



INTERNSHIP 101

CONGRATULATIONS ON JOINING
A PROUD PROFESSION

WHAT YOU NEED TO KNOW

COUNCIL OF DOCTORS IN TRAINING
SHAPING A BETTER FUTURE

WHO IS AMA QUEENSLAND?

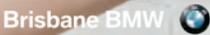
INTERN OATH

OVERTIME - WHAT ARE YOUR RIGHTS AND WHY AREN'T YOU GETTING PAID

WHERE YOUR CAREER MAY TAKE YOU

WHAT TO EXPECT IN YOUR FIRST YEAR

UNDERSTANDING YOUR PAYS LIP



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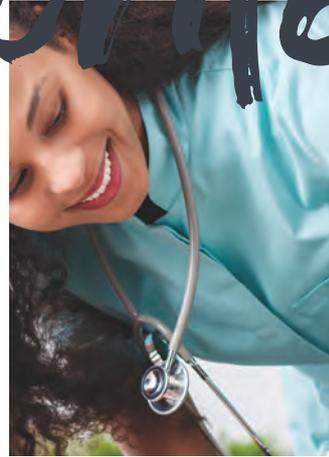
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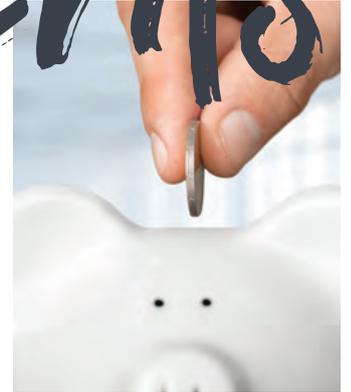
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Who is AMA QUEENSLAND?

AND WHY BE A DOCTOR IN TRAINING MEMBER?

AS A JUNIOR DOCTOR, KNOWING YOU CAN COUNT ON OUR INVALUABLE WORKPLACE SUPPORT AS YOU NAVIGATE THE FIRST STEPS OF YOUR CAREER (AND INEVITABLY, THE COMMON ISSUES THAT ARISE) EQUALS PEACE OF MIND. OUR ADVOCACY DELIVERS REAL, TANGIBLE BENEFITS SUCH AS OUR NEW *RESILIENCE ON THE RUN* DOCTOR IN TRAINING WELLBEING PROGRAM THAT IS DELIVERED FREE TO ALL INTERNS ACROSS QUEENSLAND. THIS IS A GREAT EXAMPLE OF HOW YOUR MEMBERSHIP INVESTMENT DIRECTLY SUPPORTS PROGRAMS THAT MAKE A REAL DIFFERENCE TO YOUR WORKING LIFE.

Follow us:



www.amaq.com.au

The Australian Medical Association (AMA) Queensland is the peak professional body for all doctors at all career stages and we exist for the advancement of medicine and the health system in Queensland.

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

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

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

Member benefits include the trusted service of one-on-one assistance when a member encounters problems in the workplace. Most

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

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



AMA

You can have your say on policy through your representative, by participating on a council or committee, or by responding to surveys or requests for inputs.

The AMA has a Doctors in Training Council, at both Federal and state levels, dedicated to working on issues affecting DITs.

The AMA has a dedicated policy team that lobby for better conditions and training for DITs, as directed by your council(s).

The AMA membership will actually save you money.

The AMA Board has a Doctor in Training representative at all times.

The AMA provides resources and guides to assist you to deal with issues such as bullying, the use of clinical images or the use of social media in your profession.

DID YOU KNOW?





Welcome

TO THE NEXT STEP OF YOUR DREAM...

Congratulations on approaching the final months of your medical degree. Your dream is about to become a reality. Like myself, some of you may have dreamt of becoming a Doctor at a very young age; legendary peers or medical family members may have influenced others, yet others may have chosen this career because you knew you had it in you to make a difference. Your upcoming intern year marks a very new beginning in your lives. Mixed emotions of jubilation for having made it and apprehension as you face unknown challenges on navigating your new roles and putting into practice everything you've learned.

Your studies will provide you with the basic skills and experiences that will set you off on your career. The friends you have made in medical school will stay with you throughout life. But you will continue learning and building newer and bigger networks. That is the nature of medicine. The AMA is a crucial part of your bigger network.

I reflect back on my time as an intern. One of the good things about this stage of your career is that no one expects you to have all the answers, so take the opportunity to ask questions, watch and learn. Take time to reflect on what you see and learn, and each day consolidate on your learnings both from the good and from the bad.

At AMA Queensland, we understand the numerous challenges ahead of you as you start your working life as a doctor – the challenges of career progression, certainty of training, industrial arrangements and working conditions and the government policies that affect you – all of which impact upon your balance of ongoing education with a home and social life.

This intern guide has been specifically developed to outline useful tips and tricks from our members and expert industry partners. A doctor cannot practice effectively without a working knowledge and support on industrial relations, human relations, the laws surrounding medical practice and ongoing education. AMA Queensland is focussed on providing this support to its members, so that you can be rewarded and unhindered in providing high quality care to your patients.

In your intern year, we will provide you with workplace support to ease the transition, and our team will help you navigate any problems with rosters, overtime, overpayment or underpayment, bullying and harassment.

With our union partner ASMOFQ we also negotiate your employment agreement during your Resident Medical Officer (RMO) years and make sure you get the best possible pay, terms and conditions.

AMA Queensland is the only organisation that does all of this for you. That is why I first joined the AMA and that is why I have remained with the organisation for over 40 years.

We look forward to engaging with you and being with you every step of the way as you begin the path on what will no doubt be a most fascinating journey.

Congratulations again, and welcome!

Dr Dilip Dhupelia
AMA Queensland President

congratulations

AND WELCOME TO THE MEDICAL PROFESSION



DR CHRIS MAGUIRE
SENIOR HOUSE OFFICER, LADY CILENTO CHILDREN'S
HOSPITAL; CHAIR, AMA QUEENSLAND COUNCIL OF
DOCTORS IN TRAINING

I know it has taken an incredible amount of hard work and effort to get here, but I'm so glad you made your way through. Your time in medicine will be unique and your experience varied but know that you are not just joining a profession, you are joining a community of peers, and we're all here to help you.

There are many challenges that we face as a cohort of doctors today. Challenges that are both unique to our time, and others that have always been with us: How we treat each other, and how we teach each other, are renewed areas of focus. What

it means to have a life that is not encompassed by a vocation, but complemented by it; and how to combat the empathy fatigue that comes with the necessary act of taking on the struggles of our patients as our own are also crucial considerations.

These are all issues that I want you to have a voice in and that I want you to help us figure out. We may not have all the answers now, but little by little, with your assistance, we can start to build a profession that reflects the highest values and standards of our best nature.

There are so many ways to find fulfilment as a doctor, and so many ways to build a career. Use this guide as the first step of that journey. Learn from our mistakes, and replicate our successes. You have everything you need to be safe and successful in this field already, just be patient with yourself and those around you as you navigate the first step.

Enjoy your break, I can't wait to work with you all in 2019 and beyond.

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

- Sir William Osler



Congrat

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, at all hours of the day and night. 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 of fatigue, emotion and patience with an imperfect system. Are you ready?

I truly believe it is the challenge of our work that makes it worthwhile, but for it to be sustainable and avoid burnout, it's critical to balance work with life. To make sure there's enough good to offset the bad. To apply your own oxygen mask before trying to help others.

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 too can suffer in its pursuit. In the last few of years there has been a spotlight held up to the epidemic of psychological distress and mental ill-health which may be created, exacerbated 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 hours late to complete all of the tasks required for my patients, only to be told I can't claim any overtime. I've caught myself falling asleep driving home from night shift at a rotation 90km from home, and three friends have crashed their cars in this situation, one into her daughter's

daycare. 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 only communicated with me through his secretary, and never remembered my name.

Any doctors can tell you there's nothing terribly remarkable about these stories. Everyone has their own, and I've heard a lot worse. I don't share this to scare or depress you, but to encourage you to think critically about and take ownership of your experiences. And to remind you that resilience is as much a behaviour as an attribute.

No doubt there are certain stressors inherent to the practice of medicine: dealing with death and suffering, high-stakes decision making, unpredictable workloads often at unsociable hours. But there are a range of stressors that are not inevitable, rather the result of a culture steeped in history and habit that is no longer fit for purpose. The result of health systems under strain, asked to do more and more with less and less. This is unhealthy not only for us, but for our patients, who are at increased risk of harm when DITs are burning out. But it doesn't have to be this way.

The various State AMA Doctors in Training Committees have quantified many of the concerns of doctors in training through our annual Hospital Health Check surveys. In many places 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, your hospital committees, College Trainee groups, 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. Having just attained fellowship of one college only to sign up for another 4+ years with another, it can't be all bad! Frankly I can't imagine doing anything else and I truly 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. So make sure that looking after yourself isn't the last box left unchecked on your to do list.

As you enter internship with a hard earned Dr before your name, your head is filled with as much of Grays and Robbins as could survive grad ball, but there's another curriculum you need to get across to thrive as a doctor in training.

Congratulations

**CONGRATULATIONS ON LEVELLING UP FROM STUDENT TO INTERN,
AND WELCOME TO THE MEDICAL PROFESSION!**

Here are 10 things you mustn't forget

- 1 You are not alone.
- 2 When and where to get help.
- 3 Your rights (this is where AMA and ASMOFQ come in handy).
- 4 Your limits.
- 5 Your support and safety nets.
- 6 It's ok 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!



DR TESSA KENNEDY
CHAIR, AMA FEDERAL COUNCIL OF DOCTORS IN
TRAINING, PAEDIATRIC INTENSIVE CARE TRAINEE,
ST VINCENT'S HOSPITAL

The next few weeks and months will be full of challenges, but also rich rewards. Make sure you take the time to ensure you get the balance right.

I wish you all the best, and can't wait to see what you do with your time in the profession.

AMA QUEENSLAND'S Council of doctors in training



SHAPING A BETTER FUTURE FOR YOU

WHAT IS THE AMA QUEENSLAND CDT?

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

CDT MEETINGS AND CURRENT AREAS OF FOCUS

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

CURRENT FOCUS AREAS OF CDT INCLUDE:

- ▶ ensuring that there are safe working hours, appropriate rostering and payment of overtime for doctors in training;
- ▶ fair access to vocational training and education for junior doctors;
- ▶ doctors' mental health, including the reversal of mandatory reporting requirements and the roll out of our *Resilience on the Run* program to all interns;
- ▶ industrial relations matters affecting junior doctors including negotiating the Medical Officers' Certified Agreement (MOCA 5) which governs your pay and conditions; and
- ▶ development of programs and resources to support Doctor in Training Members in an increasingly competitive environment.

AMA Queensland holds member events that cater to the issues junior doctors care about, including career development and pathways. This includes the annual *Junior Doctor Conference* ("JDC") and free seminars and webinars.

HOW CAN I BECOME INVOLVED?

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

WHAT WORK DO THE CDT HOSPITAL REPRESENTATIVES AND PORTFOLIO LEADS UNDERTAKE?

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

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

- ▶ education and training;
- ▶ communications;
- ▶ events;
- ▶ industrial relations; or
- ▶ rural and remote issues.

FOR FURTHER INFORMATION CONTACT:

Holly Bretherton, General Manager, Member Relations and Communications, AMA Queensland via email cdt@amaq.com.au or phone (07) 3872 2248.

2018 AMA Queensland Council of Doctors in Training

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(Deputy Chair)

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(Membership & Events)

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(Membership & Events)

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(Education & Training)

Graduate to the health fund created by doctors for doctors

Now that you're a junior doctor and a member of the medical community, you may not be covered by your parents' health insurance. That means you're now free to choose to join Doctors' Health Fund and benefit from our quality cover, choice and value.

When you choose Smart Starter and Basic Extras you're getting affordable entry level cover designed for fit and healthy singles and couples, with your choice of provider. Plus easy claiming with our member claims app.

Join within 60 days of coming off your parents' cover and any waiting periods you have served will transfer with you.

It takes just 10 minutes to join and we take care of all the paperwork to switch.

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Feedback from our Queensland members:

'Very happy with the benefits paid and the ease of using the claim app'

'Excellent fund which I recommend to ALL my colleagues.'



Doctors' Health Fund is the preferred provider of AMA Queensland

Dr Emily Stevens,
Doctors' Health Fund Member since 2017 DHF251_8/18

AMA QUEENSLAND'S DOCTOR IN TRAINING ADVOCACY:

What it is and

QUEENSLAND MEDICAL EDUCATION TRAINING INSTITUTE

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

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

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

IMPROVING THE MENTAL HEALTH OF DOCTORS IN TRAINING

AMA Queensland *Resilience on the Run* program funded for all interns from 2017 - 2019

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

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

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

In 2019, you will receive this program free of charge at your Hospital, thanks to the work of AMA Queensland. See a wrap-up of the 2018 *Resilience on the Run* program on page 26.

PROVIDING INPUT INTO THE MOCA 5 EMPLOYMENT AGREEMENT NEGOTIATIONS

AMA Queensland's Council of Doctors in Training actively contributed to the negotiations process for the *Medical Officers' Certified Agreement - MOCA 5*, which governs your pay, terms and conditions on the job. Our CDT representatives canvassed your feedback and worked actively with our union partner ASMOFQ to ensure you get the best possible deal when it comes to pay, professional development leave, and allowances.

IDENTIFYING ISSUES IN WORKPLACES THROUGH THE RESIDENT HOSPITAL HEALTH CHECK AND HELPING YOU MAKE AN INFORMED DECISION FOR APPLICATIONS

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

The *Resident Hospital Health Check* publication is an invaluable member-only resource, designed to better inform you in relation to hospital placements.

why it matters

REFORMING MANDATORY REPORTING RULES

AMA Queensland has been pushing for reform of mandatory reporting laws to ensure doctors can get treatment for medical conditions without fearing that the treating doctor will report them. It should be noted that this does not prevent others, such as fellow practitioners, hospital staff or management, from making a report if they believe there is a danger to patients.

AMA Queensland believes this is an important change worth fighting for, as doctors who take responsibility for their own health should be treated with respect with the door open to seek the help that they require. And due to our strong advocacy on this issue, we have seen promising progress, with COAG in the process of reforming mandatory reporting laws across the country.

AMA QUEENSLAND DOESN'T STOP ADVOCATING FOR YOU WHEN YOU BECOME AN SMO

AMA Queensland's broader advocacy on issues such as ensuring the complaints system is expedient and fair, tackling privacy concerns around *My Health Records*, and addressing important public health matters such as obesity will make your job easier – ensuring you can get on with the practice of medicine.

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

AMA QUEENSLAND
COUNCIL OF DOCTORS IN TRAINING

JULY IS OVERTIME AWARENESS MONTH
It's time to fix overtime!

