

# CANBERRA Doctor

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## Salaried Doctors' EA: Approval Close...Again

BY TONY CHASE

### AMA (ACT) Manager, Workplace Relations and General Practice

In his famous novel, Heart of Darkness, Joseph Conrad wrote, "I had to wait in the station for ten days – an eternity". Conrad's protagonist reflects on the act of waiting as it seemed to last forever and never end. Our readers will forgive the hyperbole, but it is now more than three years since the Territory, on behalf of Canberra Health Services, issued its notice to commence formal bargaining for the 2017-21 Public Sector Medical Practitioners' Enterprise Agreement.

Earlier this year, the Fair Work Commission declined to approve the new EA and the parties were sent back to resolve the technical, process issues that were identified.

### Latest Hearing

At a lengthy formal hearing on 7 December 2020 before Deputy President Dean, the FWC considered

written and oral submissions made by Counsel representing Radiologists seeking to set aside the EA approval application and it was again argued that the application should be declined. Independent Counsel for the Territory submitted that if the employees wish to continue to agitate so as to further delay the application for approval of the new EA, it would be more appropriate to seek recourse to the Federal Court of Australia. Counsel for the Territory further submitted that, having complied with the strict requirements of the Fair Work Act's bargaining provisions, it was no longer open for employees to seek a further delay in the approval of the EA.

AMA (ACT)'s position has been consistent throughout the lengthy proceedings and that the 'dispute' between the Radiologists and Territory over the legal status of previous individual agreements is strictly a matter between individual employees and the Territory. AMA (ACT) submitted to the FWC



that it supports the application for the making of the EA and has asked the FWC to set aside the objections, stating that further delays will add to the disadvantage already suffered by our members.

### New EA Provisions

The new EA contains some important new provisions dealing with onerous hours for senior medical staff and a new education and training support scheme for our Junior Doctors. When the new EA is approved, JMOs will be paid a new medical education allowance worth:

- \$1,040 per annum for Interns
- \$3,000 per annum for RM01, SRM01 and Junior Registrar
- \$4,120 per annum for SRM0

2, SRM0 3, Registrar 1-4 and Senior Registrars

The new allowances will be paid fortnightly without formal application, and will be available pro-rata to part-time employees. The allowance will commence from the date of the commencement of the new agreement and will be adjusted in line with ACT Treasury annual CPI projections, with the first such adjustment applying from the first full pay period commencing on or after the approval of the new EA.

A final decision by DP Dean following on the December 2020 hearings can be expected in January 2021. Payment of the new JMO allowances and back-pay for eligible staff can be expected shortly thereafter.

### Looking Ahead

The formal expiry of the 2017-21 EBA has been extended to 30 September 2021, however formal bargaining for the 2021-2024 can commence as early as April 2021.

AMA (ACT) will continue to engage with CHS and the Territory on behalf of its members as it is now clear that the case for major workplace reform in the Territory public sector is more critical than ever. There will need to be a clear-headed look at reforms to the working conditions faced by Junior Doctors across the Territory. AMA (ACT) is determined to do all it can to support our members in the work they do for the ACT community.

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# President's Notes

WITH PRESIDENT, DR ANTONIO DI DIO



## And a Very Happy Holiday Season to All

Well friends, we are nearly there, and not even a bombastic fruit market shouter like me could be accused of exaggerating to say it's been quite the year for health workers. It started with bushfires, 34 lost lives in Australia and a serious threat to Canberra citizens, many of whom had to relive their horrors of 2003, and then a little bug from across the sea changed life across the globe, possibly forever.

At the time of writing, COVID-19 has claimed hundreds of thousands of lives, slashed trillions from the global economy, and added much wear and tear on the people we as doctors care for, as well as ourselves.

## President's Award

This year we honour with our President's Award Professor Jane Dahlstrom, and you can read about her later in this issue. A quick summary might be that Jane is a "Senior Staff Specialist, Anatomical Pathology, ACT Pathology, Sub Dean Canberra Hospital Campus and Professor of Anatomical Pathology, Australian National University Medical School." That's a bit like describing Ricky Ponting as a competent Tasmanian middle order bat or Alison Annan as a fair handler of a hockey stick.

Jane is a person who has the qualities our organisation values – service, caring, contribution, quality and integrity. There are people who go through a year or a career doing their job the best they can and adding their passions and energies to other areas of life – and that is wonderful. Then there are people like Jane who in addition to that have given so much to their profession over the years that no one can list it all – they have contributed for so long that one generation of beneficiaries have moved on already. Well, we remember, and we are immensely grateful as a profession for what Jane has given to medicine and patients in this town. Congratulations, Prof Dahlstrom, and take a bow.

## AMA Activities

2020 – it's been busy! These last few months have been very active for me in the Federal Council, the Federal Board, the weekly Federal president's COVID meeting, the AMA Indigenous Health working group, the AMA Federal Council of General, the AHPRA liaison committee, The TGA liaison committee, the Audit and Risk Committee, and the Medical Practice Committee. The Doctor's Health Advisory Expert Advisory Council has been busy and the calls I've been getting from doctors in distress via the DHAS remain a constant privilege and challenge – our fellow doctors are a wonderful bunch and they are taking on a lot in this year or years.



Recipient of the President's Award, Prof Jane Dahlstrom, second from right at rear, with the AMA (ACT) Board, staff and guests at the December Board meeting.

At a local level, our CEO Peter Somerville and his wonderful team have been working incredibly hard – we have started What's App groups for doctors in training, general practice, surgeons, and other groups several months ago and I find myself communicating with our members a dozen times a day on the issues of the day, through those groups or individually, and it's fantastic to hear their concerns and what binds and connects us, so much more than trivial things that divide us. Five minutes standing in our colleagues' shoes (or listening to their troubles) sometimes can create a lifetime of understanding and connection.

Also at a local level, we have had


many recent productive and respectful meetings with our Health minister, both our Directors-General, and key health stakeholders, for the benefit of all doctors and their patients. Our President-Elect, Walter Abhayaratna, is passionately involved and we generally work on issues 2-3 times per week and sometimes a lot more. Walter is another of those people who give and give.

Andrew Miller, our treasurer, has been attending the regular meetings of the ACT COVID response group on our behalf as well as being a passionate advocate for TCH Dermatology. Steve Robson has helped out several times with media commitments advocating for

doctors when I've been stupidly busy. Miriam Russo has joined our board recently, bringing her experience on issues of general practice and hospital medicine to our group. And everybody on the ACT Board continues to contribute with dedication, patience and good humour.

Personally, our little practice at Yarralumla fires along happily, and nothing I get done at AMA gets done without the incredible support of my partners Jenny and Ruchi, our slave driver Tahnee, and our wonderful caring team at the practice. How they put up with me is a secret known only to every other loved one who's ever had to put up with me.

*Continued page 13...*



## Orthopaedics ACT

wishes you a







# Merry Christmas






## AND A PROSPEROUS NEW YEAR

Orthopaedics ACT will be closed from 3pm on  
Wednesday 23 December 2020 and reopen at 9am on Monday 11 January 2021.

