowance of \$11.68* (from 1/10/2018). 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 recalled to work shall be paid a minimum of three hours as follows:

- For any work between 6am and midnight at the rate of 150 per cent.
- For work on Sunday between 6am and midnight at the rate of 175 per cent.
- For any work between midnight and 6am at the rate of 200 per cent.
- If the call-back period exceeds three hours, the practitioner shall be paid at the rate of 200 per cent for each additional hour.

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

Payment for public holidays

Hours worked on a public holiday shall attract a penalty of 150 per cent, or, if the practitioner and employer agree, a penalty of 50 per cent and the practitioner shall be entitled to a day in lieu for the day worked.

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 off in lieu at a mutually agreed time.

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

A doctor in training is entitled to three weeks of PDL:

- one week is accruing
- two weeks are non-accruing

Accruing leave carries over each year if not taken.

Non-accruing leave is lost if not taken. However if you apply for the leave and it is not granted by your employer, it converts to accruing leave. For this reason, it is important that you apply for your leave.

How long is my contract of employment?

In WA, interns are offered a three-year contract extending into their RMO terms, subject to successful completion of their internship.

What are the notice provisions under the Agreement?

- For contracts of 12 months or less – four weeks' notice.
- For contracts of more than 12 months but equal to or less than two years – six weeks' notice.
- For contracts of more than two years but equal to or less than three years – eight weeks' notice.
- For contracts of more than three years – 12 weeks' notice.

Are there any differences if I am employed by WACHS or seconded to WACHS?

Yes. We recommend that you contact the AMA (WA) to discuss this further.

What if I am employed by St John of God?

Generally employment conditions for St John of God interns are similar to WA Health. Please be aware that you will have a two year contract instead of three.

Please refer to the *St John of God Health Care – AMA WA – Medical Practitioners Enterprise Agreement 2016* for further information. ■

**Current rates are subject to ongoing negotiations for a replacement agreement.*

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. Please contact Amanda Kaczmarek or Hayley Elkin on (08) 9273 3000 to discuss your specific queries.

Doctors in Training

Salary Guide

| | | Base and PDA (1 Oct 18) | | | | Overtime | | Shift Loading | | | | Public Holidays Worked |
|-------------------------|--------------|----------------------------|----------------|---------------------|-------------------------|--|-----------------------------|---------------|---------|---------|---------|------------------------------|
| | Pay Level | Salary per annum | Hourly rate | PDA per annum | PDA fort- nightly | Hrs >80 and Hrs <120 in fortnight | Hrs >120 in fortnight | 20% | 25% | 50% | 75% | 250% |
| Intern | 1 | \$78,479 | \$37.60 | \$5,742 | \$220.14 | \$56.41 | \$75.22 | \$7.52 | \$9.40 | \$18.80 | \$28.21 | \$94.02 |
| RM0Yr1 | 2 | \$86,328 | \$41.37 | \$5,742 | \$220.14 | \$62.06 | \$82.74 | \$8.27 | \$10.34 | \$20.69 | \$31.03 | \$103.43 |
| RM0Yr2 | 3 | \$94,960 | \$45.50 | \$5,742 | \$220.14 | \$68.26 | \$91.02 | \$9.10 | \$11.38 | \$22.75 | \$34.13 | \$113.77 |
| RM0Yr3 | 4 | \$104,456 | \$50.05 | \$5,742 | \$220.14 | \$75.09 | \$100.12 | \$10.01 | \$12.51 | \$25.02 | \$37.54 | \$125.15 |
| Registrar Yr1 | 5 | \$109,678 | \$52.56 | \$10,048 | \$385.23 | \$78.84 | \$105.12 | \$10.51 | \$13.14 | \$26.28 | \$39.42 | \$131.40 |
| Registrar Yr2 | 6 | \$115,163 | \$55.19 | \$10,048 | \$385.23 | \$82.78 | \$110.38 | \$11.03 | \$13.80 | \$27.59 | \$41.39 | \$137.98 |
| Registrar Yr3 | 7 | \$123,800 | \$59.32 | \$10,048 | \$385.23 | \$88.99 | \$118.66 | \$11.86 | \$14.83 | \$29.66 | \$44.49 | \$148.32 |
| Registrar Yr4 | 8 | \$129,990 | \$62.29 | \$10,048 | \$385.23 | \$93.44 | \$124.59 | \$12.45 | \$15.57 | \$31.14 | \$46.72 | \$155.74 |
| Registrar Yr5 | 9 | \$136,489 | \$65.41 | \$10,048 | \$385.23 | \$98.11 | \$130.82 | \$13.08 | \$16.35 | \$32.70 | \$49.05 | \$163.53 |
| Registrar Yr6 | 10 | \$143,314 | \$68.68 | \$10,048 | \$385.23 | \$103.02 | \$137.36 | \$13.73 | \$17.17 | \$34.34 | \$51.51 | \$171.70 |
| Registrar Yr7 | 11 | \$150,479 | \$72.11 | \$10,048 | \$385.23 | \$108.17 | \$144.23 | \$14.42 | \$18.03 | \$36.05 | \$54.08 | \$180.29 |
| Senior Registrar Yr1 | 12 | \$161,766 | \$77.52 | \$14,354 | \$550.31 | \$116.28 | \$155.05 | \$15.50 | \$19.38 | \$38.76 | \$58.14 | \$193.81 |
| Senior Registrar Yr2 | 13 | \$169,854 | \$81.39 | \$14,354 | \$550.31 | \$122.09 | \$162.80 | \$16.28 | \$20.35 | \$40.69 | \$61.04 | \$203.50 |