50% OF JUNIOR DOCTORS HAVE BEEN ADVISED NOT TO CLAIM OVERTIME

31% OF THOSE WHO CLAIM ARE NOT GETTING PAID FOR IT

JUNIOR DOCTORS FEAR
RETALIATION
WORKPLACE HARASSMENT
CAREER OBSTRUCTION

OUR MEMBERS CAN CLAIM! **HAVE YOU BEEN REFUSED? LET AMA QUEENSLAND HELP YOU.**

CLAIMIT@AMAQ.COM.AU

JOIN THE CLAIM IT COLLECTIVE TODAY EMAIL CLAIMIT@AMAQ.COM.AU

CLAIM YOUR OVERTIME CAMPAIGN

In July 2018, we ran a very successful social media campaign on *Claim Your Overtime* in response to the alarming findings in the *Resident Hospital Health Check*, that indicated that many Doctors in Training were reluctant or discouraged to claim overtime on the job. Claiming overtime is your working right, and membership with AMA Queensland can help you to claim. If you experience any issues with overtime, contact us at claimit@amaq.com.au.



**SUPPORT OUR GOOD WORK TODAY FOR A BETTER FUTURE FOR YOU TOMORROW
JOIN NOW - AMA.COM.AU/JOIN-NOW**

Interested in joining the AMA Queensland Council of Doctors in Training?

Joining the AMA Queensland CDT can provide you with valuable experience in advocacy, policy development, project management and provides a great opportunity to network and meet your future peers. Active participation in AMA Queensland CDT is also a great resume builder. AMA Queensland CDT meets bi-monthly and meetings are run in-person and via video-link, so you can join from anywhere across Queensland. Interested in getting involved? Sign up as an AMA Queensland member, then email cdt@amaq.com.au to join.

THE Six lessons

EVERY INTERN NEEDS TO LEARN
BEFORE COMMENCING IN THE HOSPITAL

LESSON ONE - KNOW HOW TO GET STUFF DONE

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

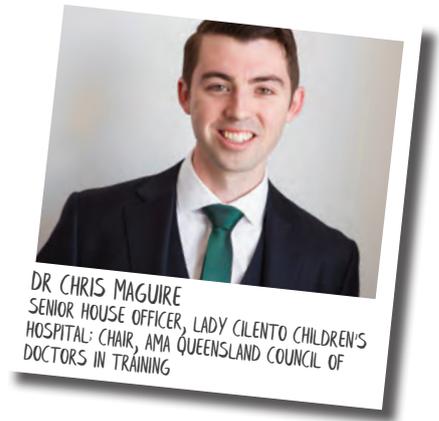
LESSON TWO - YOU ARE THE FIRST LINE OF DEFENCE

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

LESSON THREE - KNOW THAT YOU ARE NOT BETTER THAN ANYBODY

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





LESSON FOUR - THERE IS MORE TO LIFE THAN THIS

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

LESSON FIVE - BE A ZERO

Chris Hadfield, the Canadian astronaut, in his book *'An Astronaut's Guide to Life on Earth,'* describes a simple measure of how people are perceived in teams. You can be a minus one: someone who creates problems; a zero: someone who neither creates problems, nor solves them; or, a plus one: someone who actively adds value. He goes on to say, "When you have some skills but don't fully understand your environment, there is no way you can be a plus one. At best, you can be a zero. But a zero isn't a bad thing to be. You're competent enough not to create problems or make more work for everyone else. And you have to be competent, and prove to others that you are, before you can be extraordinary. There are no shortcuts, unfortunately."

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

LESSON SIX - DON'T BE ANGRY, BE BETTER

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





WHAT TO EXPECT IN YOUR FIRST YEAR

- Training and assessment

Graduating from medical school and starting your internship is one of the biggest transitions you will make in your professional life. Internship marks the beginning of your journey towards becoming an independent and capable medical practitioner.

This is a very important year that offers many opportunities to consolidate theoretical knowledge gained as a student and apply it to caring for patients.

Most interns find their intern year enjoyable but it will also be intellectually, physically and emotionally very challenging at times. You will need to remember that you are not alone. There are plenty of people around you that have been through similar circumstances and it is often helpful to talk to someone when you feel under pressure.

We understand how challenging it is to start your first post as a new doctor, so we've pulled together this list of what to expect in your intern year, with special thanks to the Medical Board of Australia.

THE STRUCTURE OF THE INTERN YEAR

The structure of internship is defined in the Medical Board of Australia (MBA) *Intern Registration Standard – Australia and New Zealand graduates on completion of intern training.*

On completing your medical degree, you receive provisional registration and enter the workforce as an intern or postgraduate year 1 (PGY1) doctor. This part of your training lasts for 12 months (47 weeks' full time), and is usually undertaken in a public hospital - although interns will increasingly spend part of their training in general practice, community-based settings and private hospitals in the future.

As an intern, you will undertake a series of work rotations designed to expose you to a range of clinical situations and environments. This stage will help inform career choices for many graduates by providing experience in different medical specialties including general practice and provides grounding for subsequent specialist training.

Interns are required to perform satisfactorily in the following terms:

- ▶ 8wks – emergency medical care
- ▶ 10wks – medicine
- ▶ 10wks – surgery
- ▶ 19wks – a range of other approved positions in areas such as aged care, anaesthesia, general practice, palliative medicine, psychiatry, rehab medicine or surgery.

The total duration of internship is 47 weeks (full-time equivalent), which excludes annual leave. It may be undertaken part-time, but once started, it must be completed in three years.

ASSESSMENT

ASSESSMENT IS AN IMPORTANT PART OF YOUR INTERNSHIP, AS IT ENSURES YOU HAVE ACQUIRED THE SKILLS AND KNOWLEDGE NECESSARY TO BE RECOMMENDED FOR GENERAL REGISTRATION. TO PREPARE, YOU ARE ENCOURAGED TO SEEK FEEDBACK ON YOUR PERFORMANCE.

Each term you will be required to fill out a mid-term and end-of-term assessment with an appropriate supervisor, this will ordinarily be a consultant or registrar who you have worked closely with over the course of the term. There are multiple domains or skills which are assessed and these are listed below within the various terms (Emergency, Medicine and Surgery). These include skills such as clinical knowledge, clinical skills, leadership, professionalism, patient communication and so on.

Each assessment form will be provided to you from your medical education unit. It is your responsibility to obtain a copy, complete it with your supervisor and return it on time. The assessments ask you to self-evaluate (in the circles) your skill level in each of the domains assessed on a scale of 1 to 5, with 3 being satisfactory. Your supervisor (in the squares) will then complete the same ranking scale in each of the domains as shown to the right.

At the end of the assessment form there is a comment section where supervisors can comment on your strengths and areas for

Domain 1: Science and scholarship - The intern as scientist and scholar	
1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.	
Rating	Descriptor: Not observed: <input type="checkbox"/>
5 <input type="radio"/> <input type="checkbox"/>	Applies extensive knowledge to patient care.
5 <input type="radio"/> <input type="checkbox"/>	
5 <input type="radio"/> <input type="checkbox"/>	Applies sound knowledge to patient care.
5 <input type="radio"/> <input type="checkbox"/>	
5 <input type="radio"/> <input type="checkbox"/>	Demonstrates inadequate knowledge.
Comments on Domain 1	

improvement. This is also the section of the form where they can indicate whether you need an IPAP (Improving Performance Action Plan) which will ensure there is more support and supervision in the subsequent term.

It is recommended that you photocopy your completed term assessments and keep a record of them for safe keeping, as the hard copy will need to be handed into your medical education unit.

If there are any issues with your progress, such as if you are performing below the level your supervisors expect for an intern, you may be required to participate in remediation. This is an immediate and natural process in the training program that aims to support your professional development. Any remediation is tailored to your specific circumstances and jointly agreed with your supervisors.

You can read more about this in Intern training – *Assessing and certifying completion* (<http://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx>).

EMERGENCY MEDICAL CARE

The Medical Board of Australia requires interns to undertake a term of at least 8 weeks providing experience in emergency medical care. This term must provide closely supervised experience under in assessing and managing patients with acute, undifferentiated illnesses, including assessing and managing the acutely ill. Interns should be provided with the opportunity to experience:

- ▶ Acute undifferentiated illness
- ▶ Emergent management
- ▶ Legislative requirements
- ▶ Emergency flow systems

SCIENCE AND SCHOLARSHIP - THE INTERN AS SCIENTIST AND SCHOLAR

- ▶ Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important emergency presentations at all stages of life.
- ▶ Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to emergency patient care.

HEALTH AND SOCIETY - THE INTERN AS A HEALTH ADVOCATE

- ▶ Opportunities to discuss allocating resources in emergency settings.
- ▶ Opportunities to develop knowledge of legislative issues arising in an emergency care setting, particularly those relating to capacity and mental health.
- ▶ Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- ▶ Opportunities to develop knowledge about how emergency medicine interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

PROFESSIONALISM AND LEADERSHIP - THE INTERN AS A PROFESSIONAL AND LEADER

- ▶ Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- ▶ Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- ▶ Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.

CLINICAL PRACTICE - THE INTERN AS PRACTITIONER

- ▶ Opportunities for the intern to assess patients with acute, undifferentiated illness at the point of first presentation. This should include taking histories, performing physical examinations, developing management plans, accessing clinical management resources, rational ordering of initial investigations, making referrals and initiating treatment, all under appropriate supervision.
- ▶ Clinical involvement, at the point of first presentation, in a range of common conditions managed in an emergency setting including: taking histories, performing physical examinations, developing management plans, ordering initial investigations, participating in decisions to admit patients, making referrals and initiating treatment, all under appropriate supervision.
- ▶ Opportunities to develop skills in managing critically ill patients from the point of first presentation. These experiences should include assessing patients and actively participating in their initial investigation and treatment, and participating in resuscitation and trauma management.
- ▶ Opportunities to interpret investigations ordered in the initial management of patients presenting for acute care.
- ▶ Opportunities to observe, learn and perform a range of procedural skills, particularly those likely to be used largely in an emergency setting.
- ▶ Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including intravenous fluids, blood and blood products.
- ▶ Opportunities to develop skills in synthesising acute management issues and presenting a concise patient assessment.
- ▶ Opportunities to develop skills in preparing appropriate documentation, including records of clinical interactions, discharge letters and summaries.
- ▶ Opportunities to develop communication skills needed for delivering care in an emergency setting through interaction with peers (particularly through handover), supervisors, patients and their families, and other medical practitioners and health professionals involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- ▶ Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life care in conjunction with experienced clinicians.





MEDICINE

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in medicine. This term must provide supervised experience in caring for patients who have a broad range of medical conditions, and opportunities for the intern to participate in:

- ▶ Assessing and admitting patients with acute medical problems;
- ▶ Managing inpatients with a range of medical conditions, including acute and chronic conditions; and
- ▶ Discharge planning, including preparing discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

Approved terms will provide generalist medical experience and may be in medical units and some medical subspecialties.

The term in medicine must provide:

SCIENCE AND SCHOLARSHIP - THE INTERN AS SCIENTIST AND SCHOLAR

- ▶ Opportunities to consolidate, expand and apply knowledge of aetiology, pathology, clinical features, natural history and prognosis of common and important medical presentations at all stages of life.
- ▶ Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence in medical practice care.

HEALTH AND SOCIETY - THE INTERN AS A HEALTH ADVOCATE

- ▶ Opportunities to discuss allocating resources in providing medical care.
- ▶ Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- ▶ Opportunities to screen patients for common diseases, provide care for common chronic diseases and discuss healthcare behaviours with patients.
- ▶ Opportunities to develop knowledge about how inpatient medical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

PROFESSIONALISM AND LEADERSHIP - THE INTERN AS A PROFESSIONAL AND LEADER

- ▶ Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- ▶ Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- ▶ Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.

CLINICAL PRACTICE - THE INTERN AS PRACTITIONER

- ▶ Opportunities to assess and contribute to the care of patients with a broad range of medical conditions. This should include taking histories, performing physical and mental state examinations, developing management plans, ordering investigations, assessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- ▶ Clinical experience in a range of common medical conditions, including exacerbations of chronic conditions.
- ▶ Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience in assessing these patients and actively participating in their initial investigation and treatment.
- ▶ Opportunities to interpret investigations.
- ▶ Opportunities to observe and perform a range of procedural skills.
- ▶ Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, blood and blood products.
- ▶ Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient skills in spoken, written and electronic communication.
- ▶ Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- Opportunities to develop written communication skills including: entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

GENERAL SURGERY

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in surgery. This term must provide supervised experience in caring for patients who together represent a broad range of acute and elective surgical conditions, and exhibit the common features of surgical illness, including metabolic response to trauma, infection, shock and neoplasia. Approved terms will provide against generalist experience in surgery and may be in general surgical units and some surgical subspecialties. Interns should be provided with the opportunity to participate in:

- ▶ Preoperative, operative and post-operative experience;
- ▶ Emergency and elective surgical cases;
- ▶ Common surgical conditions;
- ▶ Major and minor surgery; and,
- ▶ Surgical pathology variation.

The term in surgery must provide:

SCIENCE AND SCHOLARSHIP - THE INTERN AS SCIENTIST AND SCHOLAR

- ▶ Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important surgical presentations at all stages of life.
- ▶ Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to surgical patient care.

HEALTH AND SOCIETY - THE INTERN AS A HEALTH ADVOCATE

- ▶ Opportunities to discuss allocating resources in providing surgical care.
- ▶ Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- ▶ Opportunities to develop knowledge about how inpatient surgical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

PROFESSIONALISM AND LEADERSHIP - THE INTERN AS A PROFESSIONAL AND LEADER

- ▶ Opportunities to discuss allocating resources in providing surgical care.
- ▶ Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- ▶ Opportunities to develop knowledge about how inpatient surgical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

CLINICAL PRACTICE - THE INTERN AS PRACTITIONER

- ▶ Opportunities to assess and contribute to the care of patients admitted for surgical management. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- ▶ Clinical experience in all care phases for a range of common surgical conditions, including pre-operative evaluation, operative management and post-operative care. Interns should participate actively in operating theatre sessions.
- ▶ Clinical experience in managing critically ill surgical patients, both at presentation and as a result of deterioration during admission, including experience of assessing these patients and actively participating in their initial investigation and treatment.
- ▶ Opportunities to interpret investigations.
- ▶ Opportunities to observe, learn and perform a range of procedural skills, including those requiring sterile conditions.
- ▶ Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, intravenous fluids, blood and blood products.
- ▶ Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- ▶ Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- ▶ Opportunities to develop written communication skills, including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

OTHER TERMS

The remaining terms may be undertaken across a range of specialties and clinical setting, providing interns with a broad range of clinical learning opportunities, including different supervision arrangements.

As with the terms in medicine, surgery and emergency, supervision arrangements in these terms should be explicit and clear and learning objectives for the terms should be identified and form the basis of performance assessment. Interns should experience consistent supervision throughout the term, and at least one of the remaining terms should be continuous and not significantly interrupted by other duties.