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# President's Award to Prof Jane Dahlstrom OAM



Each year, the AMA (ACT) President selects a person who, 'in the opinion of the President, has made a significant contribution to the Association and to the profession in the ACT.' This year, Dr Antonio Di Dio has selected Professor Jane Dahlstrom OAM, to receive the President's Award.



AMA (ACT) President, Dr Antonio Di Dio and Prof Jane Dahlstrom.



Professor Jane Dahlstrom OAM.

Professor Dahlstrom is an anatomical pathologist and senior staff specialist at the Canberra Hospital and Executive Director of ACT Pathology. She also is the Chair and Professor of Anatomical Pathology at the Australian National University Medical School.

Prof Dahlstrom's citation reads, 'In recognition of an outstanding career spent in service to the Canberra community, Professor Jane Dahlstrom is a worthy recipient of this award. Whether it be in her chosen field of pathology or her contribution to teaching successive

generations of medical students and vocational trainees or participating in professional bodies, Professor Dahlstrom is an outstanding clinician, teacher and leader. While clinical excellence marks Jane Dahlstrom's career, it is her personal traits of kindness, good

humour and dedication to others, that truly distinguishes her contribution. Professor Dahlstrom has consistently demonstrated our values of service to the community, professionalism, integrity, collaboration and care for colleagues over a

distinguished career. She is greatly admired and respected in the roles she undertakes, and we are grateful to have her as a leader in our profession. Professor Jane Dahlstrom is an inspiration and a friend to all her medical colleagues in Canberra.'



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# Dr Michael Gillespie, Orthopaedic Surgeon

BY TOM WARD

## '31 years of service to the Canberra Community'

Over the years, Michael's secretaries have grown accustomed to find on their desk on a Monday morning a RCGC drinks coaster (or even two) with a name, a mobile phone number and a two word diagnosis scribbled on the back, each coaster representing yet another casual encounter over the weekend, which inevitably led to a consultation, some investigations, and finally, treatment.

This unorthodox, informal but effective referral network reflects just how strong Mike's connection is to the Canberra community after 31 years of service and active engagement.

Since his initial appointment in 1989, Michael has offered his services to Calvary Healthcare ACT as an orthopaedic surgeon, as Chair of both the Division of Surgery and the Medical Staff Council, and currently as a member of the LCM National Clinical Council; to professional medical organisations such as the AMA (where he has served on the ACT Branch Council) and the AOA, where he has served as Chair of the ACT Branch, as a member of the National Board, then as vice-president and now as president; to medical education,

via ANU and The University of Sydney as a clinical lecturer and term supervisor; and to the broader community as a conscientious provider of orthopaedic surgical care and attention.

You rarely will have seen any fancy advertising for Michael's orthopaedic practice, as it seems he either knows, or has a connection to, almost everyone in town.

### Canberra Connection

Michael has a longstanding connection to Canberra. His father established a GP practice in



Dr Michael Gillespie.

Dr A.D. Gillespie's brass plaque has pride of place in Michael's rooms, testament to the example of vocation his father provided to his family and his community: he knew all his patients and their families; home visits were still an integral part of medical practice, and his skills had a depth and breadth that have long since been subsumed by greater specialisation.

After growing up in Queanbeyan, Mike went to secondary school at St Ignatius' College, Riverview,

where he enjoyed the benefits of an intellectually rigorous Jesuit pedagogy, mastering, inter alia, the basics of Latin and Ancient Greek, before entering medical school at the University of Sydney, where he was resident at St John's College.

### Sporting Interests

Featuring prominently on the walls of the main corridor in his rooms are many pieces of sporting memorabilia, framed photos and other ephemera that reveal his abiding interest in,

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Queanbeyan in the early 1950s, at a time when Queanbeyan' growing population of mostly European post-war migrants ('New Australians') were in great need of reliable medical attention. It is clear from speaking with Michael that his father had a great influence on his own medical career.



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and devotion to, medicine and The University of Sydney, and to his two sporting passions – golf and rugby. Prominent amongst the collection is the official team portrait of the Sydney University Football Club's (SUFC) 1987 tour of the UK, Ireland, Europe and the USA, with younger versions of Michael and Tony Abbott (a future Prime Minister) seated next to each other as team manager and tour captain, respectively. If these walls could speak . . . !

These were halcyon days for Michael, and he has maintained a lifelong commitment to the Old Ignatians' Union, the Johnsmen's Association, and The Friends of SUFC.

### The Canberra Surgeon

Michael followed in his father's footsteps, and returned to the

Canberra region in early 1989 to take up a VMO position at the old Royal Canberra Hospital, and to start in private orthopaedic practice. Michael along with his friends and contemporaries, Drs Bryan Ashman and Kevin Woods, started together in Canberra in the first week of February 1989, effectively doubling the local orthopaedic manpower in one fell swoop! He later joined Dr Peter Morris to establish the Canberra Hip and Knee Replacement Group at the Calvary Clinic.

I spent time with Michael and Peter as a medical student at ANU, junior doctor and orthopaedic registrar, and was always struck by how calm, friendly and peaceful his rooms were at The Calvary Clinic, surrounded by shady gum trees. In theatre, Michael is renowned

for his sense of humour. It is possible that he has recycled some of his jokes, and has been known to say "I have no new jokes, only new registrars! He has over the years developed a number of new names for specific surgical instruments. The "Roy Orbison", for example, is actually a broad-bladed osteotome, and so like Roy himself, it too is the big 'O'.

