Victorian Medical Women's Society
e-Newsletter
Founded 1896
Celebrating our history, advancing our future

April 2015 afmw.org.au/vic Volume 13 Issue 2

President's Report

A/Professor Deb Colville

Dear Members

Re: Sexual harassment claims in medical workplaces and medical training sites.

A flurry of recent media publicity (since The Age March 8th 2015) triggered by a report of seemingly alarming advice to trainees to simply 'put up with' sexual harassment has affected many of us in the past month.

Within my newspaper and social media 'cuttings', I see much that alarms me: understandable dismay at reported advice being given to remain silent in order to avoid punishment that results in career disadvantage, career arrest, or career suicide, incredulity that such purported advice would be even given or taken as serious advice rather than being raised with intent to draw media attention to a serious problem, 'shooting the messenger', incredulity at the possible interpretation that women in highly prized surgical jobs have relied solely on using 'the casting couch' to gain their senior surgical roles, silence about the seeming lack of any perpetrator programs within medical colleges, a seeming collusion between Colleges, hospitals and Universities in neglecting gender inequity, a collegial tolerance that turns 'a blind eye' to everyday sexism, bullying and discrimination in both training and work, and a disappointing expectation of possible whitewashing despite news of summits, advisory panels, arms length counselling services, and expression of high-minded ideals.

The Australian Federation of Medical Women have voiced that we have a unique role in supporting one another as other women doctors when we experience harassment. I have seen media responses too by courageous and vocal individual women surgeons, the Australian Medical Association, the Royal Australasian College of Surgeons, the Australian Medical Students' Association, academic sociologists expert in human torment, senior male champions of change from the army and police, and last but not least, a female patient who pleasingly received a genuine apology from a male surgeon once she complained to him, via the hospital, about feeling belittled in his treatment of her. He apparently gave a genuine apology to his hospital peers and female staff as well. Many of these reports show rapid evolution of ideas as to more sophisticated, modern medical institutional responses to gender inequity in our public lives.

It can feel churlish to question those who have worked so hard to teach us all that is involved in developing our livelihoods and our identities as doctors, let alone raise serious challenges such as issues of inequity. Nonetheless we as medical women must do so: we must learn ways to question such inequity. The question is raised as to how we as medical women might work to improve the existing gender relations that underpin inequity. Should we lend our support in AFMW to an "independent-only enquiry" approach, involving a campaign across all medical workplaces and sites of training in Australia, not simply across all of surgery, and with public, rather than Colleges-only or hospitals-only, scrutiny and accountability? Sexual harassment is about gender inequity. Medical institutions need to change if gender inequity is pervasive in those very medical institutions whose function is to deliver optimal health care, and whose function is also to redress health status inequity in the community. Domestic or intimate partner violence research tells us that sexual harassment is about power. Perhaps it is a case of 'Even in the Best of Colleges', rather than Scutt's 'Even in the Best of Homes.'

Some tantalizing burning questions and paradoxes present themselves: Shouldn't the medical profession uphold higher standards of integrity in relation to gender inequity than the general population? Since the power differentials between medical specialists and the general population are greater than they are even for some other institutions and the general population, might medicine as an institution be in fact paradoxically and complacently

displaying a lower standard, rather than aspiring to or reaching an expected higher standard? The stakes are very high. On the one hand, as French has asked, why should the powerful move over? On the other, gender is a key social factor in health status, in some cases disadvantaging men, in others women. Wouldn't it follow that patient care is suboptimal wherever gender inequity is found?

I take the view that we all find ourselves, in public and in private, like it or not, in gendered lives. As has happened this month for medical women, public awareness of gender disadvantage can go with grief that such pervasive, serious concerns will not rapidly go away. The voices and experiences of medical students and junior doctors in particular need to be heard in places safe from the potentially adverse impacts of powerful 'patronage'. Victorian Medical Women's Society is particularly interested in institutional responses, such as the responses to claims of widespread gender-based discrimination and bullying in the medical workplaces and workplace training, so we have written on your behalf asking for representation in several Victorian Health Department's decision-making bodies set up recently. The VMWS Committee discussed the matter at our recent meeting. Through your communication with those of us in the Committee, and through our media and newsletter pages, we look forward to receiving your clippings, Facebook and twitter postings to our Secretariat, hearing a wide variety of views on these important matters.