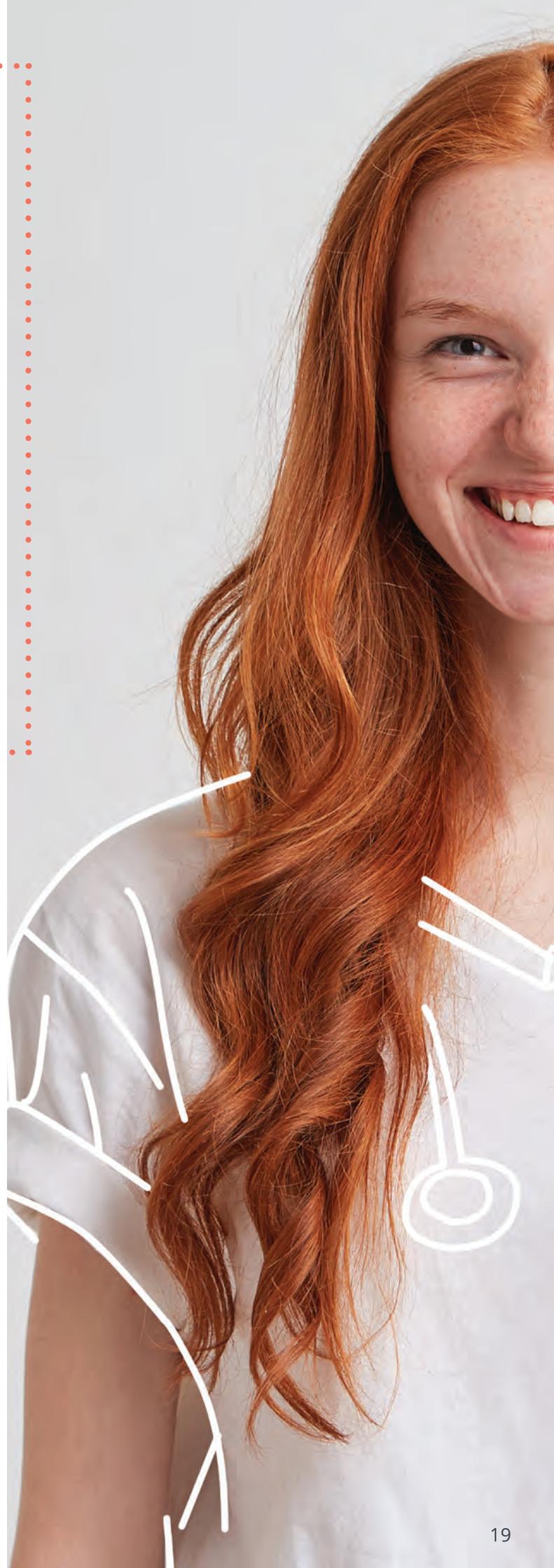
These terms should provide:

- ▶ Opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care.
- ▶ Opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.
- ▶ Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.
- ▶ Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

WILL YOU BE SUPERVISED?

During internship, you will be supervised at a level appropriate to your experience and responsibilities at all times. In each term, the supervision arrangements (who supervises you, and for which activities) should be clear and explicit. You will usually have a number of supervisors with different functions:

- ▶ A Term Supervisor – the person responsible for your orientation and assessment.
- ▶ A Primary Clinical Supervisor – a consultant or senior medical practitioner with experience managing patients in the term's discipline.
- ▶ An Immediate Supervisor – a doctor (usually a registrar) who is at least postgraduate year three, and who has direct responsibility for patient care.





COMPLETION

To successfully finish internship, you must complete the minimum time requirements (described above), and demonstrate that you have acquired the skills and knowledge expected from the training (described in Intern training – Intern outcome statements).

At the end of your internship, your Director of Clinical Training will determine whether you have completed the Registration standard requirements, based on your end-of-term assessments. Other senior medical staff may also be involved. The Director of Clinical Training will then inform the Medical Board of Australia. This allows you to apply to the Board to be granted general registration. You can read more about this process in Intern training – Assessing and certifying completion.

If you receive an 'unsatisfactory' rating for a particular term, it does not necessarily mean that you will be unable to complete your internship within the 47-week period. However, your Director of Clinical Training and the Medical Board of Australia will need to be satisfied that your performance has improved, and that you have acquired the skills and knowledge described in Intern training – Intern outcome statements. If you have not demonstrated satisfactory performance, your general registration may be delayed.

To view any of the documents listed please visit <http://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx>

WHAT IF YOU NEED HELP?

Your welfare through the intern training program, and as you progress further in your medical career, is important. Internship can be physically, intellectually and emotionally challenging. If you are feeling pressured or stressed, seek support. Starting points include speaking with your fellow interns, supervisor, Director of Clinical Training, and looking for government services that may be available in your facility.

You can contact the Queensland Doctors Health Program Doctors' at <http://dhasq.org.au>, and you can refer to your Medical Education Officer (MEO) (or equivalent) as the local support person.

If you witness or experience bullying, harassment or discrimination your employer will have confidential pathways for reporting, addressing the issue and providing support or if you are an AMA Queensland member you receive **free confidential advice**. Please call (07) 3872 2222.

GET INVOLVED!

You have many opportunities to be involved in how your intern training program operates. Taking an active interest in your education and training will benefit both you and your fellow interns. Talk to your Director of Clinical Training to find out how to be involved.

Suggested ways include:

PROVIDING FEEDBACK TO YOUR INTERN TRAINING PROVIDER

You can do this for both your term, and the intern training program itself (including formal sessions). This feedback is crucial for improving the quality of intern experiences.

PARTICIPATING ON COMMITTEES

Each facility will have a local intern education and training (or similar) committee, which will seek to involve interns in developing and improving the facility's intern training.

Each local postgraduate medical council has a junior doctor forum; through which you can provide input at either a state or national level. Get involved in AMA Queensland's Council of Doctors in Training. Contact cdt@amaq.com.au for more information.

UNDERTAKING RESEARCH IN EDUCATION AND TRAINING

Each year a Prevocational Medical Education Forum is conducted nationally and welcomes presentations of intern projects that address intern education, supervision, and assessment. AMA Queensland holds a low cost annual *Junior Doctor Conference* and also welcomes presentations of intern research projects.

BECOMING A TEAM MEMBER OR SURVEYOR FOR ACCREDITATION

Postgraduate medical councils (PMCs) accredit intern training providers for the Medical Board of Australia. You can gain invaluable experience in becoming a surveyor, allowing you to see what other intern providers implement and then sharing ideas with your own provider.

Likewise, the Australian Medical Council accredits the PMCs and welcomes junior doctor input as surveyors.

For further information on intern training and assessment please visit <http://www.medicalboard.gov.au/Registration/Interns.aspx>

Your future self will thank you

As you start in your new role, make sure your money is working as hard as you are.

Tips for a super start to your career:



Start saving

Set aside savings from your very first pay and use a budget planner to keep yourself on track.



Sort your super

Introduce your new employer to your super fund on day one. If you have more than one super fund, consider consolidating your accounts.



Plan ahead

It's never too early to plan for the future. An advice appointment will help review your current position and set financial goals with a personalised plan.



Award-winning¹
member focus



Looking after futures
for over 100 years



Trust ten years of
performance



Financial advice
made easy²

Visit qsuper.qld.gov.au/amaq

¹ Awarded SuperRatings Choice Super of the Year 2018. SuperRatings does not issue, sell, guarantee, or underwrite this product. Go to superratings.com.au for details of its ratings criteria. Past performance is not a reliable indicator of future performance. Awards and ratings are only one factor when deciding how to invest your super. ² Advice fees may apply. Refer to the Financial Services Guide for more information. This information is provided by QInvest Limited (ABN 35 063 511 580 AFSL 238274) which is ultimately owned by the QSuper Board (ABN 32 125 059 006 AFSL 489650) as trustee for QSuper (ABN 60 905 115 063). QInvest is a separate legal entity responsible for the financial services and credit services it provides. Advice fees may apply. Unless we tell you otherwise, all products are issued by the QSuper Board as trustee for QSuper. We've put this information together as general information only so it doesn't take into account your personal objectives, financial situation, or needs. You should consider whether the product is appropriate for you by reading the product disclosure statement (PDS) and consider seeking financial advice before making a decision. You can get a copy of the PDS by downloading a copy from our website at qsuper.qld.gov.au or call us on 1300 360 750. © QSuper Board 2018. SPON-356 08/18.

HOW TO BE A

great intern



ASSOCIATE PROFESSOR JEN WILLIAMS
DEPUTY HEAD OF SCHOOL AND PROGRAM ADVISOR (MD),
GRIFFITH UNIVERSITY SCHOOL OF MEDICINE STAFF SPECIALIST:
EMERGENCY PHYSICIAN, SUNSHINE COAST UNIVERSITY HOSPITAL



BE ON TIME

The simplest measure of professionalism is whether you turn up on time, ready to roll. The expectation is that you will arrive before the rest of your team, touch base with the nursing staff about overnight patient issues, and tee up your patient list before the ward round is due to kick off.

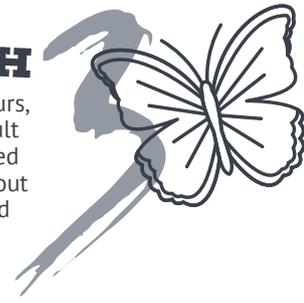


HAVE A CHAT

It may not seem like it, but the residents, registrars, consultants, nurses, physios, ward clerks and even the patients and their families... are people. You will learn a lot from talking to them. Almost everyone is interesting, once you get them started.

KEEP THE FAITH

Being a doctor is hard. There are long hours, tough bosses, even tougher nurses, difficult conversations, missed cannulas and missed diagnoses. Make a note in your phone about why you decided to become a doctor. Read this on the days that make you wonder.



BE AN AMBASSADOR



You represent a profession steeped in tradition, your hospital that serves a community, a university that helped you on your way to success and your loved ones who have supported your quest to become a doctor. Make them proud.



ADD VALUE

Keep your eyes open for opportunities to contribute to patient care. Be a spare pair of hands for procedures. Or a translator between your consultant's jargon and the patient's layman's terms. Grab a coffee for your stressed out registrar. Or offer some companionship for a lonely octogenarian.



GET A MENTOR

Find someone you respect, who has been around the traps a bit, to provide you with early career advice, to challenge you, keep you honest and guide you to reach your potential. A mentor will help you reflect on your work, your goals and your life. He/she can guide you through the rough times and help you celebrate the good times.



KNOW YOUR LIMITATIONS

Never ever ever ever ever (ever) pretend to know something if you don't know it. Don't make up parts of history, physical examination findings, investigation results or prognosis. When you don't know, undertake to find out. Ask someone, look it up or doctor Google your heart out. Nobody expects you to know everything, but everyone expects you to know your own limitations and to act within them.



BE DISCREET

Don't ever discuss patients within earshot of anyone who isn't involved in their care. You just never know who's behind you in the coffee line, next to you in the lift, or the other side of the curtain in ED. Be careful about what you post on social media - it can get you into hot water very easily. And try to avoid the temptation to gossip about colleagues. The medical community is small. They will probably find out. And then you'll probably regret it.



MAKE A PLAN

- ▶ Job applications for PGY2 are due around mid-year.
- ▶ Ask consultants for a reference early (while they still remember you).
- ▶ Update your CV. The AMA Career Advisory Service can help with this!
- ▶ Work out what you're aiming to achieve in the next 3 years. Take a targeted approach.



GET A LIFE

Find a partner, get fit, eat, drink, sleep, relax. Take a holiday! Catch up with your family and friends. Read a novel. Learn another language. Whatever you do - for your own sake, make sure you do stuff outside of work. It's good for your mental health and for career longevity. Plus, nobody likes people who can only talk shop.

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.



Developed by AMA (WA)
Doctors in Training
Welfare Committee

 **DHAS(Q)**
Doctors' Health Advisory Service

 **QDHP**
Queensland Doctors' Health Programme

Resilience Tips

FOR LOOKING AFTER YOURSELF IN YOUR INTERN YEAR



DR IRA VAN DER STEENSTRATEN, MD
LIFE COACH AT BREEZE LIFE COACHING

"Resilience is a dynamic, evolving process of positive attitudes and effective strategies" (Jensen et al., 2008)

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

These alarming results prompted the AMA Queensland to support the development of a wellbeing program for young doctors. To confirm its effectiveness, the pilot of the 'Resilience on the Run' program was launched in August 2015 in Rockhampton Base Hospital. From 2017, the 'Resilience on the Run/Rapid Resilience' program is now funded by Queensland Health for all interns across Queensland and it has recently won the AMA 2018 'Best Public Health Initiative Award'.

This program focuses on the prevention of burnout and compassion fatigue. Becoming more aware of your (personal) stressors can help you to deal better with them and thus lowering the likelihood of their harmful consequences. Mindfulness techniques are demonstrated to help you becoming more aware and to lower levels of stress. Sometimes you cannot change what happens to you, but you can focus on changing how you react to it and how it can impact you. You can help yourself to focus on the positive, rather than being pulled down by negatives.

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

As Jensen et al. described, emotional resilience is about having adaptive coping skills, understanding and managing your emotions, but also seek (social) support to enable the ability to 'bounce back' and experience post-adversity growth following a stressful event. Being a good doctor also means acknowledging when you are struggling to cope with what is thrown at you in life and to seek help. The 'Resilience on the Run/Rapid Resilience' program also focuses on when you should ask for help and where to get it. You will receive the free *Resilience on the Run* program at your hospital in 2019.

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



Make sure you sleep enough and eat healthy food.



Reduce your alcohol intake



Try to bring structure and a routine in your life.



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



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



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



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

Having a role model can help to finding your own way in your career. You will also find knowledge and support through AMA Queensland's membership and networking events.

DID YOU KNOW THERE IS A FREE DOCTORS' HELPLINE?

The QDHP (Queensland Doctor's Health Programme) provides a 24/7, free, independent, confidential, colleague-to-colleague support service to assist doctors and medical students (dhasq.org.au). Female doctors might find additional support at the Queensland Medical Women's Society (QMWS), the voice of Queensland Medical Women (afmw.org.au/qld). This is part of the Australian Federation of Medical Women (AFMW) and the Medical Women's International Association (MWIA). To note they also welcome male colleagues at their events!

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

For more information:

www.ama.com.au/qld/resilience-on-the-run or www.breezelifecoaching.com

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

Resilience on the Run

2018 INTERN ATTENDEE FEEDBACK...

"Any knowledge or skill we can learn that is able to contribute to junior doctor well being is brilliant. Resilience on the Run is delivered in a practical and relevant way and can't help but improve awareness and resilience."

"Love the reiteration of awareness and the reminder that it's a personal choice how we read and how it can change the course of how we experience the day."

In 2018, AMA Queensland delivered the free *Resilience on the Run* wellbeing program to interns from 20 hospitals in Queensland with over 650 participants to date this year.

Excellent feedback has been received via evaluations with 445 interns completing the evaluation.

In response to the question, 'how do you rate this session of *Resilience on the Run*' on a scale of 1 to five where 1 is not good and 5 is excellent, 87% or 386 responded with either a 4 or 5. A total of 38 or 8.5% of respondents rated the sessions a 3, and 8 of the 445 gave the session a score of 2. There were 13 nil responses.

The most common response to what were the three things the interns found most useful about the session related to interactive discussions with peers and sharing stories. Other common responses included the mindfulness tips, techniques and exercises, self-care tips and self-awareness, awareness of compassion fatigue and awareness of resources and support available. Interns also often remark that they appreciate the open and safe environment that is created to share personal experiences and the fact that the presenter is a doctor that can give examples they can relate to and understands the situation interns are in.

When asked what could be done better or what could be added to improve the sessions, a number of respondents suggested the length of the session could be reduced even to an hour, some thought that including food would improve the session, more practical exercises to be included was suggested as was including a handout or summary with take home messages. There were also requests for methods other than mindfulness to assist in developing resilience. The request for more practical exercises often came after session one which is more theoretical, and session two then delivers a more practical experience for interns.