Over the years, Michael has performed thousands of operations,

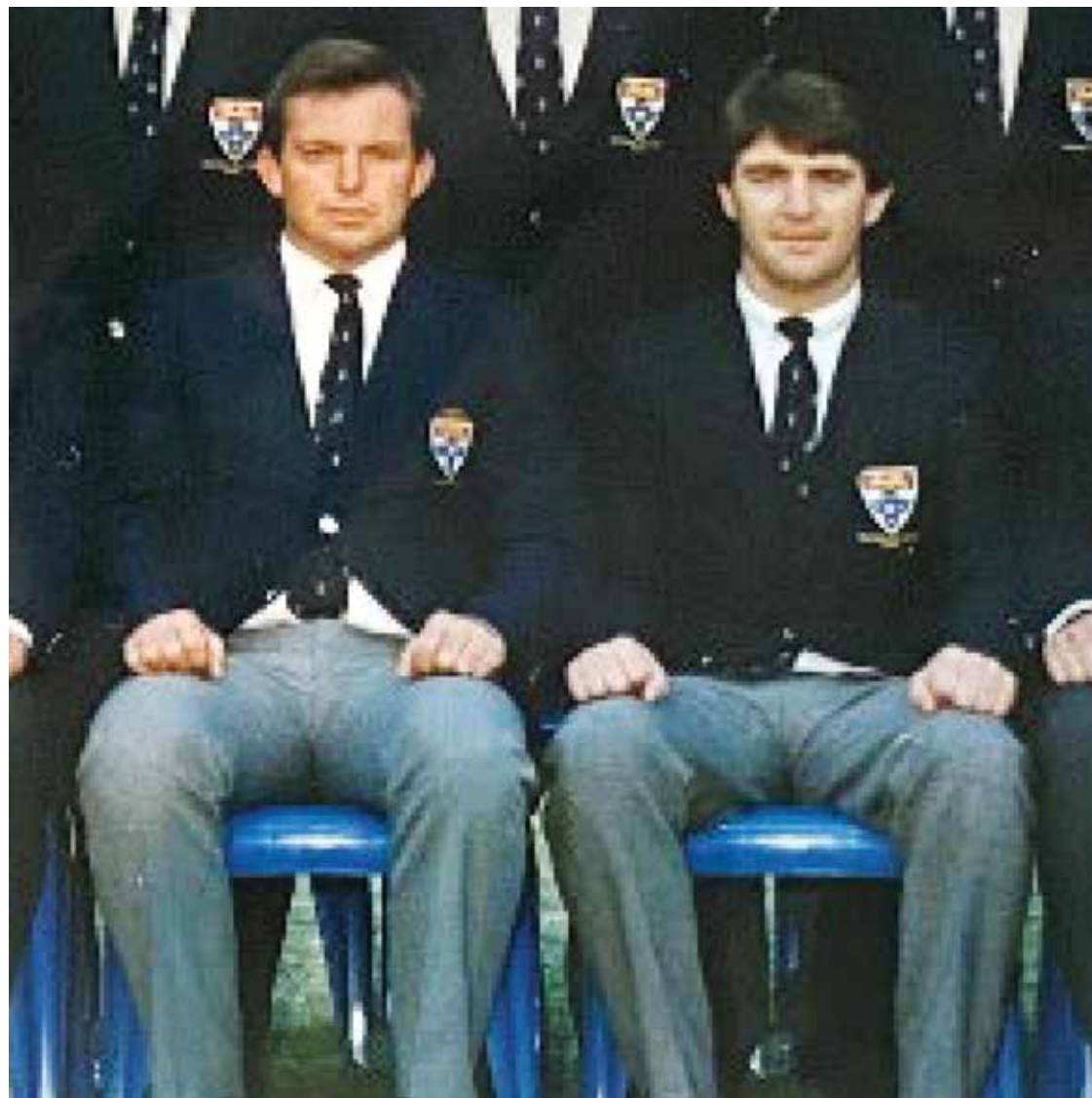
the vast majority being hip and knee replacements, two of medicine's most effective procedures in restoring quality of life. The walls of his rooms have at times been covered by photographs of his patients displaying newfound physical capabilities post surgery: skiing, hiking, and travelling adventurously to far-flung corners of the globe, to name but some.

From November 2020, Michael is assuming the Presidency of the Australian Orthopaedic Association, for a twelve month term. This job can be a demanding and time-consuming role at any time, and never more so than now. He has therefore somewhat regret-

fully decided to retire from private practice at the end of 2020. Reaching the zenith of the orthopaedic profession is quite fitting for someone who has often joked that there are only two types of people in medicine: those who are orthopaedic surgeons, and those who wish they were!

Michael will continue to consult from his rooms and will be operating at Calvary Public Hospital throughout 2021 in parallel to his AOA role.

We thank him for all he has done for the Canberra community.





**Michael Gillespie is retiring from private practice at the end of December 2020.**

He will continue to consult from his rooms in Calvary Clinic, and will continue operating in Calvary Public Hospital until December 2021.



**Tom Ward is continuing Michael's private practice,** providing compassionate and high quality care in hip, knee and trauma surgery.

**About Tom:** ANU Medical School Graduate, Rhodes Scholar and Australian Trained Orthopaedic Surgeon, with three subspecialty fellowships in hip, knee and trauma surgery (Oxford and Canberra with Prof Paul Smith & OrthoACT). Tom is a Senior Lecturer, ANU Medical School, and holds a D.Phil (Doctor of Philosophy) from the University of Oxford in knee replacement surgery research. Tom was Young Australian of the Year Finalist in the ACT, 2010.

All patients (insured or otherwise) are welcome at the rooms at Calvary Clinic, Bruce.

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# AMA: GP Regs Need Equitable Conditions

General Practice is the cornerstone of health care in Australia and a well-trained general practice workforce delivers high-quality, equitable health care to individuals and communities. Yet GP training numbers continue to fall short of recruitment targets.

The AMA has released an update to its Vision Statement for General Practice Training, which comes at a critical time, with the Commonwealth Government considering further changes to General Practice Training.

AMA President Dr Omar Khorshid said general practitioners are trained to provide a world leading service that is sustainable and responsive to changing community needs.

"General Practice is the most accessed form of health care in Australia, with almost 85 per cent of patients seeing a GP each year, and more than 95 per cent of patients attending the same practice," he said.

"The general practice sector not only improves the health outcomes of individuals and communities, but also creates significant

savings in overall healthcare expenditure and improved use of other healthcare facilities, as well as avoiding duplication and waste of precious scarce healthcare funding."

Dr Khorshid said GPs often formed long-term relationships with their patients, and were increasingly caring for patients with multiple illnesses and complex care needs.

"It is a challenging career, but one that affords great personal rewards," he said.

## Attract More Trainees

The AMA's updated vision puts greater focus on the need to attract more doctors into the General Practice training program by recognising the need for employment conditions for GP trainees to match their counterparts in other specialist training programs.



Dr Omar Khorshid, AMA President.

Currently, GP trainees often take a significant cut in pay and conditions when they leave the hospital system, including inferior sick leave, parental leave, annual leave, and long service leave arrangements.

Dr Khorshid said the discussion about potential reform of GP training must deliver equitable employment conditions of GP Registrars, otherwise the specialty will struggle to attract sufficient doctors to meet future community need.

"The AMA Vision continues to advocate for more resources to be invested in support of GP training – registrars, supervisors, incentives and infrastructure – to maintain a sustainable GP workforce," he said.

"The AMA Vision needs to be used by the Commonwealth Government to guide any reforms to GP training and the AMA is already engaging with the Minister for Health and the Department over the direction of potential reforms.

"The AMA is passionate about building a sustainable general practice workforce, which is equipped to respond to the changing health care needs of individuals and local communities.

"A strong system of primary care led by General Practice will underpin the future sustainability of our health system and ensure that patients can access the care that they need."

The AMA's Vision Statement for General Practice Training can be found at <https://ama.com.au/articles/2020-ama-vision-statement-general-practice-training>



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

If you are concerned about your own situation or that of a colleague, please contact the MBANSW social workers, Ida Chan and Sue Zicat on 02 9987 0504.



# AMA (ACT) Welcomes New Graduates

Dr Antonio Di Dio, AMA (ACT) President has welcomed the new ANU Medical School graduates at the AMA (ACT) Graduation Breakfast held at the Hotel Realm. In welcoming the graduates to the medical profession, Dr Di Dio congratulated them on their achievements and wished them well for the upcoming year.

Of course, he also took the opportunity to talk to the new graduates about joining the AMA (ACT) and all the benefits – collectively, professionally and personally – that membership offers.

While this year's Breakfast was conducted in a 'COVID Safe' manner, it was still an excellent morning and a lovely celebration of the new graduates' achievement.

Finally, many thanks to our sponsors for the day – Avant, Rolfe BMW and Mini Garage, Hotel

Realm and Capital Wines. Prizes kindly donated by our sponsors were won by:

- Rolfe BMW and Mini Garage – BMW Car for the Weekend and Four Winds Winery Lunch – Kathryn Parker.
- Hotel Realm – Voucher for two for High Tea – Rewena Mahesh.
- Capital Wines – Josephine Davies.