| | Composite Salary (Base + PDA) 1 Oct 18 |
|--------------------------|---|
| Intern | \$84,221 |
| Resident Medical Officer | \$92,070–\$110,198 |
| Registrar | \$119,726–\$160,527 |
| Senior Registrar | \$176,120–\$184,208 |

* PDA – Professional Development Allowance

All figures used in the above table are based on the rates prescribed in the 2016 AMA Agreement. A replacement Agreement is currently being negotiated. All figures used in the above example have been rounded and should be used as a guide only.

Queries regarding your payslip, including underpayments, should be directed to your employer in the first instance.

The Industrial Relations Team at the AMA (WA) is able to provide support and advocacy on your behalf if the matter remains unresolved.

Please contact either
Amanda Kaczmarek or
Hayley Elkin on 9273 3000.

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.

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. ■

HERE'S AN EXAMPLE:

An employee at a major hospital, earning approximately \$70,000 per year who chooses to sacrifice \$10,000 out of their annual salary will get a total yearly tax saving of \$3,450! (Based on the individual income tax rates 2018/2019)

| Details | No Package | Salary Package |
|---|-----------------|-----------------|
| Salary | 70,000 | 70,000 |
| Less: Amount Sacrificed | – | 10,000 |
| Taxable Income | 70,000 | 60,000 |
| Tax Payable | 15,697 | 12,247 |
| Net wages paid by hospital | 54,303 | 47,753 |
| Add: Reimbursement of amount sacrificed | – | 10,000 |
| Total | \$54,303 | \$57,753 |

In Western Australia, 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



Understanding your payslip

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.