For the sake of women doctors' own occupational health, and for the good of our community's health, it is vital that the many aspects of this complex debate draw seriously on the strengths of medical women.

Deb Colville
Ophthalmic Surgeon
President VMWS

Ref: 'Eye on Bully Docs' March 11th 2015 Herald Sun

VMWS Committee 2015

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Ms Aurora Killey	Student Representative - Melbourne
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Ms Asika Pelenda	Student Representative - Melbourne

Further to the President's Report: Below is letter sent from VMWS President, Associate Professor Deb Colville to Minister for Health, Ms Jill Hennessey and Minister for Women's Affairs, The Hon. Fiona Richardson, in regards to the culture of hospitals, training Colleges and medical workplaces.

VMWS is awaiting a response.

Victorian Medical Women's Society Inc.

18 April 2015

Ms Jill Hennessy MP
Minister for Health
Victorian State Government
Level 22, 50 Lonsdale Street
MELBOURNE VIC 3000

The Hon. Fiona Richardson MP
Minister for Women's Affairs
Victorian State Government
Level 1, 2 Treasury Place
EAST MELBOURNE VIC 3002

Dear Ms Hennessy / Ms Richardson

Re: VMWS Representation on Vic Government Committees to address the culture of hospitals, training Colleges and medical workplaces

The Victorian Med Women's society is very concerned about the issues raised by recent media publicity.

We affirm that, as per the recent media publicity, that a most serious situation prevails in the medical culture. The impact on patient care is major, the adverse impact on the female doctors in the workforce is largely hidden and is extremely unacceptable.

This situation must not be allowed to continue. We write to strongly support you in establishing effective strategies to address this situation.

Our experience is of supporting female medical students, trainees, young doctors and medical practitioners at large against bullying, sexual harassment and sexism in the professional culture of medicine. Our society has existed continuously since 1896. Our charter encompasses women doctors' occupational health and well-being, and women and children's health. We have members in wide variety of professional medical locations.

We write to offer you our assistance through invited representation from VMWS on any decision-making committees set up to address this most serious situation.

We look forward to your considered response to our suggestion. Please let me know if you have any questions. I can be contacted via email to vic@afmw.org.au or by mobile phone to 0411 511 746.

Yours sincerely

ASSOC. PROF. DEB COLVILLE

President, VMWS

MBBS PhD FRANZCO FRACS Dip Epidemiology
Master of Public Health (Program Evaluation) Dip Management

Encl.

In This Issue:

Events Calendar 2015

CV Writing and Interview Skills
Saturday 9th May
Registration 8:30am
9-11am
Level 11 Boardroom
St Vincent's Hospital

Lyceum Lunch
Wednesday 15th July
Details TBC

September Event
To Be Confirmed

Annual General Meeting
Saturday 7th November

Committee Meetings
Monday 1st June
Monday 3rd August
Monday 5th October
Monday 7th December

Connect Over Coffee
Thursday 23rd April 10am
Cafe GO, Geelong
Saturday 25th April 10am
Little Chloe, Malvern

The Victorian Medical Women's Society

Internship CV & Interview Advice Seminar

Special free event for members

Saturday 9th May 9 - 11am
Registration 8:30am
Level 11 Boardroom, Inpatient Building
St Vincent's Public Hospital

Guest speakers:
Associate Professor Deborah Colville - Ophthalmologist, VMWS president
Dr Rosalind Terry - ED physician
Q&A panel with recent graduates and medical students

Register for this FREE event by May 6
RSVP at http://afmw.org.au/vic/vmws-events
Or directly here
To become a member, visit http://afmw.org.au/vic/vmws-membership

Why join the Victorian Medical Women's Society?
There are many personal and professional benefits including regular networking and mentoring opportunities at meetings, guest speaker events and panel discussions. Receive a quarterly newsletter advertising events, scholarships and prizes, and updates on gendered socio-political issues. As a member you become part of the Medical Women's International Association, which has a voice at the United Nations and other global forums. Receive assistance with applications to training programs and advice on career development.

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Victorian Medical Women's Society Inc.

Women's health and reproductive rights are continuously governed by powerful views that do not have our best interests at heart.

By Sylvia Ye
VMWS Student Representative
Deakin University

Mid last year, on my nightly rounds of mindless Internet surfing, I stumbled across a new story that was both unbelievable and yet not surprising. The US Supreme Court had just ruled in favour of Hobby Lobby, a chain of craft stores owned by an Evangelical Christian family, allowing the company to be exempt from supplying four methods of contraception in their insurance plans on religious grounds.