Congratulations to the winners!



Bill Reid, Rolfe BMW, with Kathryn Parker, winner of the BMW car for a weekend.



Some of the new graduates with AMA (ACT) Board members and staff.



Winner of the Hotel Realm high tea for two, Rewena Mahesh.

Winner of the Capital Wines prize, Josephine Davies.



AMA (ACT) President, Dr Antonio Di Dio, addresses the new graduates.



## AMA (ACT) MEMBERSHIP RENEWAL

**REMINDER: 2021 subscription payments are now due**

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# Canberra's First Women Doctors

BY DR BILL COOTE

Arthur Ide's *Royal Canberra Hospital, 1914 to 1954* discusses the evolution of Canberra's medical services during the 1920s and 1930s.

Construction of the capital got underway after World War 1. By 1924 there were 2,998 persons living in the Territory including 1400 construction workers (and 400 school children).

A clinic was established at Acton with medical services provided by two Queanbeyan doctors, Patrick Blackall and David Christie, and at various times by other doctors, some associated with the military college at Duntroon and two employed by Dr Blackall.

Public servants moved to Canberra from Melbourne from the mid-1920s, prior to the opening of the Provisional Parliament House in 1927. The Federal Capital Commission advised in late 1925 that the population was then "around 4,000, expected to increase to 5,000 within twelve months, with a projection of a further two to three thousand in the next three to four years".

The first private practice was established on the corner of Giles St and Wentworth Av Kingston in 1925 by Dr Clyde Finlay. He practiced in Canberra until 1963. John James, a qualified surgeon, commenced as hospital superintendent in January 1926.

Tony Proust lists other practitioners who came to Canberra in the years after 1925. Dr Robert Alcorn came to Forrest in 1926; Dr AJ Mollison to Manuka; Dr AJ Cahill established an eye, ear, nose and throat practice in Tor-

rens St Braddon in 1929.

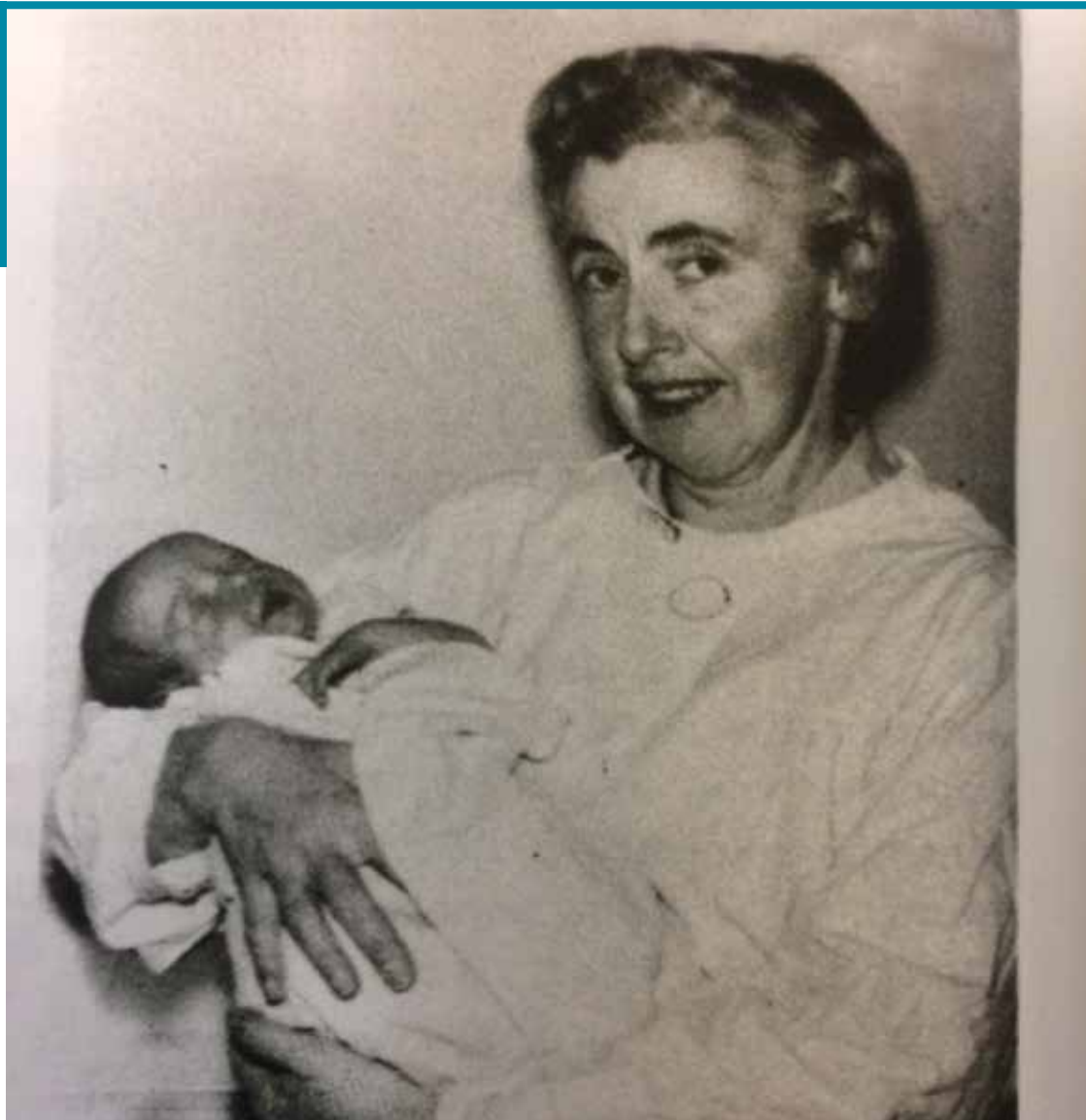
## Dr Moya Blackall.

Don't believe everything you read in the newspapers when researching Canberra's first women doctors. The Canberra Times (CT) of Friday Sept 9 1927 reported: "Dr Moya Blackall, eldest daughter of Dr Blackall of Queanbeyan, who has recently passed her final medical examination at the Sydney University will probably start practice at Ainslie in the near future".

Moya Blackall continued hospital work in Sydney until early 1929 then joined her father's practice in Queanbeyan.

At the first auction of Canberra leases in December 1924 Dr Patrick Blackall had bought Lot 1 Section 26 in Ainslie for £550. Ainslie at that time included Braddon and Reid. This block is the corner of Northbourne Av and Coorong St (now the site of the Adina Apartments and previously a Travelodge).

The March 1978 Canberra Historical Journal includes an article by Moya Blackall about her father. He was an Irish graduate who began practice in Queanbeyan in 1892. She discusses this



Dr Moya Blackall circa 1955.

Northbourne Av block: "The auctioneer of the day claimed that Northbourne Avenue was to be the "Harley Street" of Canberra. The prediction was never fulfilled, but my father's own plans came to fruition and a fine brick house was erected on the corner of Northbourne Avenue.... It was planned with separate entrance, waiting room and suitably equipped consulting room."

Moya Blackall continued: "The Canberra House was at first let to Mr William Sharwood, the Crown Solicitor. His daughter Dr Beatrice Sharwood practiced from the house."