NORTH METRO AREA HEALTH SERVICE (GUIDE ONLY)

Employee Name
Smith, Joe

Send to
SMITH, JOE
14 Stirling Highway
NEDLANDS WA 6009

Emp No: CGNM123456

Payroll Date **Address**
11/01/2019 14 STIRLING HIGHWAY
NEDLANDS WA 6009

ABN No: 123456789101

Period No: 536

HR Contact:
HSS PAYROLL SERVICES

Telephone: 1300 553 927

Full-Time Salary
\$78,479.00

1. TAXED EARNINGS

| Hours | Rate | Description | This Pay Amount | Year to Date |
|--------------|-------|------------------|-----------------|-----------------|
| 72 | 37.60 | BASE HOURS | 2,707.20 | |
| 8 | 37.60 | P/HOL OBSERV | 300.80 | |
| 4 | 18.80 | O/T 1.5 | 75.20 | |
| 10 | 11.68 | O/CALL DIT | 116.80 | |
| 4 | 7.52 | PENALTIES AT 20% | 30.08 | |
| 8 | 18.80 | PENALTIES AT 50% | 150.40 | |
| 8 | 28.21 | PENALTIES AT 75% | 225.68 | |
| 2 | 9.40 | PENALTIES AT 25% | 18.80 | |
| 0 | 0 | PROF DEV ALL | 220.14 | |
| 0 | 0 | SMART SALARY | -384.48 | |
| Total | | | 3,460.62 | 3,460.62 |

4. TAX

| Description | This Pay Amount | Year to Date |
|--------------|-----------------|---------------|
| TAXATION | 870.00 | |
| Total | 870.00 | 870.00 |

2. UNTAXED EARNINGS

| Description | This Pay Amount | Year to Date |
|-------------------|-----------------|--------------|
| TOTAL | 0.00 | |
| *Untaxed Earnings | | |

3. TOTAL TAXABLE EARNINGS

| This Pay | Year to Date |
|----------|--------------|
| 3,460.62 | 3,460.62 |

5. DEDUCTIONS

| Description | This Pay Amount | Year to Date |
|-------------|-----------------|--------------|
| TOTAL | 0.00 | |
| Total | 0.00 | 0.00 |

6. SUPERANNUATION

| Super Contributions | This Pay Amount | Year to Date |
|---------------------|-----------------|--------------|
| NEW GESB SUPER WS6 | 328.76 | 328.76 |

7. NET PAY

| This Pay | Year to Date |
|----------|--------------|
| 2,590.62 | 2,590.62 |

GENERAL INFORMATION:

DISBURSEMENTS (BANKED)

| Bank Account | Amount |
|----------------|----------|
| CBA Smith, Joe | 2,590.62 |

LEAVE

| Balance Calculated | Leave Type |
|--------------------|------------|
| 0.15 | W |
| 0.00 | W |
| 3.00 | H |
| 0.15 | H |
| 80.00 | H |
| 3.06 | H |
| 0.00 | H |

Leave Balanced displayed are subject to audit

COMMENTS

* Tax on earnings is dependant on a number of variables.

THE LEGEND BELOW EXPLAINS THE MOST COMMONLY USED CODES YOU MAY FIND ON YOUR PAYSIP.

BASE HOURS

Base hours – as a full-time employee this ought to be 80 hours per fortnight (including any observed/worked public holidays)