The case made me feel frustrated, powerless and unvalued. The law and corporation were being used to further the beliefs of particular, powerful individuals. Was it fair that female employees were not able to choose how to use the health insurance – part of their remuneration – while male workers could choose to have all their Viagra and vasectomies covered? Especially given the hypocrisy of Hobby Lobby investing in companies that produced the very contraceptive devices they were banning.

The ban included the emergency contraceptive pill and IUDs, which the family believed to be abortive as they took place after fertilisation. In such a high profile court case that could affect millions of women and their control over their own bodies and health, no one had corrected a fundamentally false belief. Was I supposed to feel like I, as a woman, could trust the system and that I was an equal in the eyes of the conservative judges of the Supreme Court?

I know about the dangers of an unplanned pregnancy and abortion – done legally or illegally. I know how pregnancies at young ages or following rape could ruin lives of bright young women. I know how planned parenthood benefits children more than the alternative of being born unwanted, placing them at a developmental, emotional or socio-economical disadvantage from the very beginning. I know that birth control is commonly used for an abundance of other health reasons – heavy or painful periods, endometriosis, acne; the list goes on.

And yet the ruling was not particularly surprising either because despite all the claims that gender inequality is a thing of the past, women's reproductive health is continually governed by lobby groups, laws and practices that do not have their best interests at heart. In no other area of medicine do the opinions of groups with vested interests outside of medicine and healthcare have more of a say than science and real health outcomes.

The idea that a woman's reproductive and sexual health does not belong solely to them is pervasive and insidious in society. The continual assaults on the availability of contraception to women throughout history has stemmed on the proposition that sex without childbirth, without consequences, leads to promiscuity. Promiscuity is a loss of control by a patriarchal society over how women behave. The judgement and control over a woman's sexual and reproductive choices is evident in the language we use. Women who have abortions are 'murderers', Subcutaneous progesterone implants are known in some NT communities as a 'slut stick' and 'conscientious objection' implies that the alternative choice is an act of selfishness and lack of conscience.

Attempts to discuss these issues and inequalities are made difficult by sex and reproductive health being 'controversial', taboo subjects. This avoidance of proper conversation hurts women more than men. A report by family planning NSW state that Australian women trail behind other developed countries with contraceptive use and knowledge, particularly with long-acting reversible contraceptives. Women are the ones who have to deal with the emotional and physical consequences of unwanted pregnancy. Societal expectations ensure that a women cannot cut ties with an unwanted child without being heartless and cruel more so than men, where it is almost expected and warrants a chiding.

Examples closer to home are abundant. A 2011 study of pharmacist attitudes and practices in the provision of the emergency contraceptive pill revealed that 22% of pharmacists felt it reasonable for their religious faith to influence supply, based on the belief that the emergency contraceptive pill is an abortion pill despite evidence showing this to be clearly untrue. In March last year, MP Bernie Finn suggested denying abortions for rape victims as it was a way for rapists and paedophiles to 'remove the evidence'. In May, MP Geoff Shaw proposed radical changes to the Abortion Law Reform Act 2008 under the notion of protecting the rights of women. None of the changes, including removing the requirement of referral for doctors who conscientiously objected to abortions and the attempt to resuscitate foetuses that survived abortion, had evidence of benefit to women.

All these stories follow a similar pattern where a person in a position of power, almost uniformly male, tries to dictate what women should or should not be allowed to do with her own body.

As women, we are all affected by these opinions and decisions on what is best for us. As medical women we

see the consequences of these decisions every day. Yet nothing can happen unless some of the oldest and strongest views about a woman's place in society are challenged. And that is a battle that frustratingly, as evidenced by recent events, society may not be ready to undertake.

References:
1. Corderoy A. Australian women trail developed world with contraception, says Family Planning NSW report. Sydney Morning Herald. 2014.
2. Hussainy S, Taft A. Note to pharmacists on how not to sell the morning-after pill. The Conversation [Internet]. 2013.
3. Milman O. Geoff Shaw proposes radical changes to Victoria's abortion laws. The Guardian. 2014.
4. Roberts D, Holpuch A. Hobby Lobby ruling: firms can refuse to provide contraception coverage. The Guardian. 2014.

The Sustainable Development Goals – a framework for women's rights?