## Dr Beatrice Sharwood

Beatrice Sharwood was a 1923 Melbourne graduate. She practiced from the Northbourne Av house from early 1928 until 1931. Moya Blackall then lived and practiced there from late 1931 until her retirement in 1962.

Dr John Holt came to Canberra as a locum for Dr James in 1929. In early 1930, a reminder of the dangers of practicing medicine in the pre-antibiotic era, Dr Sharwood suffered a severe infection of her left arm following a needle stick injury. She was successfully treated by Dr Holt.

Maybe love blossomed over the poultices. The CT of Nov 23 1931 reports on a garden party "to allow her many friends to express their good wishes to Dr Sharwood on the occasion of her approaching marriage to Dr John Holt". Lady Garran presented a gift to Dr Sharwood to "remind her of her happy days spent in Canberra . . . and said how much Canberra would miss their pioneer medical woman . . ."

Lady MacKenzie also spoke: "Dr Sharwood had taken her place equally with the medical men in Canberra, doing her fair share of

the honorary work at the hospital and typifying all that the pioneer medical women had fought so hard to obtain".

[Lady MacKenzie was the wife of Melbourne orthopaedic surgeon and comparative anatomist Sir William MacKenzie. She was earlier Winifred Smith, a 1924 Melbourne medical graduate. They lived in Canberra for eight years from 1930 while Sir William was establishing the Institute of Anatomy but neither practiced in Canberra.]

Dr Sharwood and Dr Holt were married in December 1931 at the Presbyterian Church in Braddon. After the reception "Dr and Mrs Holt left by motor car for Sydney on their way to their future home at Wynnum, Brisbane".

The Holts returned to Canberra in 1932. Dr Holt practiced in Giles St Kingston until the 1960s. The entry on Beatrice Sharwood in



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the Australian Dictionary of Biography states: "Beatrice acted as medical superintendent at Canberra Community Hospital during World War II and occasionally as pathologist, but never re-entered general practice."

The Australian Women's Register records that Beatrice Sharwood's "most significant contribution" came in the 1950s and 1960s "through the Canberra Mothercraft Society. . . She oversaw an increase in the number of mothercraft sisters; the opening of the first permanent Baby Health Centre at Manuka; the introduction for the 'Help for Mothers' scheme (nucleus of the Emergency Housekeeper Service); the formation of the Canberra Kindergarten Society; and the establishment of an Occasional Care Centre."

**Dr Blackall's Practice**

A search on Trove, the National Library's electronic data base of Australian newspapers, illustrates an interesting aspect of Dr Blackall's practice: being called out to emergencies and accidents. In April 1939 she attended a road accident on the Federal Highway 15 miles north of Canberra and in May 1940 a motor cycle accident on Northbourne Avenue where she "rendered aid in the roadway". In June 1944 "Senator Dorothy Tangney, Australia's only woman senator, suffered a sudden collapse in her office in Parliament House" and "was attended immediately by Dr Moya Blackall. Medical opinion is that Sen Tangney is suffering strain from overwork."



Canberra 1927: the year Dr Moya Blackall graduated.

In 1929 while practicing at Queanbeyan she travelled 30 miles to Michelago to attend a suspected case of deliberate poisoning.

In 1936 Dr Blackall spent a year upgrading her obstetrics skills at the famous Rotunda Hospital in Dublin and in London. The Australian Women's Mirror of November 10 1935 reported: "One of the few Australian women doctors to secure such a post, Dr Moya Blackall of Canberra has been appointed ships surgeon on the Port Dundee."

In 1936 she wrote to the Canberra Times: "The Rotunda Hospital where I spent the first half of the year is a mecca for graduates from all parts of the English speaking world. . . This obstetrics hospital services the greater part of Dublin's poorest quarters and its work took us right into the heart of the slums -an interesting experience and depressing at times but the camaraderie and generosity among the poor helps to compensate for their poverty and privations."

**Other Activities**

Dr Blackall was involved in various activities outside her practice. In late 1939 she was one of a group of Canberra doctors proposing to establish the Canberra Medical Service, a scheme to provide medical care for an annual fee of around £7 for families "with an income not exceeding £520 per annum". This scheme does not appear to have proceeded.

The CT in October 1955 reported that "at marriage guidance talks sponsored by the Catholic Youth

Club Dr Moya Blackall and Dr L McCafferty will lecture separately to male and female groups on physiology." During the 1950s the ACT Nurses Registration Board comprised five members; Dr Blackall was one of three doctors (including the chairman) on the board.

Both these pioneer women doctors retired in Canberra. Beatrice Holt died in 1988 and Moya Blackall in 1996.

*References available on request.*

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# Electronic Prescriptions – is Your Practice Ready?

BY MEGAN CAHILL, CAPITAL HEALTH NETWORK CEO

Over one million original and repeat electronic prescriptions have been issued already (ADHA, Nov. 2020). This statistic shows that GPs, Pharmacists and patients are already seeing the benefits. Electronic prescriptions are reducing the administrative burden for healthcare providers, providing an opportunity to protect people from exposure to COVID-19, and maintaining patient privacy and integrity of personal information.



There are two ways a patient can be given an electronic prescription. The first is the token system which is based on an SMS message or an email containing a QR code being sent to the patient's smartphone after the GP selects this option in their software. With this system, each prescription requires a different QR code and multiple SMS or email messages, so this system is best suited for patients who have an acute condition and don't require multiple medications or prescriptions.

For those who have chronic conditions or need multiple medications, the second option for electronic prescriptions is called an Active Script List. The patient provides their consent to their GP or pharmacy with access to their list

of prescriptions. The patient just needs to provide identity at their preferred pharmacy to access their prescriptions and medications. It is anticipated that this will be available from early 2021. Patients will have a choice to receive either an electronic or a paper prescription from their prescriber (but not both). If patients select an electronic prescription, GPs should check if their preferred pharmacy is ready to dispense electronic prescriptions. It is also important to assess that an electronic prescription is suitable for the patient e.g., some patients have mobile phones, but not internet so they can't receive/display the token.

## Readiness checklist – 10 ways to prepare your practice for Electronic Prescriptions

1. Ensure your practice has a Healthcare Provider Identifier – Organisation (HPI-O) and is connected to the HI service. This is a core requirement for electronic prescriptions. Information about how to register your organisation for an HPI-O is available. Alternatively please contact the Agency's Help Centre on 1300 901 001

or [help@digitalhealth.gov.au](mailto:help@digitalhealth.gov.au)

2. Ensure all prescribers at the practice have a Healthcare Provider Identifier – Individual (HPI-I) and are configured in the software and connected to a Prescription Delivery Service, such as eRx or MediSecure1.
3. Update the contact details of your patients and carers on file (mobile phone number/email).
4. Contact your software provider and ask them to activate the electronic prescriptions functionality. Also subscribe to their newsletter.
5. Stay up to date with communication from clinical peak organisations e.g. Australian Digital Health Agency, RACGP, Pharmaceutical Society of Australia, Pharmacy Guild of Australia.
6. Keep your staff informed about electronic prescribing and how they may respond to patient's questions about electronic prescriptions.
7. Check to ensure you know any legal rules that are specific

## Electronic prescriptions rolling out now...



to your state or territory such as the management of controlled medicines. The ACT's regulations allow for an electronic prescription to be dispensed in the same manner as a paper prescription. Conformant Dispensing Software is currently available in ACT.