When asked what the main personal 'take away' from the session was, the predominant responses included mindfulness techniques, self-care and self-awareness, STOP and take time out, signs of compassion fatigue and burnout. What many interns mean by the remark on mindfulness techniques is that they have started to appreciate how it can help them at work. Many interns have already learned about Mindfulness at medical school but only 1-2 per group might be actually using it. This is because it was too early, they didn't see the practical benefit. Because the presenter shows them practical examples now that they

can relate to it, they start to understand how to use it. This is also when they start asking for more practical exercises, such as different meditations.

2017 evaluation results from the *Resilience on the Run* sessions found the most useful thing about the sessions was the mindfulness techniques, exercises and examples. Other common responses included meditation exercises, usefulness of practical exercises, self-awareness and self-care, where to get help and how to avoid burnout. The interns often remarked that hearing each other's experiences and finding out that others are in the same situation as them was very useful.

As a general observation, one intern stated how they had been ready and wanted to give up a career in medicine the evening before the *Resilience on the Run* session, but gained hope again and wanted to continue after the session. Also, in 2018 to date, Dr Ira Van Der Steenstraten has identified at least 15 interns that might be at risk of mental health problems, based on their interactions during the program. This has been communicated with the MEU of each hospital for which they were very grateful. This is an additional benefit of having a trained psychiatrist presenting the program.

PROUDLY FUNDED BY QUEENSLAND HEALTH, AMA QUEENSLAND

RESILIENCE ON THE RUN PROGRAM WILL BE DELIVERED TO YOU FREE IN 2019 AT YOUR HOSPITAL

"Great program with very helpful and practical information. Will be of great value to anyone wanting to succeed emotionally in their junior doctor years."

"I had never really considered the reality/relevance of compassion fatigue but Resilience on the Run made me realise that I myself show signs and need to consider self-care."

"Enjoyable, empowering session. Actually realistic and applicable to stage of career."

"ROR helped normalise a lot of my thoughts and feelings. It was reassuring to hear my whole cohort were having similar experiences."

"Important session to attend for all interns."

"You have 2 big burdens. 1. the job. 2. yourself. This program helps 1 and 2 become easier to manage."





WHO IS

ASMOFQ

AND WHY IT IS IMPORTANT YOU JOIN TODAY?

DO YOU VALUE?

- ▶ Working in environments that enhance patient and doctor safety?
- ▶ Having a voice in times of organisational change?
- ▶ Receiving employment conditions and wages that recognises and values your training, skills and contribution?
- ▶ Obtaining industrial support when your performance is being questioned? and
- ▶ Having your rights in the workplace upheld now and for future generations.

If you answered yes to at least one of the above points, **it is important that you tick yes on your AMA Queensland membership form and become a member the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) at no additional cost.** ASMOFQ works in partnership with AMA Queensland and is a union run by doctors for doctors. ASMOFQ is strengthened with every new member and through our collective voice ASMOFQ can powerfully promote and protect the rights and interest of doctors employed in Queensland.

AS A MEMBER, YOU CAN EXPECT THAT ASMOFQ WILL:

- ▶ Negotiate for employment conditions that are important to you;
- ▶ Provide advice regarding any work related queries including, but not limited to, your pay, employment entitlements, grievance and disputes, performance management, and industrial interpretation;
- ▶ Address inconsistent application of employment entitlements across Hospital and Health Services;
- ▶ Collaborate with other key stakeholders when required including Medical Indemnity Organisations;
- ▶ Ensure the principles of natural justice and procedural fairness are upheld;
- ▶ Raise concerns pertaining to Doctors health and safety at work; and
- ▶ Advocate for the provision and development of quality health services.

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

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

Remember you are not alone.

Confidential advice for members is just one call away.

asmofq

AUSTRALIAN SALARIED MEDICAL
OFFICERS' FEDERATION QUEENSLAND



The **Australian Salaried Medical Officers' Federation Queensland (ASMOFQ)** is your union, run by doctors for doctors.

asmofq will:

- ▶ Negotiate your industrial agreement including the *Medical Officers' Certified Agreement* on behalf of senior medical officers, resident medical officers and visiting medical officers.
- ▶ Work on industrial agreements for doctors employed outside of Queensland Health.
- ▶ Help you interpret your agreement, award, policies/procedures, directives and any other legislation applicable to your employment.
- ▶ Clarify your employment rights and entitlements.
- ▶ Approach your employer to resolve issues relating to your employment on an individual or collective level.
- ▶ Work with you on resolving workplace conflicts and grievances.
- ▶ Assist you with navigating performance-related matters.
- ▶ Address the inconsistent application of employment entitlements across various Hospital and Health Services (HHSs) in Queensland.

- ▶ Work on resolving payroll problems, including underpayment and overpayment.
- ▶ Attend meetings with management as your support person or advocate.
- ▶ Raise your concerns pertaining to doctors' health and safety at work, including fatigue management issues.
- ▶ Work collaboratively with key stakeholders (including your medical indemnity organisation) on resolving employment matters.

ASMOFQ membership is included as part of AMA Queensland membership - you are automatically a member of ASMOFQ at no additional cost.

Your membership is also tax-deductible. If you are not currently a member, call us today on (07) 3872 2222, as membership is a crucial safety-net for when you need it most.

asmofq
AUSTRALIAN SALARIED MEDICAL
OFFICERS' FEDERATION QUEENSLAND

Phone: (07) 3872 2222
Email: asmofq@amaq.com.au
Website: www.asmofq.org.au





Queensland Government
Payroll Services
Department of Health
Locked Mail Bag 7004
CHERMSIDE CENTRE QLD 4032

Understanding your Payslip



Person ID: XXXXXX
Distribution Point: Electronic Only
William Barker
64 Medical Lane
HEALING GARDENS QLD 4697

Pay Advice

Private and Confidential

Pay Date	18.04.2018	Employee Name	William Barker
Employer ABN	66329169412	Person ID	00658842
Employer Name	QUEENSLAND HEALTH	Sub Position	Med-RMO MEDPHO(02)
Assignment No(s)	PAN 00658842		

Type	Week 1							Week 2							Hrs / Units	Rate	Amount
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Fortnightly Salary	10.00	10.00		9.00					8.00	8.00	8.00	8.00	7.00	8.00	76.00	54.6842	4,156.00
Locality -Rockhampton (H)																	13.30
RMO-Prof Dev Allowance																	60.41
OCA - RMO - Level 4 to 13										5.00			2.00	5.50	12.50	4.25	53.13
PubHolLy-DayPayf orOffDay						7.60	7.60								15.20	54.6842	831.20
Shift - Night 15%	10.00	10.00													20.00	8.2026	164.06
Shift - Sat Loading - 50%													7.00		7.00	27.3421	191.39
Shift-Sunday Loading-100%														8.00	8.00	54.6842	437.47

Current Fortnight Gross Pay **5,906.96**

Total Adjustments From Previous Pay Periods (Gross) - (See Over) **-4,096.81**

Total Gross **1,810.15**

Visit the payslip glossary of terms for information on wage types at <https://streamline.health.qld.gov.au/Account/Help>

Bank Disbursements		
Payment Banked Pay Date	BSB: 048-654	3,177.70

Deductions	
Income Tax-T/Scale- TaxFree Threshold	+474.00
RemServ Pre Tax	-827.73
RemServ Post Tax	-267.73
Super Comp SS:QSUPER ACCUM PLAN	-207.80

Total Deductions **-829.26**

New Overpayment Identified This Pay Period (See Over) - To Be Recovered (Net) **2,196.81**

Net Income **3,177.70**

Employer Super Contributions	Leave Balances (Hrs)	Year to Date
QSUPER ACCUM PLAN 529.89	PDL - RMO 6.94	Total Earnings 176,939.39
	14% Leave Loading 302.70	Taxable Earnings 153,500.78
	Recreation Leave (5wk accrual) 302.70	Income Tax 52,038.00
	Sick Leave 193.72	

Pay Advice

Private and Confidential

Pay Date	18.04.2018	Employee Name	William Barker
Employer ABN	66329169412	Person ID	00658842
Employer Name	QUEENSLAND HEALTH	Sub Position	Med-RMO MEDPHO(02)
Assignment No(s)	PAN 00658842		

Adjustments From > Previous 4 Pay Periods	Date	Units	Rate	Amount
Meal Allowance -Adjustment				-52.40
Overtime - 2.0 -Adjustment				-2,014.23
Fatigue Penalty @1.0 -Adjustment				-403.91
Fatigue Penalty @2.0 -Adjustment				-1,626.27
Sub total:				-4,096.81
Total Adjustments From Previous Pay Periods (Gross Overpayment)				-4,096.81
Deductions (Including Tax and Superannuation) Adjusted Due To Overpayment				+1,900.00
New Overpayment Identified This Pay Period - To Be Recovered (Net)				-2,196.81

- 1** **Personal Details** (name and address).
- 2** **Employer name** even for those in a prescribed employer HHS, this will continue to show Queensland Health due to it being the paying entity for tax purposes.
- 3** A **personal assignment number (PAN)** is allocated for each role you have with Queensland Health. If you have more than one role with different conditions, such as different leave entitlements, you will be allocated a different PAN for each role and receive a separate payslip for each role per fortnight.
- 4** **Person ID** is your unique employee identification number. You only have one ID number even if you have more than one role.
- 5** **Sub Position** is your substantive or permanent position.
- 6** Hourly pay rate for ordinary hours.
- 7** Total ordinary hours worked (A full time Resident Medical Officer (RMO) works 76 ordinary hours per fortnight).
- 8** Inaccessibility Allowance for working in rural and remote locations per clause 6.1 of *MOCA 4*.
- 9** Professional Development Allowance per clause 4.10 of *MOCA 4*.
- 10** On-call Allowance per clause 4.11 of *MOCA 4*. RMOs who are required to be on-call are paid 8% of the salary for level 4 for each hour on-call. When recalled to duty the RMO must return work within a period of 30 minutes.
- 11** Stand down on public holidays for which you will receive the applicable public holiday loading in addition to your ordinary rate (clause 26 of the Medical Officers (Queensland Health) Award - State 2015 ('Award')).
- 12** Additional 15% loading for working night shift per clause 19.2 of the Award.
- 13** Additional 50% loading for working night shift per clause 19.2 of the Award.
- 14** Additional 100% loading for working night shift per clause 19.2 of the Award.
- 15** **Current Fortnight Gross Pay** is the amount (before tax) you have earned for work performed in the current pay period.
- 16** The **Bank Disbursements** box shows the Net amount (after tax and all deductions) that was deposited into your nominated bank account and will appear as **Payment Banked Pay Date**. If you have requested that your pay is split and paid into different bank accounts with the same BSB number, each account will be displayed as a separate line item in the bank disbursement box. Ad hoc payments appear in the bank disbursement box as **Previous Ad Hoc Payment** - this confirms the ad hoc payment was deposited into that bank account during the pay period. The payment(s) which make up the ad hoc will be displayed in the adjustments section (second page of the payslip).
- 17** **Deductions** box includes any deductions taken from you pay such as income tax, voluntary tax, memberships and salary sacrifice amounts. HECS/HELP deductions are included in the full income tax figure.
- 18** The **Total Deductions** amount is the total of all deductions for the current pay period.
- 19** The **Net Income** amount is the **Total Gross** amount minus the **Total Deductions** amount, plus the **New Overpayment Identified This Pay Period To Be Recovered (Net)**.
- 20** Superannuation paid.
- 21** The **Leave Balances** box includes your eligible accumulated leave types, including recreational leave, sick leave and long service leave.
- 22** The **Year to Date** box includes your total earnings, full taxable earnings and tax paid from 1 July each year.
- 23** Deductions from previous pay periods.
- 24** Net overpayments.

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PROFESSIONAL MEDICAL UNIFORMS



How to navigate THE CONTRACTS, AWARDS AND CONDITIONS OF EMPLOYMENT

Congratulations on graduating medical school!

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

CONTRACT

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

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

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

AWARD AND AGREEMENT

Awards and agreements provide further detail on the remuneration and employment conditions in your employment. There are two awards and agreements that cover doctors in training who are employed by Queensland Health:

1. *Medical Officers (Queensland Health) Certified Agreement (No. 4) 2015 (MOCA 4*) ('The Agreement');* and

2. *Medical Officers (Queensland Health) Award – State 2015 ('The Award').*

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

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

TERMS AND CONDITIONS

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

Other industrial instruments to be aware of include:

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

Employment conditions covered including, however, not limited to dispute resolution, secondment, accommodation, leave applications, on-call and recall arrangements, accommodations and health and safety matters.

THE MATER HOSPITAL

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

WHAT WE DO

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

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

AMA Queensland:
www.amaq.com.au

ASMOFQ:
www.asmofq.com.au

**AMA Queensland and its union partner ASMOFQ are currently negotiating MOCA 5 and the Mater RMO Agreement at the time this article is published; consequently, the above may change.*

Overtime

Let's imagine for a minute that you are currently working in a department that is chronically understaffed, has poor rostering practices and the number of patients presenting with complex cases is increasing. Do you think you'll be leaving on time?

So what are your rights?

THE MOCA 4 AGREEMENT

As many of you would know, overtime rates apply to:

4.4.1 Resident Medical Officers

A RMO performing additional hours of duty in excess of the ordinary hours specified in Clause 4.1, of this agreement shall be, **subject to approval by the authorised manager, paid for such excess duty hours as follows:**

- (a) Monday to Saturday – time and one-half of the ordinary rate for the first 3 hours and double time thereafter;
 - (b) Sunday – double time of the ordinary rate;
 - (c) Public holidays – double time and one-half of the ordinary rate.
- (emphasis added)

Despite what the Agreement says, we regularly hear from junior doctors not being paid overtime. So what are some of the reasons why they aren't be paid and are these reasons valid?

REASONS WHY YOU AREN'T BEING PAID

There are of course reasons why some junior doctors aren't being paid for overtime. Professional culture (cue the: "We didn't get paid for overtime when we were junior doctors") and professional standing ("Applying for overtime will reflect poorly on you") continue to act as constraints. In the 2017 AMA Queensland Resident Hospital Health Check Survey, 50 per cent of junior doctors reported being advised not to claim overtime and 31 per cent of those who claimed did not get paid for it.

Neither of these reasons are easily overcome, and indeed if there is to be any change it must be led by senior doctors and organisations like AMA Queensland and the colleges.

Moreover, accurately recording the working hours of medical practitioners will likely make it easier to identify those who are working unsafe hours and ensure we have an accurate understanding of the workload. This in turn should lead to rostering practices that ensure there is an equitable balance between patient needs, training requirements and rest.

OUR ADVICE

Record and submit any overtime you've worked by filling out the AVAC form. To download a copy of the AVAC form go to <https://ama.com.au/qld/overtime-awareness-month>. If your application for overtime is refused, make sure you ask why and record the reason provided. Having this recorded in an email is probably the best approach. The collecting evidence is important as this is what is often sought by management, HR and Shared Services when we talk to them about unpaid overtime.

In the event your claim is knocked back and you feel it shouldn't have been, get in touch with AMA Queensland at claimit@amaq.com.au. We can help members to claim.

The image shows a screenshot of the Attendance Variation and Allowance Claim (AVAC) form. The form is titled "Attendance Variation and Allowance Claim (AVAC)" and includes a table for recording overtime hours. The table has columns for "Date", "Time", "Type", "Rate", and "Total". There are also sections for "Employee Details", "Manager Approval", and "Claimant Details".