PROF DEV ALL

Professional development allowance

PENS 20%

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

PENS 25%

Penalty of 25% for hours worked 12 midnight and 8am

PENS 50%

Penalty of 50% for hours worked on a Saturday

PENS 75%

Penalty of 75% for hours worked between midnight Saturday and 8am Monday

O/T 1.5

Overtime for hours worked in excess of 80 hours per fortnight paid at 150%

O/T 2.0

Overtime for hours worked in excess of 120 per fortnight paid at 200%

ON CALL ALLCE – DIT

On call allowance

P/HOL OBSERV

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

NORTH METRO AREA HEALTH SERVICE

Employee Name
Smith, Joe

ABN No: 123456789101
Payroll Date Period
10/01/2019 522

| Date From | Date To | Description | Units | Rate | Amount |
|---|------------|---|-------|-------|-------------------|
| PRIOR PERIOD TAXED EARNINGS | | | | | |
| TOTAL | | | | | 0.00 |
| CURRENT PERIOD TAXED EARNINGS | | | | | |
| 28/12/2018 | | BASE HOURS | 8 | 37.60 | 300.80 |
| 28/12/2018 | | PENALTIES AT 20% | 4 | 7.52 | 30.08 |
| 29/12/2018 | | BASE HOURS | 8 | 37.60 | 300.80 |
| 29/12/2018 | | PENALTIES AT 50% | 8 | 18.80 | 150.40 |
| 30/12/2018 | | BASE HOURS | 8 | 37.60 | 300.80 |
| 30/12/2018 | | PENALTIES AT 75% | 8 | 28.21 | 225.68 |
| 01/01/2019 | | P/HOL OBSERV | 8 | 37.60 | 300.80 |
| 02/01/2019 | | BASE HOURS | 8 | 37.60 | 300.80 |
| 02/01/2019 | | ON CALL ALLCE-DIT | 10 | 11.68 | 116.80 |
| 04/01/2019 | | BASE HOURS | 10 | 37.60 | 376.00 |
| 07/01/2019 | | BASE HOURS | 10 | 37.60 | 376.00 |
| 08/01/2019 | | BASE HOURS | 10 | 37.60 | 376.00 |
| 09/01/2019 | | BASE HOURS | 10 | 37.60 | 376.00 |
| 09/01/2019 | | PENALTIES AT 25% | 2 | 9.40 | 18.80 |
| 10/01/2019 | | OVERTIME @1.5 | 4 | 18.80 | 75.20 |
| 28/12/2018 | 10/01/2019 | PROFESSIONAL DEVT ALLOW | | | \$220.14 |
| 28/12/2018 | 10/01/2019 | SMART SALARY SP FIXED | | | -\$384.48 |
| | | TOTAL | | | \$3,460.62 |
| | | TOTAL TAXABLE EARNINGS (SECTION 1) | | | \$3,460.62 |
| PRIOR PERIOD UNTAXED EARNINGS | | | | | |
| | | TOTAL | | | 0.00 |
| CURRENT PERIOD UNTAXED EARNINGS | | | | | |
| | | TOTAL | | | 0.00 |
| TOTAL UNTAXED EARNINGS (SECTION 2) | | | | | 0.00 |

Check that your hours for each shift are correct.

Did you receive all overtime owing to you?

As an AMA (WA) member service, our Industrial Team can provide advice and advocacy 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:

- Having established that there is an error, approach your hospital rostering team (Medical Administration/ Workforce) to verify the error and seek their assistance in correcting the error. In most cases, the error can be fixed by updating the roster information.
- After having verified the error with the hospital rostering team, ensure they follow up with HSS. Your employer is responsible for ensuring you receive your correct pay. Hospital Health Service (HSS) is the centralised payroll service for the Department of Health.
- Keep records of all contacts made or attempted with your employer.

If you are not able to make any progress after having followed this process, please contact the AMA (WA) Industrial Team on 9273 3000 or email mail@amawa.com.au

Prescribing 101

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

Your most important accessory, however, 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 dose medications (e.g. 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. Oxycodone 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

- **Allergies** – What are they? Could it be a side effect? Will

other drugs in that class affect the patient?

- **Admission** – Why have they been admitted? If they have been admitted with syncope from postural hypotension then withholding their antihypertensive may be necessary.
- **Bloods** – Do they have any renal or liver dysfunction? Is it iatrogenic? E.g. Flucloxacillin causing liver dysfunction and worsening renal function due to Vancomycin. So you need to adjust the dose due to impaired renal function.
- **Check Obs** – This may prompt you to withhold or commence new medication.
- **DVT** – Do they need prophylaxis or do they need anti-coagulants withheld? Most surgeons have their own preferred anti-coagulant regime – ask the registrar.
- **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).
- **Extra Tests** – Some drugs will require that the patient have a drug level or blood test following administration. E.g. gentamicin and warfarin. Don't forget to submit the path forms in advance.
- **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. ■