8. Discuss workflow suitable for your practice and keep your staff informed. Not much should change, once turned on patients will receive a SMS or e-mail with the token.

9. Attend the ADHA's Electronic Prescription CPD Accredited free eLearning course for clinical and non-clinical staff.

10. Check out the ADHA's Digital Health Toolkit that contains information for health professionals and patients.

If you have any questions, please contact CHN's Digital Health Team who are happy to assist general practice to navigate electronic prescribing: [digitalhealth@chnact.org.au](mailto:digitalhealth@chnact.org.au).

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# Dr Dinesh Arya, ACT's Chief Medical Officer, on Medical Leadership

Dr Dinesh Arya is a Fellow of Royal Australian and New Zealand College of Psychiatrists, Fellow of Royal Australasian College of Medical Administrators and Fellow of Australian College of Health Service Executives.

He has a keen interest in health systems leadership, change, innovation and improvement, ethics, health law and health policy reform. He has published significant opinion pieces in peer-reviewed journals on clinical governance, leadership, facility design, health reform, shared service arrangements and compulsory treatment in mental health.

In this Q&A Dr Arya discusses medical leadership.



cine and allow doctors, especially our young and emerging physician leaders, to pave the way for future generations. This opportunity should not be missed.

**There is always a question whether doctors have the necessary education, training and competence to manage and lead?**

## Do we need doctors in leadership positions?

It is now, more important than ever, that doctors are in positions of leadership within the healthcare sector. In recent times, we have seen healthcare systems all over the world transition from being professional expert-driven organisations to general management-managed entities. Within these entities, unless clinicians, and in particular doctors, provide effective leadership at all levels – on Boards, within management and administrative structures and lead development of services, effective governance is just not possible.

Over time, we have learnt that to run a well-managed and efficiently-run system, we need people who understand healthcare and have the expertise in healthcare systems, processes and its application. Doctors, with their understanding of how care should, and can be delivered, are best placed to help develop efficient and effective care arrangements. Moreover, in today's day and age, with rapid innovation and technolog-

ical advancements in the healthcare sector, it is important that doctors, who breathe, understand and lead delivery of health care, step into leadership positions.

**It does make sense that the sector is led by doctors, doesn't it? Doctors are the ones who make decisions about treatments that are prescribed**

Over my lifetime, I have seen the expectations from medical leaders in the health care sector swing like a pendulum from almost one extreme to the other.

From having practising medical superintendents with system-wide accountabilities, we went through a period where medical leadership has equated to simply managing medical staffing issues and chairing medical councils. I can still remember the joke – you would want to be at your Hospital's medical council meeting so that they don't make you the chair in your absence! It reflected how inconsequential doctors' role in decision making had become.

I remain concerned that if doctors are not there to provide input in all strategic and operational matters, there is a risk that fads and fashions of the day may derail things one way or another. Recently, in one organisation the incoming corporate leader's 'new' strategic direction was for that organisation to be 'patient-centred.' I still remember a quiet, mild mannered colleague muttering, "what do they think we have been doing out here."

**You have referred to advances in technology as reasons why it is even more important that doctors must take lead?**

Yes, over the next few years, I suspect that the need for effective medical leadership will become even more critical because there will be a need for technical leadership that in fact doctors are best placed to provide. With advances in technology, new interventions becoming available at a rapid pace, an expectation that interventions are effective, appropriate and also value adding, we will definitely need technically-competent decision makers.

To my mind, what differentiates a technical leader, for example a doctor, from a transactional manager, is that technical leaders have the ability to understand different perspectives, pressures and opportunities, and if required, utilise their requisite skill set to act strategically and redesign systems and processes. I believe, doctors must do that.

Technology is bringing about phenomenal change within the healthcare industry. It is more important than ever that physician leaders re-think and re-design processes and practices, to ensure health care organisations are continuously improving the quality of services provided to patients. Technological advancements in the digitisation of medical records, remote monitoring, mobile app technology and the use of artificial intelligence to develop new and cutting-edge treatments – are all examples of tools that are available for us to harness to effectively diagnose, investigate, prioritise and treat patients.

I believe this is great opportunity to revolutionise the practice of medi-

Of course, there are influential people in our healthcare system who can, and do provide good leadership. They are not doctors, but are effective managers and manage delivery of care very well.

However, my view is that doctors have an inherent advantage when it comes to leading healthcare. They receive comprehensive training in the art and science of medicine. They are the ones who make decisions about which interventions should be delivered. They can become worthy system architects, designers and can provide the right direction to the healthcare system. Inherently, they are a good judge of what is effective and conversely which interventions are likely to be ineffective and a waste of resources.

Doctors must take charge of creating a better system of care, that is informed by their skills, knowledge, expertise and experience. For each and every intervention they have to consider what is the evidence, what is effective, appropriate and value adding. They just need to do the same at the system level.

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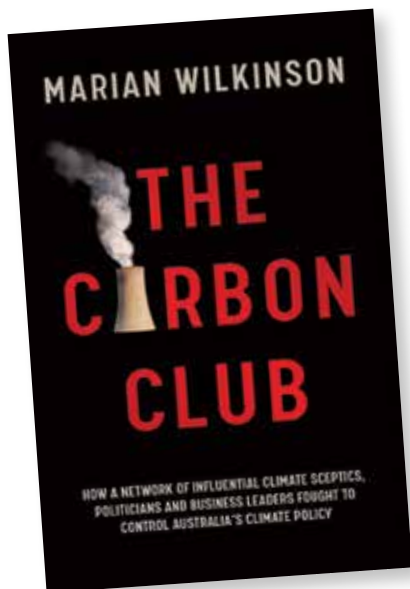
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# PM's Summer Reading List 2020

Each year, the Grattan Institute selects a summer reading list for the Prime Minister of the day. This year they've chosen a diverse selection of works for their readability and relevance to Australian public policy.



**THE CARBON CLUB**  
Marian Wilkinson  
Allen & Unwin  
ISBN: 9781760875992

Climate change policy has been the most intractable Australian policy debate of our lifetimes. Marian Wilkinson's *The Carbon Club* shows why.

Genuine concern about the impact of climate action on jobs and economic prosperity has been magnified by vested interests with a lot to lose from a move away from fossil fuels. Throw into the mix a handful of climate-sceptic scientists and think tanks to cast doubt on the science and provide intellectual cover, and a few savvy politicians who wield their scepticism as an

ideological sword, and you have a potent force that has made it impossible for any Australian government to chart a way forward.

Marian Wilkinson takes us into the trenches of this debate over the past 25 years. Part forensic history, part reflection from those on the frontline, *The Carbon Club* is required reading for anyone who wants to understand how Australia arrived in 2020 with such a confused climate policy agenda. Even those that have followed the climate debates closely will find new details and long-forgotten twists in Wilkinson's account.