QUEENSLAND HEALTH'S POSITION ON CLAIMING OVERTIME

In May 2018, AMA Queensland wrote to Queensland Health asking the following questions and requiring written confirmation that RMOs have a right to claim overtime when worked, and no request will be unreasonably refused or be discouraged in any way from claiming overtime when worked. The examples where we assert overtime should be paid:

1. RMOs are directed, requested or expected to commence ward rounds prior to the commencement of their shift.
2. The RMO is in surgery and continues to work beyond the finishing time of their shift.
3. The RMO has an excessive workload and works beyond the finishing time of their shift.

The written response from Queensland Health was:

It is Queensland Health's position that overtime is applicable and payable to RMOs when they are directed to work outside their rostered ordinary hours.

This includes:

- ▶ when RMOs are directed to start their shift before the specified start time;
- ▶ when RMOs are directed to work beyond their specified finish time;
- ▶ when RMOs are requested to work an additional overtime shift beyond their rostered ordinary hours.

- WHAT ARE YOUR RIGHTS AND WHY AREN'T YOU BEING PAID?





KNOW YOUR Working Entitlements AS A RESIDENT MEDICAL OFFICER

HOURS OF WORK

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

NIGHT SHIFTS

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

OVERTIME

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

SICK LEAVE

- ▶ A full time practitioner shall be entitled to 10 days sick leave per year.
- ▶ Sick leave will accrue from year to year.
- ▶ Sick leave in excess of two consecutive dates shall be paid upon receipt of a medical certificate or reasonable evidence of illness or injury.

PUBLIC HOLIDAY WORK

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

All public holidays, except for Labour Day, Show Day or Easter Saturday

Time and one-half (150%) with a minimum payment for four hours

Labour Day, Show Day or Easter Saturday

Double time and one-half (250%) with a minimum payment for four hours

Where your Rostered Day Off falls on Labour Day, Show Day or Easter Saturday

may be paid an additional day's wage

OR

may be granted another day's holiday

OR

may have an extra day of annual leave added to your annual leave balance

WEEKEND WORK

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

FATIGUE LEAVE/ REST PERIOD AFTER OVERTIME

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

HOW MUCH NOTICE IS THE HOSPITAL REQUIRED TO GIVE FOR ROSTERS

- ▶ A full-time practitioner shall be given a minimum of 14 days' notice and where possible 21 days' notice, of rosters prior to their commencement.
- ▶ In cases of emergency, or if the practitioner agrees, rosters shall be amended during their currency.



**Are you
being paid
correctly?**



**Do you
know your
entitlements?**



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

ANNUAL LEAVE

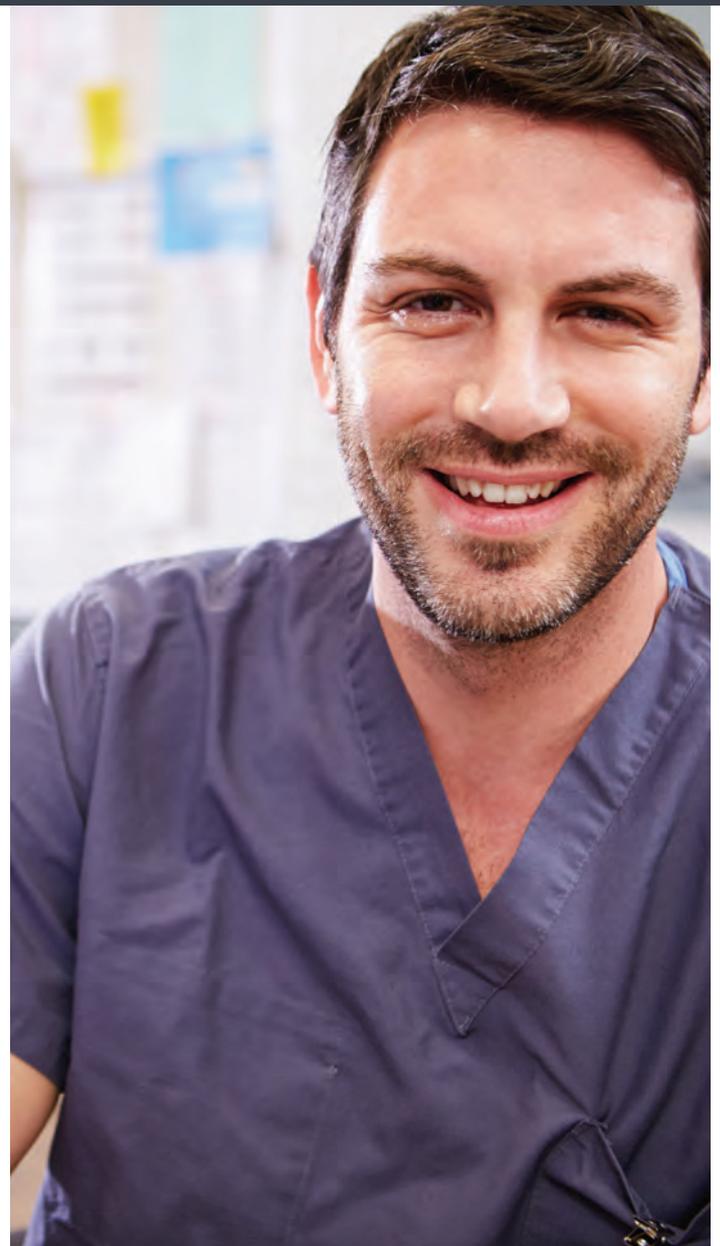
- ▶ If you are a full time RMO, you will accrue five weeks of annual leave per year.
- ▶ One of the above annual leave weeks is in compensation for work performed on public holidays.
- ▶ If you are a "continuous shift worker", you will accrue an additional week of annual leave on a pro rata basis (total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

RECALL

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

ON CALL

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





PROFESSIONAL DEVELOPMENT ASSISTANCE

UNDER MOCA 4

PROPOSED UNDER MOCA 5

EXAMINATION LEAVE

- | | |
|---|---|
| <ul style="list-style-type: none"> ▶ 1 day off on full pay for each day of an approved exam please 1 day off prior to the exam. ▶ The employer cannot unreasonably withhold granting the examination leave. | <ul style="list-style-type: none"> ▶ 100% increase in Examination Leave (from 2 days to 4 days per permissible occasion). ▶ The employer cannot unreasonably withhold granting the examination leave. |
|---|---|

PROFESSIONAL DEVELOPMENT LEAVE (PDL) (NOT APPLICABLE TO INTERNS)

- | | |
|--|---|
| <ul style="list-style-type: none"> ▶ Accrue 5 days per year in addition to existing exam leave. ▶ Transfers between HHSs and accrues for up to 5 years. ▶ Cannot be unreasonably withheld, however you should apply for PDL well in advance. ▶ Cannot be cashed out at the cessation of employment. ▶ No travel time allowance. | <ul style="list-style-type: none"> ▶ 60% increase in Professional Development Leave (from 5 days to 8 days per annum). ▶ Transfers between HHSs and accrues for up to 5 years. ▶ Cannot be unreasonably withheld, however you should apply for PDL well in advance. ▶ Cannot be cashed out at the cessation of employment. ▶ New entitlement for up to 3 days' travel time for rural and remote doctors accessing PDL. |
|--|---|

VOCATIONAL TRAINING SUBSIDY (VTS)

- | | |
|--|---|
| <ul style="list-style-type: none"> ▶ As a Registrar, you are entitled to the VTS allowance of \$2,562 (increased to \$2,626 on 1 July 2017). ▶ Paid fortnightly as long as you remain in the training program. | <ul style="list-style-type: none"> ▶ Registrars receive a 39% increase in Vocational Training Subsidy (from \$2626.50 to \$3670 per annum). ▶ Paid fortnightly as long as you remain in the training program. |
|--|---|

PROFESSIONAL DEVELOPMENT ALLOWANCE (PDA)

- | | |
|---|---|
| <ul style="list-style-type: none"> ▶ As a JHO, SHO or PHO you are entitled to an allowance of \$1,537 (increased to \$1,576 on 1 July 2017), paid fortnightly. | <ul style="list-style-type: none"> ▶ JHO, SHO or PHO receive a 39% increase in Professional Development Allowance (from \$1575.93 to \$2,200 per annum), paid fortnightly. |
|---|---|

ACCESS TO TRAINING COURSES

- | | |
|--|--|
| <ul style="list-style-type: none"> ▶ Interns will be provided with access to training courses, during ordinary working hours at no cost to you. | <ul style="list-style-type: none"> ▶ Interns will be provided with access to training courses, during ordinary working hours at no cost to you. |
|--|--|

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Dr Beckie Singer
Avant Intern member

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BULLY

Workplace bullying can be harmful to the person experiencing it and to those who witness it. It ruins lives and destroys workplaces and it's up to you and your employer to put a stop to it.

Bullying at work occurs when:

- ▶ a person or a group of people **repeatedly** behaves **unreasonably** towards a worker or a group of workers **at work**; and
- ▶ the behaviour creates a **risk to health and safety**.

Bullying does not include reasonable management action carried out in a reasonable manner.

Bullying behaviour may involve, for example, the following types of behaviour:

- ▶ aggressive or intimidating conduct;
- ▶ belittling or humiliating comments;
- ▶ spreading malicious rumours;
- ▶ teasing, practical jokes or 'initiation ceremonies';
- ▶ exclusion from work-related events;
- ▶ unreasonable work expectations, including too much or too little work, or

work below or beyond a worker's skill level;

- ▶ displaying offensive material;
- ▶ not sharing important information that a person needs to work effectively;
- ▶ changing rosters or leave to deliberately inconvenience someone; and
- ▶ pressure to behave in an inappropriate manner.

However, in order for it to be bullying, the behaviour must be repeated and unreasonable and it must create a risk to health and safety.

WHAT ISN'T WORKPLACE BULLYING?

Examples of what isn't bullying behaviour include:

- ▶ a single incident of unreasonable behaviour;
 - ▶ unreasonable behaviour that involves violence (that is a criminal matter);
 - ▶ reasonable management action that:
 - ▶ is in connection with a worker's employment
 - ▶ is carried out in a lawful and reasonable way
 - ▶ takes the particular circumstances into account
 - ▶ acts of unlawful discrimination or sexual harassment (this should be reported immediately); or
 - ▶ workplace conflict (e.g. differences of opinion).
- Single incidents of unreasonable behaviour shouldn't be ignored as they may be repeated or escalate. The behaviour should be noted and reported to your line manager or Human Resources team.
- If you are experiencing or witnessing any behaviour that involves violence (e.g. physical assault or the threat of physical assault) you should report it to the police.

EXPERIENCING OR WITNESSING WORKPLACE BULLYING

To determine the most appropriate action, you should consider whether the behaviour you are experiencing or witnessing is workplace bullying. Consider if the behaviour is workplace bullying:

- ▶ Is the behaviour being repeated?
- ▶ Is the behaviour unreasonable?

If you are experiencing behaviour repeated and unreasonable, you can:

- ▶ talk to the person if you feel safe to do so;
- ▶ seek support (Queensland Doctors' Health Programme and AMA Queensland are great resources);
- ▶ report it within your workplace;
- ▶ make a bullying grievance in your workplace if your initial approaches are responded to; or
- ▶ seek an order from the Queensland Industrial Relations Commission (you must still be employed in the business where the bullying was occurring).

If you witness bullying in the workplace, you should encourage the other person to speak up or seek support. If you have a health and safety representative at your workplace, you or the person experiencing the bullying could bring it to their attention.

TING

WHAT IT IS AND WHAT IT ISN'T

WHAT IS REASONABLE MANAGEMENT ACTION?

Reasonable management action carried out in a reasonable manner is not bullying

Reasonable management action may include:

- ▶ performance management processes;
- ▶ disciplinary action for misconduct;
- ▶ informing a worker about unsatisfactory work performance or inappropriate work behaviour;
- ▶ asking a worker to perform reasonable duties in keeping with their job; and
- ▶ maintaining reasonable workplace goals and standards.

A manager is entitled to carry out actions and give directions that are consistent with managing the workplace. However, any reasonable management actions must not only be reasonable but must also be conducted in an objectively reasonable manner. If not, their behaviour could still be considered to be bullying.

HEALTH AND SAFETY

In addition to the anti-bullying jurisdiction of the *Industrial Relations Act 2016* (Qld), workers are covered by the obligations under the *Work Health and Safety Act 2011* (Qld) (WHS Act). Section 17 of WHSA requires duty holders to eliminate risks to health and safety, so far as is reasonably practicable; and if it is not reasonably practicable to eliminate risks to health and safety, to minimise those risks so far as is reasonably practicable.

IF YOU NEED HELP

Queensland Health has an Employee Assistance Programme (EAP) that is free and confidential. The information will be in your start up information. Alternatively, you can contact Queensland Doctors Health Programme (QDHP) at 07 3833 4352 or www.qdhp.org.au. There is also a wealth of free community service available to assist you deal with bullying and harassment. Some of those resources are:

LIFELINE

13 11 14 <https://www.lifeline.org.au/>

BEYOND BLUE

1300 22 4636 www.beyondblue.org.au

HEADSPACE

<https://headspace.org.au/>





Ward Call

THE BEST PART OF YOUR INTERNSHIP

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

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

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



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

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



Prioritise. You may have nights that are quiet and you may have nights where you do 24,000 steps in 12 hours, have to attend 7 MERTs and a cardiac arrest.

You will have to triage pages/jobs on the run and try to do as many things as possible over the phone eg. fluid orders and simple analgesia. Do not worry, this will come with practice.



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



Help your co-residents.

You will need help too at some point.



Drink water and pee.

Do not give yourself an acute kidney injury.



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



DR TAHLIA GADOWSKI,
RESIDENT MEDICAL OFFICER, THE ROYAL BRISBANE AND
WOMEN'S HOSPITAL; AND COMMUNICATIONS LEAD,
AMA QUEENSLAND COUNCIL OF DOCTORS IN TRAINING

FAMILIARISE YOURSELF WITH:

**WISHING YOU
GOOD LUCK FOR
INTERN YEAR,
AND I HOPE TO
SEE YOU AT A
CDT MEETING**



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



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

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



Dr Margaret Kay
Queensland Doctors'
Health Programme

Breaking bad news

PREPARING FOR THIS IMPORTANT
PART OF OUR MEDICAL WORK



Your capacity to deliver bad news to your patient is an integral part of every doctor's professional practice. As with all professional skills, our 'praxis' – the enacting of our skill and knowledge – develops over time. They are honed throughout our professional life and polished through mentoring. It is appropriate for a junior doctor to seek support from a more senior colleague when they are asked to deliver "bad news" to a patient. Every interaction between a doctor and patient requires appropriate and compassionate communication supported by professional expertise. "Breaking bad news" is one component of our daily patient interactions that doctors need to be prepared to engage with.

The task of "breaking bad news" arises frequently, even for junior doctors. These moments of interaction are often powerful moments as we connect deeply with our patients.

Patients are looking for support and care through connectedness. Doctors can enhance that connectedness and improve that feeling of support, even when they have very little time to get to know that patient.

WHEN DELIVERING "BAD NEWS" BOTH
CONTENT AND PROCESS ARE IMPORTANT
WHEN PROVIDING THE PATIENT WITH
INFORMATION ABOUT THEIR HEALTH ISSUE.