By Anne Stanaway
VMWS Student Representative
Melbourne University

Over the last couple of years I've spent much more time with women – including women from marginalised communities who suffer the brunt of society's less humane ways. In this time I have also raised my own brood of two children whilst studying full-time and with my partner often away for work. So that is how I've come around to seeing the world in a different light - through the lens of a woman. It seemed like an epiphany when speaking with other women and reading various articles that many of the world's big problems would be remedied or at least greatly relieved if the people who shape policy and influence the big picture would let themselves step back and have a look at the world through a woman's lens.

The Millennium Development Goals (MDGs) proposed by the United Nations (UN) in 2001 will expire in September this year. These will be redirected into a new, universal set of goals, targets and indicators that UN member states will be expected to use to frame their policies over the next 15 years – the Sustainable Development Goals (SDGs). The UN Open Working Group responsible for drafting the SDGs has handed down its final proposal. Its recommendations include 17 goals and 169 targets to be achieved by 2030.

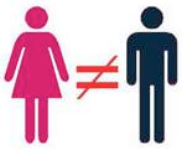
The eight expiring MDGs encapsulate globally agreed goals with time-bound targets and indicators for measuring progress in the areas of: poverty alleviation, education, gender equality and empowerment of women, child and maternal health, reducing HIV/AIDS and communicable diseases, environmental sustainability, and building a Global Partnership for Development.

However, the MDGs ultimately fail to consider the underlying causes of poverty, or gender inequality, or the holistic nature of development. The goals are simplified and the targets, arbitrary. Nor do they specifically address human rights or economic development. In theory the MDGs apply to all countries, but realistically the targets were designed in such a way that poor countries must rely on funding from wealthy states in order to achieve the goals. Every country will be expected to work towards achieving the new SDGs and the new framework will need to tackle structural inequalities – both political and economic – if it is to succeed where the current MDGs have fallen short.

Gender equality
The millennium development goal on gender (MDG3) set out to promote gender equality and empower women, with a target of eliminating gender disparity in all levels of education. However, this goal was promoted with little regard for the patriarchal codes and practices that pervade education. Unless the next agenda adequately addresses the structural constraints and discriminatory norms that hold women and girls back, the transformative potential of education will remain unrealised.

The Womens' Major Group (WMG), a working group involved in formulating the post-2015 agenda, clearly outline some gaps in the proposed SDGs, in particular their representation of women's rights. Although women's and girls' human rights are recognised in the stand-alone SDG on gender equality (SDG5), additional, specific references to women should be incorporated throughout the framework. According to the WMG, other issues that directly affect women are notably absent. These include the human right to food, the right to water and sanitation, women's rights to decision-making on peace and security, land rights, and the right for women to control their sexuality free of coercion, discrimination and violence.

Reproductive and sexual rights
Universal access to contraception and other sexual and reproductive health services, including sexual health education, are not included in the new framework. The WMG state that sustainable development will only occur when young people understand their bodies, know their rights, and have the freedom and skills to negotiate on important aspects of their lives.



Ms Stars of The Guardian Weekly has asked, “How can we end poverty if women and couples cannot determine when and how many children to have, if any? How can we ensure equitable education for all if girls drop out of school due to unwanted pregnancy?”. We can also ask, how can we deal with the aftermath of so many unintended pregnancies, unplanned births, and unsafe abortions? Not to mention the appalling maternal and infant mortality rates, and maternal transmission of HIV, which are largely due to the lack of access to good quality care during pregnancy and childbirth.

Beyond the remarkable health gains that would come from the right to reproductive and sexual health, there are vast social and economic returns to be had. Girls and young women are more likely to remain in school, improving their health, future participation in the work force, earning potential, and also promoting the education of their future children. Poverty is reduced, living conditions improve and communities are better off when women can fully participate and contribute to a community or economy. How can we achieve gender equality if women’s reproductive rights are not fulfilled?

Violence against women and girls and discriminatory laws

UN Women and the 2014 Commission on the Status of Women called for the elimination and prevention of violence and for the prosecution of perpetrators. They emphasised that freedom from violence against women and girls, as well as the elimination of child marriage and female genital mutilation, must be targets within SDGs. Gender discriminatory laws, including those that actually promote violence against women and girls, must be repealed as soon as possible to change harmful practices and social norms, as discrimination in laws, attitudes and practices reduces women’s ability to take advantage of empowerment opportunities and break cycles of poverty.