REGULAR MEDICATIONS

| YEAR 20 ²⁰ | | DATE AND MONTH → | | | |
|---|------|---------------------------------|-------------|-------------------------------|---------------------------------|
| DOCTORS MUST ENTER administration times | | | | | |
| Date | 7/10 | Medication (print generic name) | Paracetamol | Frequency and NOW enter times | 0600 |
| Route | PO | Dose | 1g QID | | 1200 |
| Indication | Pain | Pharmacy | | Imprest DD | 1800 |
| Prescriber's signature | MC | Print your name | Hammer | Contact | 2400 |
| | | | | | Continue on discharge? Yes / No |
| | | | | | Dispense? Yes / No |
| | | | | | Duration:days Qty: |

REGULAR MEDICATIONS

| YEAR 20 ²⁰ | | DATE AND MONTH → | | | |
|--------------------------|--------|---------------------------------|------------|------------|---------------------------------|
| VARIABLE DOSE MEDICATION | | | | | |
| Date | 7/10 | Medication (print generic name) | GENTAMICIN | Drug level | 1800 |
| Route | IV | Frequency | once daily | Dose | 240mg |
| Indication | sepsis | Pharmacy | | Prescriber | JZ |
| Prescriber's signature | JZ | Print your name | KING | Contact | |
| | | | | | Continue on discharge? Yes / No |
| | | | | | Dispense? Yes / No |
| | | | | | Duration:days Qty: |

Venous Thromboembolism (VTE) risk assessment

☐ VTE risk considered (refer guidelines) ☐ Bleeding risk considered

Pharmacological Prophylaxis: ☐ Indicated* ☐ Not Indicated ☐ Contraindicated

*Consider surgical and anaesthetic implications prior to prescribing on Anticoagulation Chart

Mechanical Prophylaxis: ☐ GCS ☐ IPC ☐ VFP ☐ Not Indicated ☐ Contraindicated

Key: GSC – Graduated Compression Stockings; IPC – Intermittent Pneumatic Compression; VFP – Venous Foot Pumps

Risk Assessment completed by (name):

Warfarin/Anticoagulant in use ☐

Refer to Anticoagulation Chart for administration details

| (ADULT) INITIATION DOSING FOR WARFARIN – TARGET INR 2-3 – For Guidance Only | | |
|---|--|---|
| Day | INR | Suggested dose |
| 1 | 1.0-1.4 | 5 mg |
| 2 | No INR | 5 mg |
| 3 | <1.8 | 5 mg |
| | ≤1.8 | 1 mg |
| 4&5 | <1.5 | 7 mg |
| | 1.6-1.9 | 5 mg |
| | 2.0-2.5 | 4 mg |
| | 2.6-3.5 | 3 mg |
| | 3.6-4.0 | 2 mg |
| | 4.1-4.5 | 1 mg |
| | >4.5 | See treatment reversal |
| 6 onwards | Measure on alternate days until stable (daily if drug interaction or high bleeding risk) | As for days 4&5 or per clinical judgement |

■ This dosing regimen takes about 6 days to achieve therapeutic INR, longer in those under 60 years.

■ For younger patients consider 7–10mg on day 1 and day 2.

■ Consider smaller starting doses when the patient is elderly, has low body weight or abnormal liver function, or, is at high bleeding risk.

■ Consider dose modification in the presence of interacting drugs.

■ INR testing is recommended at morning blood rounds.

■ Discontinue heparin after a minimum of 4 days therapy and when INR is therapeutic (>2) for two consecutive days.

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

| YEAR 20 ²⁰ | | DAY AND MONTH → | | | |
|-----------------------|-----------------|---------------------------------|------------|----------------------------------|---|
| Date | 9/11 | Medication (Print generic name) | ENOXAPARIN | Time | 10:00 |
| CrCl mL/min | | Route | subcut | Dose Frequency NOW enter times → | 40mg SC DAILY |
| Indication | VTE PROPHYLAXIS | Pharmacy | | | |
| Prescriber Sign | JT | Print name | BAKER | Contact No. | 6192 |
| | | Creatinine | 100 | | |
| | | Platelets | 300 | | |
| | | | | | Continue on discharge YES / NO |
| | | | | | Dispense YES / NO |
| | | | | | Duration:days date:/...../..... |

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 re-write 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.