When caring for a patient, it is important to **set the environment** for the conversation. Sometimes it is not possible to ensure all the elements that would make an ideal environment, but there are some things that are nearly always possible. Your patient needs to know who you are and what your role is. Ensure that you have the patient's attention as you provide the information. Even if you are busy, set the scene so that your patient realises that you are making time for them. A respectful professional manner is essential. Taking a seat beside the patient in a manner that enables appropriate eye contact. A quiet space is ideal, if that is possible. Avoid providing the information while the patient is in the middle of a procedure, even a minor one. Ask your patient if they wish to have a support person present as this often provides comfort. If the patient doesn't have anyone with them, then the presence of another health professional for support may be considered.

Sometimes there are **cultural considerations** that need to be addressed. Ensure you actively consider whether this is the case. If a person has limited English then it is vital that a professional *interpreter* is used, rather than a family member, to assist with the conversation. In small communities, especially if the condition is potentially stigmatising, it may be necessary to use a phone interpreter to avoid privacy concerns. Be aware of your non-verbal behaviours; a touch of the hand may be a sign of support in some cultures, but this is not always the case.

Before you start the conversation, **prepare** for the conversation. Ensure that you have the right information and the right patient. Consider what questions the patient may ask and prepare

how you might respond to those questions. It is common for a patient to want to know how the condition occurred, what treatment will be required and what the prognosis is likely to be.

Before you start the conversation, consider the **context** of the health issue. You should be familiar with the symptoms that the patient presented with and why they sought care. It may be that the patient has sought care about something else and this is an incidental, but significant finding. Understanding this information will help you contextualise the "news" for the patient as you deliver the information. Remember that you cannot know the entire context of the health issue. All health issues have the potential to impact upon the patient's family, their job or their current life situation. These unknown contexts can cause the patient to react to

the information being provided in a manner that you may not expect. "Bad news" is not a self-contained entity. It is co-authored by the patient. Recognising the potential of unknown contexts can help you prepare to be responsive to the patient during

the conversation. Similarly, the patient or their family may have had a previous experience with a similar or the same health issue with a friend or relative. Most people will draw on their limited knowledge of their experience with a health issue to interpret the information that they are experiencing. This previous experience can significantly impact upon the message that the patient hears, their fears and health beliefs.

When delivering "bad news" both content and process are important when providing the patient with information about their health issue. Your preparation will inform both of these.

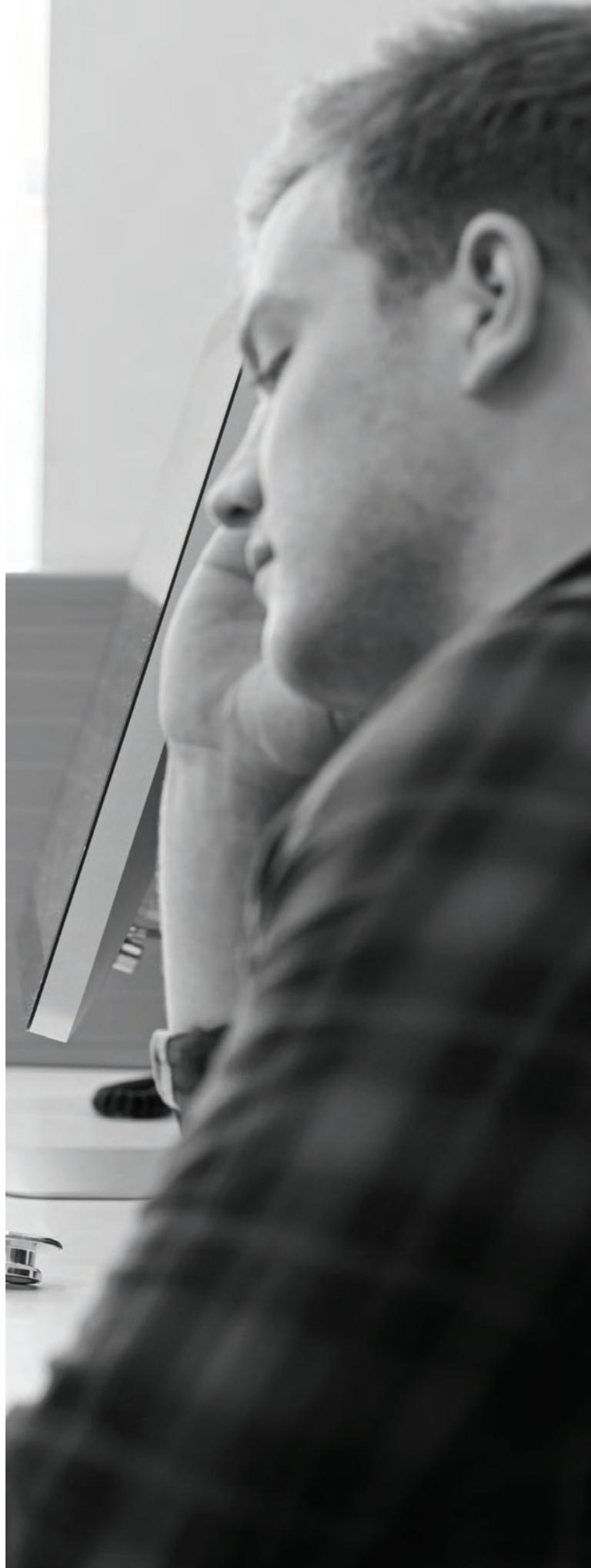
The content of the "bad news" being delivered should include the health condition; its proper name and any common name generally used by the community for this condition, a brief description of how this diagnosis has been determined, how it will be confirmed (or how it has been confirmed) and what the next steps are, including a brief summary of the treatment pathway. This information should be delivered accurately and clearly. Writing down the name of the condition can help. It is best to avoid using technical medical terms or abbreviations. Use short sentences using familiar words. If it is necessary to introduce a technical term, then do so by highlighting that this is a new term and ensure that the patient understands its meaning. Do not assume that your patient is health literate, even if they are well-educated. Avoid overloading this initial conversation. Sometimes illustrations can help, but sometimes it is better to reassure them that you will provide more detailed information in the near future. It is easy for a doctor to default to the comfort of a technical term, rather than consider the patient's need for clarity. It is important to convey any clinical uncertainty clearly. It is equally important

that you avoid delivering the message in a prevaricating manner simply because you are uncomfortable with the conversation. Keep focused. The purpose of the conversation is to ensure that the patient is informed about their health issue. At the end of the conversation, ensure that the patient is very clear about the next steps.

The process of delivering “bad news” enables the news to be heard. It is normal for both doctor and patient to be uncomfortable during these conversations. Setting the environment and preparing the information, enables trust to build within the relationship which benefits both the doctor and the patient. Your language and tone of your voice should ensure that the message is delivered in a respectful manner. It is important to provide the information in a timely fashion, rather than procrastinate. Contextualise the “news” by explaining, briefly, how the condition has caused their symptoms. This is not the time to demonstrate your knowledge of the pathophysiology of the problem. “Breaking bad news” is about ensuring that the patient understands the health issue that is being discussed. “Breaking bad news” is not about creating a sense of hopelessness, but it is important not to create false hope. It is important to be responsive during the conversation. Establish what the patient already knows early in the conversation, correct misunderstandings gently and build on previous information so that the patient receives the key message clearly. Remember that some words, such as cancer, are especially emotive. Be aware of your patient’s response to your words so that you can clarify the information at the moment the patient requires that clarification. Words that may seem simple for a doctor such as tumour, benign and malignant may need clarification for the patient. Sometimes the patient may react with intense emotion including unexpected emotional responses such as anger. While such expressions of emotions may seem difficult to understand, they often emerge from some broader context that only the patient is aware of. Sometimes the patient has no prior experience receiving such difficult news. There is no right way to hear “bad news” and it is not reasonable to expect a patient to know the ‘right way’. Allow time for the patient to ask questions.

After the initial conversation of “breaking bad news”, a future appointment for further discussion and development of a management plan for the way ahead is essential. In the follow up conversations it is important to establish that the information provided in the initial conversation was heard correctly. It is during these later conversations that more details can be provided to the patient to ensure they are well-informed. Recording information about how the initial conversation progressed can be helpful for the follow up conversations. Remember that your patient may have a trusted general practitioner who they will seek support from and ensuring the details are provided to the patient’s GP can facilitate that support.

Finally, it is important for doctors to be reflective when they are delivering “bad news”. Engaging in reflective practice enables doctors to understand what they bring to the conversation. Often doctors have had previous professional or personal experiences that colour their expectations of the conversation. Self-reflection enables empathy and can help doctors to avoid assumptions about what the patient wants to hear and how the patient should respond. Importantly, self-reflection can help the doctor recognise how “breaking bad news” has personally affected them. “Breaking bad news” always has an impact on the doctor, as well as the patient. Developing strategies to regularly identify and address this impact enhances our capacity to deliver quality care with compassion to our patients. It is a vital part of the professional skillset we require when “breaking bad news”.



By Dr Margaret Kay
Queensland Doctors' Health Programme



D 1
O C 2
T O R 3
S D O Y 4
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E S U F F I C 6
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A REALISTIC GUIDE TO Surviving night duty

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

Everyone's ability to cope with night shift is different, and while mine had the strong foundation of working as an inner city bar manager as a medical student, some new interns may be completely naïve to the concept of staying awake (and sober) until the wee hours of the morning. However, I believe with a few adjustments to your everyday routine, any junior doctor can go from 'Wake up Jeff' to Batman: willing and able to help in the middle of the night when crisis calls.



Dr Kat Gridley

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

Preparation phase

SLEEP AND SNACKS

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

The first step in preparing for night shift is adjusting your sleep cycle, which starts the day before. Imagine a usual sleeping schedule where the doctor goes to bed at 10pm and wakes at 6am, with the rest of the day spent awake. When preparing for night duty, this must be flipped in reverse, but in a way the body can handle. The night before your night shift, stay awake until 3 or 4am instead of 10pm and then grab a bare few hours of shut-eye until 7am or so. Then get up, distract yourself with something active to stay awake (so skip the Netflix binge and go for a walk instead) and then take a long nap from around midday until 1-2 hours before your shift, leaving enough time for a decent dinner beforehand.

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

Caffeine can be your absolute saviour on night shift, but it can also be your arch nemesis if you drink too much at the wrong time. Find out where the nearest coffee machine is before your shift starts, and if your hospital has a visiting coffee van service, be aware of when and where it arrives during the night (which is often where it helps to have friends in emergency who can alert you!). Save the strong espressos for the first half of your shift only, and it is best to lay off the 4am red bull unless you want to seem suspiciously energetic at morning handover....

Battle phase

THE 7 STAGES OF NIGHT SHIFT

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

Recovery phase

REST AND DIGEST

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

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

WHEN THE WAR IS OVER

All good things come to an end and thankfully so does your run of night shifts. If you are given the chance to have breakfast with your colleagues, I cannot recommend it highly enough, both as an avid fan of a café breakfast but also as a registrar who knows the importance of debriefing. Those moments of scoffing mortgage-breaking avocado toast with your fellow interns while debating whether it is too late to swap into a 9-5 career are some of the best you will have. Most times there is exhausted delirium and laughter, sometimes there are tears, but there is always a sense of comradeship, which is vital to maintaining your wellbeing as a junior doctor.

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

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

WHERE YOUR CAREER MAY TAKE YOU - BEYOND THE specialist training pathway



DR LOUISE TEO
LOCUM, QUEENSLAND HEALTH

Congratulations on reaching internship! You're at the start of an amazing journey.

It can be daunting trying to figure out what you want to do "when you grow up." You may feel like you're changing your decision as often as you change rotations. Believe me - this is very normal! Working is very different from observing as a student- most doctors I know have changed their initial choice of specialty at least once. Many others couldn't decide, but did their best in a variety of rotations before figuring it out. Others tried their specialty of choice, then changed to other paths when they realised it wasn't for them.

You're at a great time in medicine. Career diversity is gradually being embraced in parts of medicine, with employers beginning to recognise the value of non-college-accredited jobs when building a doctor's career. In future, we may even see some of these being accepted as a more traditional pathway.

There's a chance your career may travel through one (or more!) of the following fields, whether you're in your first years out, or later in your journey. Many of these jobs can be part-time or project-based, allowing you to continue working in the clinical world. Here are some examples.

1. STARTUP FOUNDER

The term 'startup' may refer to an early-stage for-profit business, whether in tech or not, or a social enterprise or non-profit. Perhaps you're passionate about creating something. Learning about entrepreneurial skills such as resilience, seeking useful feedback, and pivoting from your initial plan, will help you tremendously throughout your career. Bear in mind, the odds of a startup succeeding long-term are low, and there are many risks involved, particularly around finance and unpredictability. But as a doctor, you possess many traits that help your chance of success, and no matter the outcome, the startup journey can help you grow as a doctor as well. Dr Evelyn Chan is one such startup founder, using her experience from Paediatrics to cofound SmileyScope, helping sick kids going through distressing clinical experiences with virtual reality (VR) entertainment.

2. DIGITAL HEALTH

Maybe you are a weekend coder or did computer science as an undergraduate degree. Or perhaps you're fascinated with tech as a consumer. There are numerous jobs that your interests can lead to.

Being a medical advisor to a startup means you bring your clinical knowledge to a startup needing specific advice on how doctors (or other clinicians) work. Often created by non-healthcare founders, startups usually bring on a Chief Medical Officer or Medical Advisor (even at RMO level!), whether it be permanent or temporarily. A great way to learn about entrepreneurship whilst providing valuable feedback to a non-medical team.

It's also possible to be the Chief Information Officer/Chief Technology Officer of a medical company, or Chief Medical Officer of a tech company. You could work at global companies, overseeing the development of new tech products for healthcare. (Did you know that Microsoft's global Chief Medical Officer, Dr Simon Kos, is Australian- and locally, Dr Nic Woods is Chief Medical Officer for Australia!) You may think it helps to have studied business, however, roles in business can be quite fluid, and a medical degree is highly respected in these areas, without necessarily having a Masters of Business Administration (MBA). Don't be afraid to attend conferences and ask companies you're interested in about how you can get involved.

You don't have to stop full-time clinical work - many hospitals now have a 'clinical lead' in the rollout of IT and quality improvement projects, whether it be new electronic medical records (EMRs), ePrescribing, or other programs. Some hospitals also have RMO roles in Clinical Redesign, Innovation and Quality and other similar roles, giving you a taste of this world. These roles can also help you with more traditional specialty fields, such as Medical Administration.

3. MEDICAL EDUCATION

You could be a lecturer or tutorial leader, using your valuable leadership and communication skills. You might run your own exam preparation courses or events for students and trainees, or continuing education for Fellows. Several of the AMA Queensland Council of Doctors in Training (CDT) members are lecturers at medical schools, even before embarking on a training pathway. Teaching is an area of medicine where you can feel

valued and part of a community, and inspire others along the way. The skills can also enhance your abilities on the wards. Several hospitals, such as Gold Coast University Hospital, also offer Medical Education rotations.