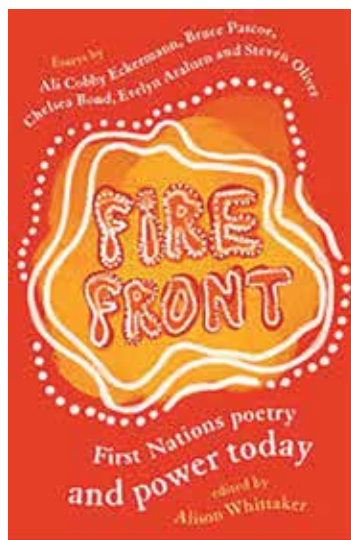
But perhaps the most striking thing to emerge from laying the history bare is exactly how much this debate has chased its own tail for the best part of three decades. The impact of action on coal communities, the effects on power bills, and hope that technology will deliver an easy answer have been recurring tropes. Yet, we seem no closer to finding a way through.

And while the politics runs in circles, the climate has continued warming. The three chapters weaved through the book on the damage to the Great Barrier Reef – and efforts to play down that damage – are devastating reading.

**FIRE FRONT: FIRST NATIONS POETRY AND POWER TODAY**  
Edited by Alison Whittaker  
University of Queensland Press  
ISBN: 9780702262722

*Fire Front* is an anthology of Indigenous poetry, the confluence of activism, political struggle, and aesthetic verse. This 'collective memory' of poems spanning decades and generations is titled after the raging bushfires that swept the continent last summer. But the title references much more than the fires: it alludes to power, to collective action, of the ferocity of words. Editor Alison Whittaker notes that after producing the work through the bushfire season, 'We chose to keep the name, so we wouldn't forget two things: what the words of Aboriginal and Torres Strait Islander poems are and can do, and what their poets stand to lose.'

The book is thematically divided into five sections: the Indigenous relationship to ancestors and history, resisting settlement, speaking out and to each other, loss and healing, and new poetry. Each section is introduced with an essay by a prominent Indigenous public intellectual. Contributors include Dr Chelsea Bond, Evelyn Araluen,



Bruce Pascoe, Steven Oliver, and Ali Cobby Eckermann. Both Whittaker and Araluen's introductions acknowledge English as the language of the coloniser, and the poems include Aboriginal languages, with and without translation.

Ultimately, the generosity of the authors in sharing their poetry with white readers is yet another step towards reconciliation – and it's impossible not to engage with this work. As Whittaker writes, First Nations poetry burns – 'it burns for us'.



the answer is a resounding yes, but only by rejecting the abstract in favour of the empirical.

*Good Economics for Hard Times* presents the work of the authors and their contemporaries at the frontier of the data-driven 'credibility revolution' in economics.

Each chapter tackles a different topic. Some bring a fresh perspective to 'traditional' economic problems, including growth, trade, and welfare. Others offer insights on subjects that economists rarely tackle, including racism, 'fake news', and declining trust in political institutions. In each case, the questions posed are ambitious, but the answers offered are modest and practical.

The book is deliberately written in a style that 'human beings can read'. Duflo and Banerjee achieve the rare feat of making technical material lively and engaging. The result is a rewarding read for economists and laypeople alike.

It is also a decidedly optimistic book, even as it deals with heavy subject matter. The authors remain hopeful that apparently intractable problems can be solved, and that economists can help to solve them.



**GOOD ECONOMICS FOR HARD TIMES: BETTER ANSWERS TO OUR BIGGEST PROBLEMS**  
Abhijit V. Banerjee  
and Esther Duflo  
Public Affairs  
ISBN: 9780141986197

Can economists tell us anything useful about the most pressing problems we face? According to Nobel-prize winning economists Esther Duflo and Abhijit Banerjee,

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## HOW THE DARK GETS IN

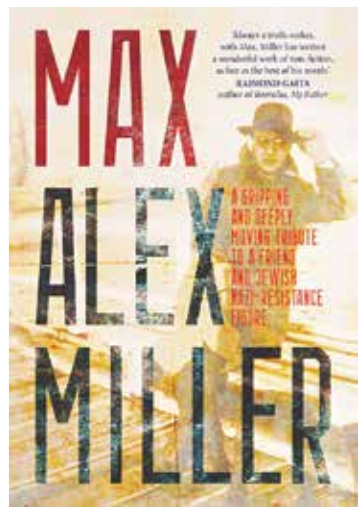
Clare Wright  
Meanjin

<https://meanjin.com.au/blog/how-the-dark-gets-in/>

*How the Dark Gets In* invites you into the roaming, unsettled mind of author Clare Wright during Melbourne's second lockdown. Published in August, at the end of the first week of Stage 4 restrictions, she reflects on the shock of being 'forced out of our hectic, harried lives and into our homes'.

Wright is one of Australia's top historians – and she weaves history through this essay – but this piece is personal. She explores her concerns from the mundane and local (like her neighbour's Sunday morning leaf blower), to the grand stories we tell ourselves as a nation, and the people we exclude through these narratives.

*How The Dark Gets In* offers a fascinating window into the re-locked-down state of mind and the deep dark fears it can unearth. Wright likens the feeling to a horror movie version of *Groundhog Day*: 'Immutable, unchanging, with no future possibility of growth or transcendence.'



**MAX**  
Alex Miller  
Allen & Unwin  
ISBN: 9781922182852

Decorated Australian novelist Alex Miller has belatedly discovered what he calls 'the magic of the simply true'. Now in his 80s, the two-time Miles Franklin award-winner's first non-fiction book has been worth the wait.

*Max* is the story of his friend Max Blatt, a German/Polish Jew and leader of the Nazi resistance who was hunted down and tortured by the Gestapo before escaping,

first to China and ultimately to Australia.

Or, perhaps more accurately, *Max* is the story of Alex's post-humous search for Max's elusive story. For despite their enduring and enriching friendship – Alex credits Max with lending him the courage to become a writer – the novelist always sensed there was much he did not know about his muse, 'a man whose past had been concealed within a deep silence'.

The man Alex befriended in Melbourne after the war was talented, wise, cultured – and broken. The horrors he and his family had suffered at the hands of the Nazis were unspeakable – and so he never spoke of them. Having lost faith in the human project, Max was 'a refugee not only from his country but also from himself'.

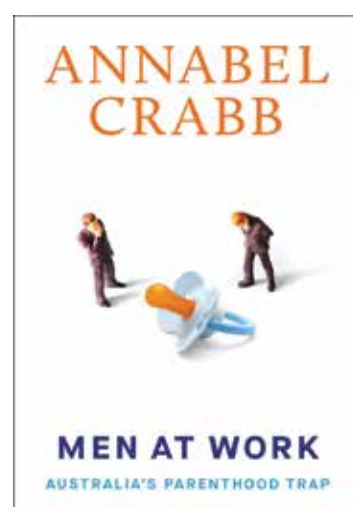
Haunted by a falling out – or perhaps more a drifting away – that meant he didn't see Max in the last two years of his life and didn't attend his funeral, Alex is driven to discover more about his hero, 'to piece together those old shards of memory'.

What follows is a five-year journey of discovery, not just about the achingly sad life of Max Blatt but about the mysteries of memory and the limits of truth.

Max transports the reader from Acland Street in Melbourne's St Kilda to the Lower Galilee in northern Israel and, inevitably, Auschwitz in southern Poland. We get to read Max's Gestapo files, including the one in 1939 that placed him on their most-wanted list. And we get to read some of Max's wartime letters to friends and comrades across Europe, and to his sole surviving sibling, Martin.