Looking after your mental health and wellbeing

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. One in six 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 Support Services

Doctors' Health Advisory Service

www.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.embracementalhealth.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) Doctors in Training Committee

www.amawa.com.au

Help with everything from unfair rosters, unpaid overtime, workloads and promotes and protects the welfare of DiTs in Western Australia. Call 9273 3000 or email mail@amawa.com.au

JMO Health Site

www.jmohealth.org.au

Case studies, assessment tools, strategies, links to more help.

WorkSafe WA

www.commerce.wa.gov.au/worksafe

Great tools on stress, bullying, aggression.

Act, Belong Commit

www.actbelongcommit.org.au

Intern Oath

I SWEAR IN THE PRESENCE OF MY CAPABLE AND ESTEEMED COLLEAGUES I WILL:

1. LOOK AFTER MYSELF AND MY COLLEAGUES IN THE FACE OF ADVERSITY AND 80 UNFINISHED DISCHARGE SUMMARIES
2. SPEAK UP AGAINST BULLYING, HARASSMENT OR UNPROFESSIONAL BEHAVIOUR IN MY WORKPLACE
3. STAY AT HOME WHEN I AM SICKER THAN MY PATIENTS
4. BE HYDRATED ENOUGH NOT TO INITIATE MET CALLS FOR MY LOW URINE OUTPUT
5. FIRST TAKE MY OWN PULSE IN AN EMERGENCY, AND CHECK ON MY COLLEAGUES' WELLBEING AS PART OF POST RESUSCITATION CARE
6. ASK FOR HELP IF I AM STRUGGLING, HAVING A BAD DAY, OR HAVING DIFFICULTY RESPONDING TO 11 SIMULTANEOUS PAGES
7. PRIORITISE MY ALLOCATED EDUCATION TIME OVER NON-URGENT ADMINISTRATIVE TASKS
8. NOT FEEL GUILTY OVER TAKING MY HALF DAY OR CLAIMING HARD EARNED OVERTIME, AND SUPPORT MY COLLEAGUES TO DO THE SAME
9. BE A DOCTOR TO EVERYONE BUT NOT MY FAMILY, FRIENDS OR TO MYSELF
10. HAVE MY OWN GP AND PRIORITISE MY PHYSICAL AND MENTAL WELLBEING TO SET A GOOD EXAMPLE, AND TO PROTECT MY PATIENTS

Get more with HBF corporate health plans

AMA (WA) MEMBERS



Discounts on hospital and extras cover



Switch and we'll honour any waiting periods you've already served for extras and hospital plus waive two month waiting periods



Up to 52 weeks complimentary health cover if on sick leave without pay¹



26 weeks complimentary health cover for spouse and dependents in the event of your death²



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call 1300 132 549
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¹Members must have been on an HBF Corporate Health Plan for 12 months to qualify. Does not apply to Overseas Visitor Cover. ²Does not apply to Overseas Visitor Cover. 12 months waiting periods are applicable. Waiver of waiting periods subject to exclusion of pre-existing conditions.



The value of AMA (WA) membership

**AMANDA KACZMAREK
AND HAYLEY ELKIN**
AMA (WA) Industrial Officers



What would you do if you thought your pay was wrong? Or you were worried about your employment contract? These things do happen. Who will you turn to if it happens to you? Below are examples of cases that doctors have had to deal with and how the AMA (WA) helped them.