4. CAREER MEDICAL OFFICER

In Australia, a Career Medical Officer (CMO) usually refers to clinical ward-based work unaccredited by the colleges. Work is usually at hospitals providing valuable experience to doctors not pursuing vocational training. A CMO may work in one or several departments, such as being the senior emergency medicine doctor in a rural hospital; or as a permanent ward RMO covering O&G, Paediatrics and ICU. This is a good option for those on a training break, allowing you to keep up your medical skills with a consistent employer (rather than locuming). They can also be great for parenting and other life situations. Enquiring directly at hospitals, private and public, rural and metropolitan, can help you uncover these roles.

5. MEDICAL ADMINISTRATION

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

6. BUSINESS AND STRATEGY IN THE MEDICAL INDUSTRY

Whether as a management consultant, business advisor, or even as chief executive officer of a telehealth company, having medical knowledge can help in industry roles. A management consultant typically works with a firm involved with diverse fields such as mining, technology, and engineering as well as healthcare. Although you'll often find MBAs and other business graduates amongst your colleagues, your communication and problem-solving skills helps you learn on the job, and many companies offer training as part of the role. Dr Rob Marshall spoke at this year's Junior Doctor Conference (JDC) about his work with management consulting.

7. MEDICAL WRITING

You could be an editor at a medical journal, or a media company for doctors. Your skills can also translate into product descriptions, technical writing, and fact-checking for pharmaceuticals

and other companies requiring a doctor's expertise. Writing in technical as well as common language helps you understand perspectives from the broader public, and enhances your communication skills as a clinician.

8. MEDICO-LEGAL ADVISOR

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

9. MEDICAL DEVICES

The Therapeutic Goods Administration (TGA) employs Medical Device officers to assess applications for new devices, including quality checks and evidence. Similar to other jobs here, this requires a lot of research and analytic skills. You could be the first to spot trends and opportunities in the future of medicine, and there are roles outside of Canberra, too.

10. MEDICAL ADVISORS FOR DEPARTMENT CLAIMS

The Department of Veterans Affairs has branches in most states and territories, where doctors are needed for analysing claims sent through by specialists and general practitioners. These advisor roles look at how likely it is that particular injuries were sustained over certain time-periods, in certain conflict situations. Attention to detail is key in this role, which can include flexible hours.

11. NON-MEDICAL

The sky's the limit here. Are you a playwright? Do you play music at a professional level? Do you illustrate? Play or coach a sport? Medical skills cross over well into non-medical areas. Your communication skills, attention to detail, multitasking, and empathy; these all help with other careers. We can think of many successes, such as Dr Nelson Lau, a GP, photographer and filmmaker whose award-winning film "One Less God" showed in Hollywood recently.

12. OCCUPATIONAL MEDICINE

Occupational Medicine is usually a training pathway through the RACGP and RACGP, however, it's possible to gain experience as a locum or regular employee if you're undecided. This could take you to interesting workplaces such as manufacturing plants for cars, chocolate, flour, or even offshore on oil rigs. Focusing on prevention as well

as treatment can be very rewarding. Certificates in Occupational Medicine are also offered by several universities, many of these accredited by the RACGP and other colleges - check the details with each provider, or ask your locum company for vacancies in these roles.

13. PUBLIC HEALTH AND/ OR HEALTH POLICY

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

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

Similarly, health policy can involve further training at Diploma or Master's level, but it also helps to get hands-on experience (even a week's observership) to learn on the job. These paths could lead you to working on a hospital board or in the private sector, or even in politics one day.

14. IMMIGRATION HEALTH OFFICERS

Health insurance companies often employ immigration health officers, usually RMOs or registrars, to conduct health checks. You can usually find these advertised through locum agencies and job sites, or directly through the insurer's Careers page.

15. DELIVERING WELLBEING, RESILIENCE AND CAREER SKILLS TRAINING

"Wellbeing" spans a huge spectrum of career paths. This is a great opportunity for empathetic doctors who care about educating the public with evidence-based wellbeing measures, while advocating a healthy, resilient lifestyle. From life coaching to resilience training to healthy eating, it helps to have had experience in the high-pressure field that medicine can be. Whether you work on these alongside medicine, such as GP Dr Craig Hasted with his mindfulness

workshops, or work on these fulltime, medicine is a great foundation for life skills.

16. BREASTSCREEN

I've most recently worked with BreastScreen as a Senior Medical Officer. This role involves clinical assessments of women who have a screen-detected lesion, all the way up to diagnosis. More often than not, we're giving good news! The role can include biopsies and has a large liaison role with radiologists, surgeons and GPs. It's a very rewarding role, and an interest in Women's Health and Oncology or Public Health is very appreciated here.

17. AESTHETIC MEDICINE DOCTOR

It is a huge field in Asia, and doesn't always involve botox and liposuction. Aesthetic medicine doctors are trained to safely prescribe treatments that can improve a patient's (or consumer's) quality of life, through invasive and non-invasive means. Dermatologists often cross over into this field, and may even launch their own product ranges, or consult with skincare brands on quality and scientific analysis. Check the credentials of training providers and employers before signing up.

ADVICE

So, still wondering what you want to be when you grow up?

Think about who you want to be, and your personal values. You may get it in an instant, or it may take longer to decide. Be patient with yourself; you can create your own path. Do your best on every rotation, ask around, keep your eyes open for opportunities, and follow your interests- and most of all, have fun!

Dr Louise Teo is a Senior Medical Officer who founded themedicalstartup.com to inspire people interested in medical entrepreneurship and career empowerment.

Ps - Some useful Australian Facebook groups run by doctors:

- ▶ *HealthProXChange*
- ▶ *Non-Clinical Doctors in Australia and NZ*
- ▶ *Creative Careers in Medicine*



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



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



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AMA Queensland members receive a 10% discount off Avis and Budget car rentals.



DOCTORS' HEALTH FUND

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



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



LEXUS

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



make it cheaper

MAKE IT CHEAPER

AMA Queensland partnered up with one of Australia's largest independent energy brokers, Make It Cheaper, to help members save money on electricity and gas. Their free energy health-check compares your bill against the competitive rates they have negotiated with their panel of retailers to find you a better deal. There are no fees, no hidden costs and no obligation to switch. Don't pay more for energy than you have to.



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MDA NATIONAL

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



ORBIT WORLD TRAVEL

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



QANTAS CLUB

AMA Queensland and their partners are entitled to great discounts on Qantas Club membership.



VIRGIN AUSTRALIA LOUNGE

AMA members are entitled to great discounts on Virgin Lounge membership.



VOLKSWAGEN

AMA members are entitled to a discount* off the recommended retail price of new Volkswagen vehicles. *Terms and conditions apply. May not be available on all vehicles.



WILLIAM BUCK

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



WINE DIRECT

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

ADDITIONAL BENEFITS ARE AVAILABLE EXCLUSIVELY TO AMA QUEENSLAND MEMBERS.
PLEASE VISIT WWW.AMAQ.COM.AU

ARE YOU A medical student or junior doctor WHO IS CONSIDERING YOUR TRAINING OPTIONS?



James Cook University (JCU) can help you find a pathway to train as a GP or specialist in regional and rural Queensland by providing practical advice, career ideas and an exciting vision.

To do this, we have partnered with regional Queensland's public and private hospitals and health services to support and develop their medical training capacity, so that trainees can work and train from intern to fellowship in the region.

HOW ARE WE DOING THIS?

As part of our partnership we are:

- ▶ linking medical training opportunities across five key regions in Queensland so that medical trainees can complete as much of their specialist training as possible within the region;
- ▶ identifying medical students and medical trainees with an interest in practicing rurally or regionally and providing them with support at the early stages of their careers; and
- ▶ developing regional training capacity by supporting current supervisors of clinical training, assisting health services in obtaining accreditation for new training positions and supporting local medical practitioners to become clinical supervisors.

OUR AREA OF FOCUS

We've established a network of training partners in five major areas across regional Queensland to ensure that trainees have access to a wide range of hospital and health settings of varying sizes and capabilities.

MACKAY REGION

- ▶ 8 hospitals
- ▶ 4 community health facilities
- ▶ Mackay Base Hospital
- ▶ area spans more than 500,000 kilometres
- ▶ other local health and hospital sites include Airlie, Collinsville, Beach, Bowen, Dysart, Moranbah, Proserpine and Sarina

Beyond these areas, our training capacity extends across the southern parts of Queensland – Central Queensland, Wide Bay and Sunshine Coast areas – to specifically include GP training, which is administered by a network of JCU staff in conjunction with hospitals and GP clinics.

WHAT DOES ALL THIS MEAN FOR YOU?

Specifically, our network offers trainees:

- ▶ specialists who sit on college selection panels working within the region and providing advice and direct supervision daily;
- ▶ access to rural and remote postgraduate training opportunities;
- ▶ career support to medical students and trainees interested in rural or regional practice;
- ▶ the opportunity to learn and train within multidisciplinary teams; and
- ▶ exposure to a wide range of medical scenarios early in the training continuum.

CAIRNS REGION

- ▶ 12 hospitals, including two private
- ▶ 18 community health care facilities
- ▶ covers spread from Cairns to Tully, extends into Edmonton, Mission Beach and Smithfield

NORTH WEST AND CENTRAL WEST REGIONS

- ▶ 26 hospitals and community health facilities
- ▶ Mount Isa and Longreach Hospitals
- ▶ covers more than 700,000 kilometres
- ▶ health facilities located in Burketown, Doomadgee, Mornington Island, Birdsville, Winton and Barcaldine

TOWNSVILLE REGION

- ▶ 21 public and private hospitals and community health campuses
- ▶ several residential aged care facilities
- ▶ many general practices
- ▶ has the only tertiary hospital in northern Queensland
- ▶ covers Cardwell to Charters Towers and Palm Island

TORRES AND CAPE REGION

- ▶ 31 primary health care centres
- ▶ Thursday Island and Bamaga Hospitals
- ▶ multi-purpose health service in Cooktown Beach and Smithfield
- ▶ integrated health service in Weipa
- ▶ a wide range of healthcare providers, including outreach teams and visiting specialist services

TRAINING PATHWAYS

Major inroads have already been made in building capacity in regional and rural Queensland to provide postgraduate training in anaesthetics, paediatrics, adult internal medicine (basic) and general medicine, general surgery, obstetrics and gynaecology, general practice, emergency medicine, psychiatry and many more.

CONTACT US

By email on regionalmedicaltraining@jcd.edu.au



JAMES COOK
UNIVERSITY
AUSTRALIA

Are you a medical student or intern who is considering your training options?

James Cook University can help you find a pathway to train as a GP or specialist in northern Queensland by providing practical advice, career ideas and an exciting vision for medical graduates to pursue specialist training in regional Queensland.

We have a close collaboration with northern Queensland's public and private hospitals and health services to support and develop the region's medical training capacity, so medical students and trainees can work and train from intern to fellowship in the region.

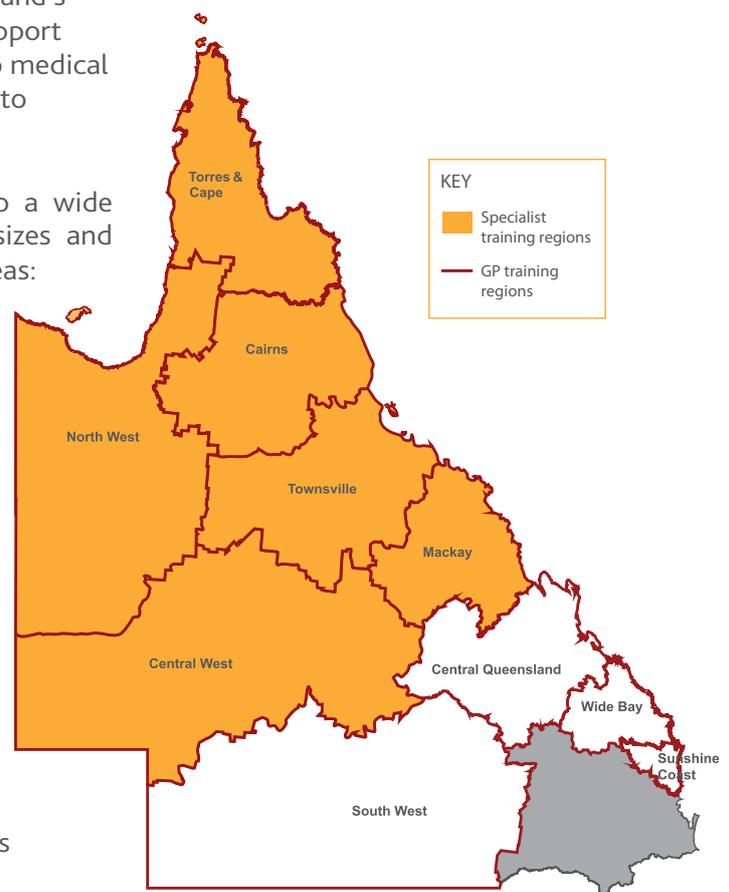
Our areas of focus ensure trainees have access to a wide range of hospital and health settings of varying sizes and capabilities, including the following health service areas:

- Cairns
- Central West
- Mackay
- North West
- Torres and Cape
- Townsville

Contact Us

If you are interested in finding out more about continuing your medical training journey (intern to fellowship) in northern Queensland, please contact us for more information.

E. regionalmedicaltraining@jcu.edu.au



WHAT'S ALL THE FUSS ABOUT

Salary Packaging?

In our line of work, we generally find two types of doctors - those that know about salary packaging and use it to save money and those that have heard about it and think, "I really must find out more about that".

If you find yourself in the latter category, this is a great opportunity to not only find out more about salary packaging, but to put it into action to save money.

WHAT IS SALARY PACKAGING?

Quite simply, salary packaging is a process where you restructure the way in which you take your salary in order to save tax. This process involves a couple of steps that effectively convert your current cash salary into a "package" which is made up of both cash salary and payment of other benefits. This means your overall salary level does not change. Instead, you merely change the way in which your salary is paid.

The first step in the process involves a sacrifice of a portion of your regular cash wage each pay period. It's a sacrifice that reaps rewards, however, as this reduction in cash wage will also mean a reduction in the income tax you pay on your wage. The second step converts the amount of cash salary that you have sacrificed into other benefits such as rent payments - effectively reimbursing you for the amount of cash salary that you have sacrificed out of your fortnightly wage.

The result of this process is that you receive the same amount of total salary, but pay less tax - a good outcome!

Let's consider an example. Assume that you are an employee at a major hospital, earning approximately \$60,000 per year. If you were to sacrifice an amount of \$9,000 out of your yearly salary, the total yearly tax saving of \$2,835 can be demonstrated as follows:

DETAILS	NO SALARY PACKAGE	SALARY PACKAGE
Salary	60,000	60,000
Less: Amount Sacrificed	-	(9,000)
Taxable Income	60,000	51,000
Tax Payable	12,450	9,615
Net Wages paid by Hospital	47,550	41,385
Add: Reimbursement of amount Sacrificed	-	9,000
Total	47,550	50,385

WHAT ARE THE BENEFITS?

The benefit of salary packaging is that you save tax which leaves more money in your pocket at the end of the year. In the example above, the doctor is on a \$60,000 salary and accordingly the tax saved on the \$9,000 sacrificed salary is \$2,835 (based on your estimated tax rate of 31.5%).

WHAT ABOUT FRINGE BENEFITS TAX?