Sometimes, as he slowly discovers more, Alex agonises about whether he should have left the past alone. In breaking the seal on Max's death, was he committing a kind of betrayal?

Max is part biography but also part autobiography. On his search for Max Blatt, Alex Miller discovered a little about himself, and a lot about the things that really matter – life and love, friendship and family.



**MEN AT WORK: AUSTRALIA'S PARENTHOOD TRAP**  
Annabel Crabb  
Black Inc.  
ISBN: 9781760642709

Female leaders with young children are regularly grilled by a breathless and judgemental media about how they balance work and parenting. Male leaders with young children almost never are.

Annabel Crabb rectified this omission and quizzed Australia's Prime Minister and Treasurer on how they juggle their jobs with their young children. Revealingly, their answers were all about coping emotionally with absence, not coping practically with the day-to-day realities of children ('Who does school pick-ups? Who remembers to take them to the dentist? What happens when they're sick?'). Clearly, most of us assume that a father in a high-powered job will be absent, while the children's mother takes care of the hard parts of parenting.

Over the past century, women have been liberated to enter the world of work in ways they couldn't before. Now, mothers can work full-time, part-time, or not take on paid work at all.

But as for fathers, social expectations, employer practices, parental leave policies, and even the *Sex Discrimination Act* all conspire against the increasing numbers of men who want to work less, or flexibly, in order to be more involved with their children.

While the arguments are data driven, it's the personal experiences described in Crabb's trademark prose that really hit home, their familiarity both illuminating and a little uncomfortable, especially for men.

# President's Notes...

...from page 2

## Doctor Wellbeing

The Doctor's Health Advisory Service is a free 24 hour line for doctors to call – I've been doing it since the mid-1990s and it is deeply rewarding. No surprises if you guessed that the calls have increased this year.

If you are distressed, call the DHAS 24/7 on 02 9437 6552 if you need to. If you don't want to talk to me specifically the respondent will direct you to an anonymous NSW colleague (I do the same for them). Whether you are a first-year medical student who knows nothing about nothing, or a 30 year veteran (or like me – you are both happy) – if you feel lousy just call. And make sure you look after yourself, have your own GP, get some fresh air, stupid loud laughter, time for love and family and friends, know what your blood pressure and cholesterol is and check your poo for blood and all that guff we make our patients do and ignore in ourselves. You know the drill.

And remember, if you are a man the chances are you are an idiot whose potential for moronic conduct is virtually without limit – so get checked out.

## Accountability

Finally, I'd like to mention accountability and keeping the health services honest. Last month's issue featured expan-

sive tables setting out all the promises made by both the ALP and the Greens in the lead up to the ACT election. It's obviously early days so we will not do so this month, but in future issues we will regularly reprint it, with extra columns for who made the promise, it's details, and whether they are working towards or have done what they promised.

In our professional lives we are honest and accountable for our promises to our patients and ourselves – we as an ACT doctor's group are going to do just that and hold our leaders to account for their exact promises. Respectfully, collaboratively, kindly and here to help – but absolutely determined to make sure that they deliver what they promise.

And, of course, 'tis the season! Regardless of your race or creed or ideology – it's time for rest and reflection so please get as much as you can. Hug your loved ones and tell them all the things you wish you'd told them if you suddenly lost them. My wonderful Cath, Alex, Matty, Anna, Robbie are not the just reason I work – they are the reason I'm here at all. It's been a helluva year – but to all the doctors in this town – from a professional point of view – I cannot think of a bunch I'd rather go on this journey with than you all.

Warm regards,  
Antonio



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**Karen Groves**  
Founding Director



# A Tribute to John House

BY TONY CHASE

John House was the AMA (ACT) and ASMOF (ACT) Industrial Officer during much of the 1990s through until 200X. Prior to coming to work for AMA and ASMOF, John had a distinguished career with the Commonwealth Department of Employment and Industrial Relations. Tony Chase, AMA (ACT) is Manager of Workplace Relations and General Practice, also worked at DEIR during this time and he's written a tribute to John.

It's late November 1982 and as a latter-day Tom Thumb, I am a first-time public servant lost in the midst of a new Canberra super-bureaucracy, known as the Department of Employment and Industrial Relations (DEIR). Most of the DEIR employees dispatched to Canberra from Melbourne in 1982, courtesy of the Fraser Government, were Melbourne 'IR Club' insiders, and resented the compulsory move away from the home of the Aus-

tralian Conciliation & Arbitration Commission and the ACTU.

The move itself was seen by some as intended to break up the IR Club hegemony in the field of industrial relations.

For me, no induction or orientation in those heady days, I was a generic appointment, a temporary clerical assistant no more than pond life in the public service of those days, allocated a desk with a hole-punch, a stapler, a customized departmental notepad and all this amidst a classroom of desks set in an open plan office, strategically pressed and rounded by small office enclosures, occupied by suits and ties and name plates affixed, some with grandiose titles like Director of Wages or Employment Conditions Policy or Assistant Director Commonwealth Co-ordination Division.

Just like the Tom Thumb of folk lore, I had it seemed slipped into a bureaucratic and political pudding bowl, as old Tom Thumb, had slipped into his Mother's pudding mix.

It was ensconced in one such plated office, with his very own



Assistant Secretary name-plate, I can still picture John House smoking pipe in mouth, distractingly absorbing a position paper on this or that industrial dispute or

on a Commonwealth policy position on the future of the Australian Car manufacturing industry.

I knocked and presented for some menial clerical task. John

was disarmingly kind to me as a humble clerical assistant. As it was to become apparent in succeeding years, John treated all of his subordinates with consider-

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ation and respect and this kindly disposition was no effort for John. Of course John understood hierarchy, he just did not practice it at work.

In those days, people smoked at work, and in John's office through the agency of John's gentle company, I became one of his confederates; I had, I thought, special dispensation as a fellow pipe smoker. We shared our tobacco and our stories, and for me John's company offered special, often humorous insight into the political games being played around us (DEIR was very political place in those days of the Keating/Kelty Accord).

John's wisdom and his disarming sense of humor together with

amenable ashtrays and a choice of shag, flake and exotic blends, made my working life at DEIR tolerable. In John's company I had found temporary respite care, and it was John, just by being himself amidst the daunting mix of bureaucratic power plays and political intrigue, that this would-be miracle worker found a friend, a valued colleague and a fine intellect put to good service, tempered with a wicked sense of humor.

Our friendship it seemed to me, was forged with no great effort by either party, for my part John happily accommodated my manic tendencies and always disarmed my fears as his down-to earth qualities had a calming effect on me. As a friend, he placed no

conditions on me so as to put a cost on that friendship and rarely if ever entered harsh judgements on his fellows.

To my friends and colleagues, it's no secret that John House was my all-time favorite colleague during those formative years, and happily the comradeship with John was sustained in later years, when I had the privilege of working with John in his AMA-ASMOF days. John was a unique person, and one of the wisest I have encountered. It was my privilege to know him as a friend and colleague.

My only regret is that I lacked the good sense and wisdom to accept John's oft repeated invitation to take up lawn bowls.



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