Paid Parental Leave

Dr Elizabeth Taylor* is currently working at a public hospital and contacted the AMA (WA) to understand her entitlement to **paid parental leave**. Dr Taylor advised that she has a total of 3.5 years' service in the public health system. She recently took a six-month break to work in a private hospital as part of her training before rejoining the public health system. Dr Taylor believes she is not entitled to paid parental leave, as she does not have 12 months' continuous service immediately before she proceeds on leave, which she understands is a requirement.

As a member of the AMA (WA), Dr Taylor was able to access the following: Advice that the Industrial Agreement does not specifically state that the 12 months' continuous service must immediately proceed the parental leave.

How did AMA (WA) membership benefit Dr Taylor? Following discussions with AMA (WA), Dr Taylor had the confidence to apply for paid parental leave. The leave was approved by her hospital.

Working Hours & Rosters

Dr Ruby Smith*, a junior doctor, contacted the AMA (WA) as she was concerned about the working hours and rosters at her hospital. Dr Smith advised the AMA (WA) that rosters were not being provided in advance and were continuously changing. Many junior doctors were unable to plan their lives.

How did AMA (WA) membership benefit Dr Smith? The AMA (WA) received the roster provided and found that it did not comply with the Industrial Agreement. The AMA (WA) wrote to the hospital executive outlining our concerns.

The hospital executive confirmed that the issues raised were a high priority for the hospital to address and, action would be taken.

Members advised that they had started seeing improvements and rosters were made available on time for the whole team.

Hours of Work

Dr Luke Skywalker* recently contacted the AMA (WA) regarding his hours of work. Due to staffing shortages and unplanned absences, his team found themselves working unsafe hours over a sustained period. Dr Skywalker was concerned about increasing fatigue and the impact this may have on patient care.

As a member of the AMA (WA) Dr Skywalker was able to access the following: The AMA (WA) immediately wrote to the Chief Executive of the hospital requesting that the matter be addressed as a priority.

How did AMA (WA) membership benefit Dr Skywalker? The hospital confirmed that it did not support the practice of individuals working extended hours and appointed a hospital representative to investigate and resolve the issue. ■

**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 (WA). If they had not been members of the AMA (WA), the Association would not have been able to assist. No assistance is available for pre-existing issues, so it is important to join and remain a member.

For more information regarding our Non-Member Policy, visit www.amawa.com.au



As a member of the **Australian Medical Association (WA)**, you are part of a strong network of health professionals.

We support your journey as a Doctor no matter what stage of career you are at.

1

Advocacy

AMA (WA) promotes and advocates on behalf of the medical community of WA. We support you to shape the future of your profession and the healthcare industry.

2

Workplace Relations/Industrial Support

Our specialist workplace and industrial relations team are dedicated to ensure you're getting a fair deal in your pay and conditions.

3

Member Events, Training & Professional Development

Get exclusive access to member events. Build your skills and knowledge through our educational seminars and symposia. (free for members)

4

News and Information

Stay informed through our range of member publications such as Medicus, The Medical Journal of Australia, Med e-link and more.

5

Resources

Access to resources to assist you in your career: AMA List of Medical Services and Fees, Career Advice Hub, Contract Templates, UpToDate, AMA (WA) Police Medical Identification Card.

Let AMA (WA) support you, your career and your practice. **Join today!**

For a full list of our member benefits or to join, visit www.amawa.com.au



AMA (WA) Junior Doctor of the Year

Dr Camille Michener Legacy Award



Dr Camille Michener

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 areas such as teaching and education; leadership and advocacy; doctors' 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.

Earlier this year this prestigious award was presented to Dr Katrina Calvert who is in her final year of training as a specialist obstetrician and gynaecologist at King Edward Memorial Hospital. Dr Calvert is a strong advocate for junior doctors, constantly seeking ways to improve their work experience at KEMH along with teaching and protecting their wellbeing.

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

For further information 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 2020, so if you know a doctor in training who meets the criteria, consider nominating them!