Fringe Benefits Tax is a specific area of tax law that is designed to tax salary packaging arrangements. The good news is that in most cases, for doctors working in either Queensland Health, or the Mater Hospital system, there are exemptions to fringe benefits tax that enable you to enter into a salary packaging arrangement and still access the benefits that we have discussed.

The most important thing is to get advice to make sure that the arrangement you are considering is within the provisions of the Fringe Benefits Tax exemptions. If not, the resulting tax bill will most certainly wipe out any expected tax saving.

YOUR OPPORTUNITY

As students about to begin work as interns, this provides an opportunity to review your salary package to see if you can utilise the exemptions.

This article is general in nature and as all personal circumstances are different, you will need to seek advice that is tailored to your situation.



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- Comprehensive assistance with your personal and business taxation affairs
- Explain how to structure your cash flow and maintenance of financial records
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- Asset protection - review current assets and compile a list of assets and liabilities
- Secure your financial freedom with business and retirement planning, including Self-Managed Superannuation Funds
- Assistance and advice regarding salary packaging arrangements

CONTACT JULIE O'REILLY OR PAUL COPELAND FOR A CONFIDENTIAL & COMPLIMENTARY CONSULTATION.

Phone: + 61 (7) 3229 5100

Julie.OReilly@williambuck.com

Paul.Copeland@williambuck.com



*Changing
Lives.*



Frequently asked AMA QUEENSLAND MEMBERSHIP QUESTIONS

HOW DO I JOIN AMA QUEENSLAND?

Use the form provided in this book or join online at www.ama.com.au/join-ama.

DO I NEED TO JOIN BOTH AMA QUEENSLAND AND AFFILIATE UNION PARTNER ASMOFQ?

No, you can opt in for membership with the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) for no extra fee.

WHAT DOES IT COST?

If you sign up at the Intern Readiness Workshops, your membership will work out to be less than \$1.00 per day and you will save close to \$100 off the full 2019 Intern rate. Intern early-bird rates are available until 31 December 2018 for \$25.00 per month. Our membership fees are tax deductible.

IS THE COST OF AMA QUEENSLAND MEMBERSHIP TAX DEDUCTIBLE?

Yes, it is.

CAN'T I JUST JOIN WHEN I HAVE A PAY ISSUE OR NEED SOME SORT OF ASSISTANCE?

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

PAYROLL DEDUCTION - HOW DOES THIS WORK?

If you are a Queensland Health Employee you can opt in for fortnightly payroll deductions of \$11.90 for per fortnight. Details are on the Intern application form.

MORE INFORMATION

www.amaq.com.au

Follow us:



THE PROSPECT OF JOB INTERVIEWS CAN HAVE CANDIDATES FEELING AS THOUGH THEY ARE IN SHARK-INFESTED WATERS, BUT OFTEN REALITY IS DIFFERENT TO WHAT WE PERCEIVE.

Preparing a CV and the other documents that introduce you to your prospective next employer are key elements of your career that deserve careful attention and preparation. Often doctors are not sure what to include in CVs and the selection criteria responses that are a mandatory part of the recruitment process.

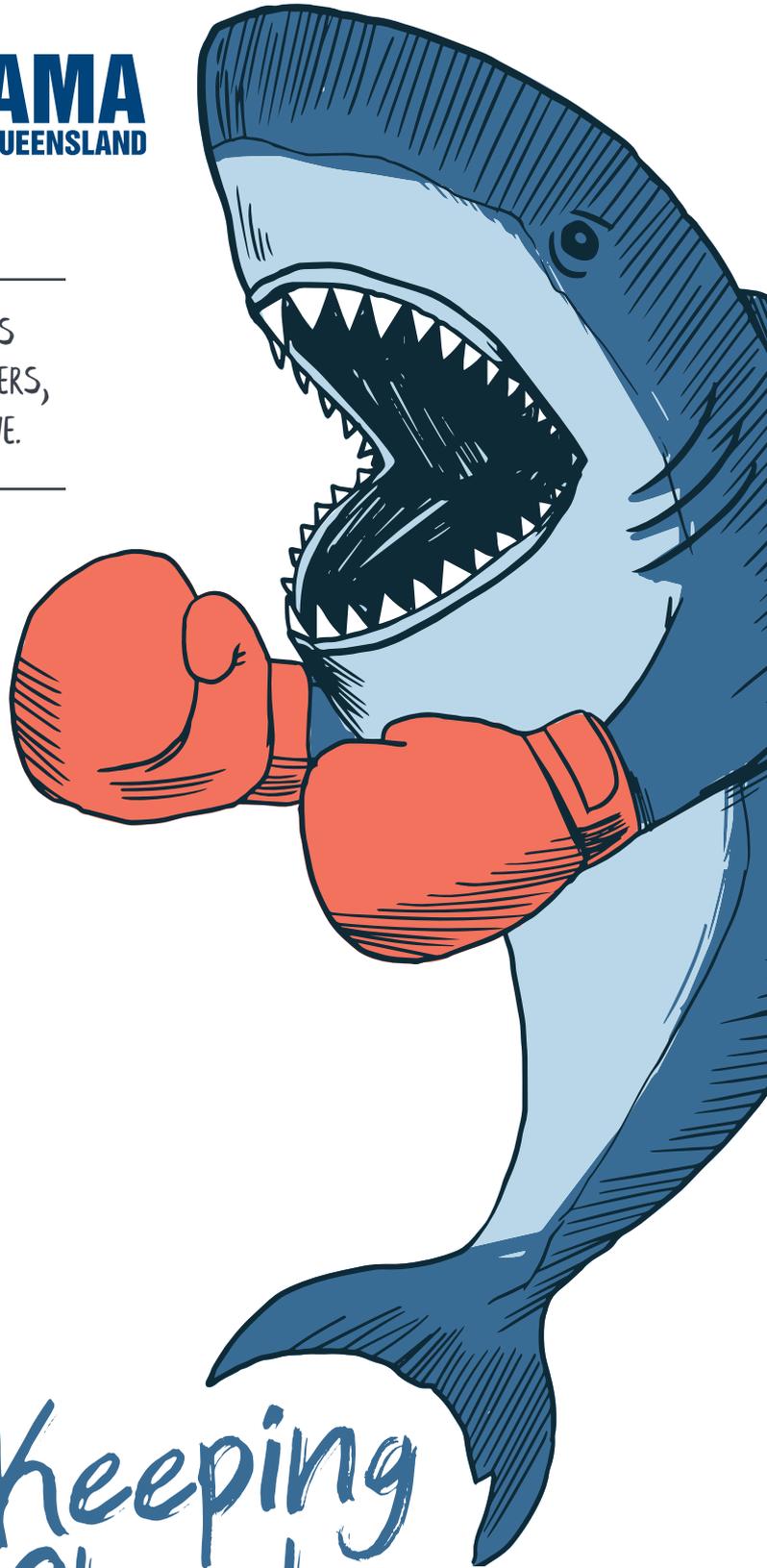
AMA Careers Advisor Anita Fletcher says, "Stress levels rise again once interviews become a reality. Preparation for these involves much more than picking out what to wear."

The AMA Careers Service provides expert information and support to doctors for each of these critical activities, whether for junior doctors heading towards their first registrar role or a consultant aspiring to move into a senior managerial position.

AMA's Careers Service Advisers can assist doctors across Australia by providing feedback on application documents, interview tips and coaching and career guidance.

"We also work with doctors to improve communication skills so that they can approach critical medical interviews with confidence", says Anita.

Additionally, our resources include the Specialty Training Pathways Guide and doctorportal Learning – a CPD system enabling completion and management of professional learning. Basic Suturing and Writing a Medical CV are two of the many modules on offer.



CONTACT US

E: careers@ama.com.au

W: ama.com.au/careers

An advisor will assist you with the next steps towards your career goals.

AMA CAREERS SERVICE

Keeping
Sharks

at bay

Weighing up the benefits

THE VALUE OF AMA QUEENSLAND MEMBERSHIP

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.

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, which meant her fortnightly hours now totalled 84, they failed to pay her in accordance with the Payment of Overtime clause which required them to pay her for the 4 hours exceeding 80 hours per fortnight 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 HSS and the Health Industrial Relations Service; and
- ▶ 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; and
- ▶ 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. Dr Collins had been advised to seek annual leave to enable a reliever to be allocated to the first week of the Regional Hospital term.

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; and
- ▶ 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.amaq.com.au

YOUR DETAILS AND DECLARATION:I, _____
(GIVEN NAME/S) (SURNAME)*a registered Medical Practitioner, AGREE, if elected, to abide by the Regulations, By-Laws and Code of Ethics of the Australian Medical Association and the Memorandum and Articles of Association and the By-Laws of AMA Queensland.*

Signature: _____ Date: _____

Postal address (home): _____

Postcode: _____

After hours phone: _____ Mobile: _____

Preferred email: _____

Gender: MALE FEMALE Date of Birth: _____

Hospital allocated for 2019: _____

asmofqAUSTRALIAN SALARIED MEDICAL
OFFICERS' FEDERATION QUEENSLAND

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

 As a salaried doctor, I wish to be an ASMOFQ member.**PAYMENT OPTIONS:****QUEENSLAND HEALTH EMPLOYEES ONLY** **QUEENSLAND HEALTH SUPPORTED
PAYROLL DEDUCTION**

Queensland Health employee number: _____

I authorise Queensland Health to release my payroll number and continue to deduct from my salary the sum of **\$11.90** per fortnight and continue for each subsequent year and pay such sum to The Queensland Branch of Australian Medical Association with ABN 17 009 660 280 (AMA Queensland). I authorise you to accept and act upon any advice from AMA Queensland that the amount of AMA Queensland subscription or the rate of deduction payable by me has been altered in accordance with the Rules of AMA Queensland and that this authority shall extend to cover such alterations.

This authority shall be deemed to remain in full force and effect until written revocation thereof shall be given by me to AMA Queensland and to my employer. The receipt by the appropriate Officer of this authorisation shall be sufficient discharge to the employer for the payment of any amount so deducted by you. I authorise the providing of information to AMA Queensland of alteration to details provided on this form for employment and related interests in accordance with the Information Privacy Act 2009 (Qld).

Signature: _____ Date: ____ / ____ / ____

*Payments commence in February 2019***MEMBERSHIP IS
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WWW.AMAQ.COM.AU****LESS
THAN
\$6 / WEEK****See overleaf for a non Queensland Health employee**

WOULD YOU LIKE TO

- ⇒ be inspired by the best leaders in medicine?
- ⇒ explore traditional college and alternative/creative career pathways in medicine including locuming and medical start-ups?
- ⇒ receive tips on securing the college place of your dreams?
- ⇒ brush up on your clinical skills in dedicated workshops on suturing, intubation, laparoscopy and intraosseous techniques?
- ⇒ develop your communication skills and techniques for handling difficult situations with colleagues and patients?
- ⇒ develop your confidence and skills for interview success?
- ⇒ learn how to leverage LinkedIn to build your brand as a Doctor in Training?
- ⇒ network with prospective employers and colleges at the JDC Careers Expo?
- ⇒ have fun and catch up with old university/new intern friends at the *JDC by night* cocktail party?

THEN DON'T MISS CAREER CROSSROADS

Full program out in January at www.amaq.com.au

AMA Queensland
**Annual Junior Doctor Conference
+ Career Expo 2019**

Saturday 15 - Sunday 16
June 2019

Hilton Hotel, Brisbane

95%
OF JDC 2018
DELEGATES SAID
THEY WILL
ATTEND AGAIN

WHAT THEY HAD TO SAY

- ✓ GREAT CONFERENCE
- ✓ SPEAKERS ARE AMAZING AND INSPIRING
- ✓ TOPICS ARE USEFUL AND RELEVANT! SHOULD BE COMPULSORY FOR ALL INTERNS
- ✓ A WELL ROUNDED EDUCATIONAL WEEKEND THAT MET MY NEEDS AS AN INTERN

Offered at cost-price for AMA Student Members (starting at just \$320 for both days and the *JDC by night* cocktail party), you'll save 30% off the non-member price as an AMA Student Member.

SEE YOU NEXT YEAR!



JDC 2019 speakers - Many more to be announced

Dr Eric Levi,
Ear Nose & Throat Specialist, St Vincent's Hospital; Author & Blogger

Dr Nic Woods,
Chief Medical Officer, Microsoft Australia

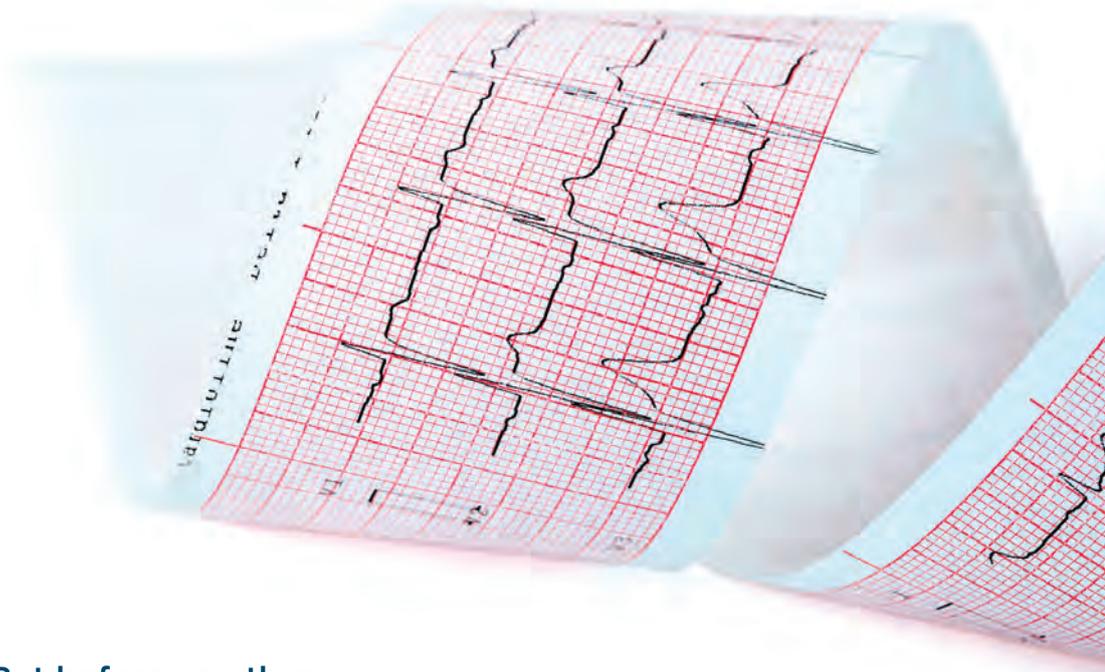
Dr Amandeep Hansra,
General Practitioner and Founder, Evermed Consulting

Dr Fiona Lander,
Doctor, Human Rights Lawyer and Consultant, McKinsey & Co





You've endured the ups and downs, now you can enjoy the rewards



You're almost there. But before you throw yourself into your career, take a moment to appreciate what a great position you're in.

Not only are you qualified to practice, you're now qualified to join the many doctors who have chosen to trust us with their finances.

Like you, we're specialists.

We've worked closely with the medical profession for over 25 years. In that time, we've learned a lot about you. That's why we are better equipped to help you with your personal and business finances and make sure your career gets off on the right track.

Visit boqspecialist.com.au to find out more.