AMA (WA) Membership: Bang for your buck

DR JASON LAURENS

Former Co-Chair

AMA (WA) Doctors in Training Committee

People always ask me what they actually get for their membership dollars, and I get it, we all want something tangible for our money. Especially many interns who still have that ‘poor student’ mentality where you wonder which flavour of two-minute noodles you’ll splurge on this week. Even as our AMA-negotiated salary rises with our PGY level, we still want something tangible (edible) for our money.

People often ask why they should pay an AMA (WA) membership when they already pay an RMO Society membership. They pretty much do what the AMA (WA) does anyway, right?

Wrong. As an ex RMO Society President, I can tell you that while the roles of RMO Societies and the AMA (WA) may cross over like a Venn diagram, there are many ways in which the two differ.

Your RMO Society dollars pay for the endless coffee and Tasmania-sized jars of Vegemite you attack at 2am between replacing IVCs that have somehow tissueed while the patient was asleep (who also missed their 10pm dose of Tazocin). They also pay for your end-of-term parties and, the real money pit, the annual ball which can cost anywhere from \$20,000 to \$80,000 depending on the extravagance.

Yes, RMO Societies advocate on behalf of their members regarding site and term-specific concerns, and they advocate on issues such as access to education, overtime and leave.

But the real difference between them and the AMA (WA) is the level

at which the advocacy occurs – local versus board and state.

When an RMO society keeps hitting brick walls put up by executive or workforce managers trying to squeeze the last drop of life out of overworked doctors, they come to the AMA (WA). Issues raised at the Doctors in Training Committee that haven’t been appropriately resolved at the local level are then taken to Council by the DiT Co-Chairs.

At Council, your issues are raised and pushed to ensure you’re getting bang for your buck. One of the most recent examples of how your membership money works for you was the backtracking by the North Metropolitan Health Service regarding its annual leave policy. They tried to mandate an illegal policy requiring DiTs to take all annual leave in one-week blocks even if only requesting a day or two of leave.

We raised the issue at Council who promptly communicated to North Metro that its policy did not meet the EBA Agreement. Within a short period of time, that policy was withdrawn, allowing DiTs to apply for leave for one day or one month without restriction. I could go on and on with more examples but this article has a word limit.

My previous example alludes to where part of your money goes – to a team of Industrial Relations officers who spend their days wading through countless issues raised by DiTs regarding non-compliance with the EBA Agreement. When people cannot access exam leave or have not

been paid appropriately, it is the AMA (WA) who works tirelessly to rectify the issue. You’ll probably never know these people or get the chance to see them fired up when DiTs are being taken advantage of, but it happens. The IR team at the AMA (WA) doesn’t just send letters to seniors and Heads of Department who bullishly condemn DiTs who raise the issue of overtime. Along with the President of the AMA (WA), they communicate directly with Executive Directors, Area Health Service Board members and the Department of Health.

The difference? Rather than an ignored email to a consultant, you get an inquiry into wage theft. This is where the real power lies and where meaningful change can be initiated. This equates to thousands of dollars in penalty rates and overtime in your pocket. Many psychiatric registrars will attest to this following the significant back pay some of their colleagues settled last year.

So, whilst we don’t restock your DCR fridges with goodies, you’re getting unmatched access to an IR department whose sole purpose is to ensure you are treated fairly within the rules of the Agreement.

Lastly, if you want something tangible, ask your local registrar with a baby on the way who recently purchased a new Volvo how much they saved. Because the three doctor couples sitting in Volvos when I signed on the dotted line recently all saved more on a single purchase than we’ve paid in years of fees combined. ■

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HIGHLIGHTS FROM OUR LEARNING CATALOGUE



Concussion in Sport

Use the latest evidence-based information to better diagnose concussion in sport related activities.



Advance Life Support Certification

The only accredited ALS certification in Australia that enables you to undertake the clinical assessment via a virtual platform.



AMA Code of Ethics

It's essential to understand the ethical principles needed to best support your patients as they make their own informed health care decisions.

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