Women’s unpaid work

The burden of unpaid domestic and care work still lies with women. Women subsidise the world economy by performing most of the unpaid domestic and care work, derived from the sexual division of labour. The time and energy demands of this role are some of the main obstacles for women in fully exercising their rights. Unpaid domestic and care work derives from discriminatory gender roles. Target 5.4 of the proposed SDGs addresses this issue, however WMG feels that it is not potent enough, and in addition to valuing unpaid work, the target should aim to “reduce and redistribute” unpaid care and domestic work.

Women and resource management

Women farmers and fishers provide food for the majority of the planet’s population. These women and the knowledge and skills they hold are key for sustainable natural resource management. Many of the SDGs lack references to women’s access to land rights and ownership and distribution of assets and wealth. Also lacking are references to decision making on climate, oceans, ecosystems, fisheries, water and energy. WMG propose that the SDGs should include specific measures to protect these rights.

Some considerations

There are concerns that some important references to women's rights may be altered or omitted from the final SDGs by the Vatican (which is a non-member observer state of the UN). The Vatican has reiterated that it could not support the use of condoms and that abstinence was the only measure to prevent HIV.

Some countries have also attempted to include a sovereignty clause, which has been withdrawn. The clause would have allowed governments to ignore the recommendations that could interfere with their own traditions and practices.

Effective efforts in ensuring the rights of women must incorporate the unique needs of communities and be guided by region-specific assessments and the unique opportunities, challenges, and recommendations they identify. It is necessary to consider the roles that history, class, cultural beliefs and traditions play in women's lives. Overlooking generations-old cultural norms may also cause social isolation and risk the safety of participants. For interventions to be successful, they need to be fully appreciative of the complexity of the lives of women and not see them as a homogenous group.

The inclusion of both men and women in culturally tailored initiatives might gain subscription from community leaders (who are generally male). This inclusion may be achieved by stressing the economic gains for those households and communities who embrace gender equality. These methods may assist an understanding that the empowerment of women does not result in the disempowerment of men.

Summing up

An inequality in power dynamics between men and women prevent access to resources, information and technology, and bind both sexes to restrictive gender roles. Implementing this understanding into the framework of the SDGs is vital in ensuring that growth and development are inclusive and empowering for all. Political commitment, investment in resources and the collaboration of people with the skills to drive and assess gender initiatives across departments is imperative to the necessary change in the way people think, behave and relate to each other.

Equality for women means progress for all. By committing and investing in efforts to promote gender equality, governments can unleash the power of half the world's population to build a more peaceful, just, and sustainable planet in which all people will experience individual and collective wellbeing, a life in dignity and the full enjoyment of our human rights.

There is an attempt to make sure that women and girls are at the centre of the next agenda, however it is clear that some of the targets need further revision. Even with suitable targets in place, I would ask whether encouragement from the UN be enough to guarantee that the structural constraints to gender equality are overcome?

*watch this space for updates
sustainabledevelopment.un.org

The proposed Sustainable Development Goals:

1) End poverty in all its forms everywhere
2) End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
3) Ensure healthy lives and promote wellbeing for all at all ages
4) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5) Achieve gender equality and empower all women and girls
6) Ensure availability and sustainable management of water and sanitation for all
7) Ensure access to affordable, reliable, sustainable and modern energy for all
8) Promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all
9) Build resilient infrastructure, promote inclusive and sustainable industrialisation, and foster innovation
10) Reduce inequality within and among countries
11) Make cities and human settlements inclusive, safe, resilient and sustainable
12) Ensure sustainable consumption and production patterns
13) Take urgent action to combat climate change and its impacts (taking note of agreements made by the UNFCCC forum)
14) Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15) Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification and halt and reverse land degradation, and halt biodiversity loss
16) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17) Strengthen the means of implementation and revitalise the global partnership for sustainable development

Breastfeeding in Medical School: The Good, The Bad and The Ugly

By Ashleigh Clark

VMWS Student Representative
University of Notre Dame

It is no secret that breastfeeding offers an extensive range of positive short and long term outcomes for women and their babies. Breastfeeding has been shown to benefit mothers & babies physically, financially and psychologically.

Within hospitals and primary care settings there are countless supports for women who make the choice to breastfeed. However, it is not just within the hospitals that breastfeeding is encouraged and supported. There are breastfeeding support groups, breastfeeding friendly workplace initiatives, baby care rooms in most shopping centers, even breastfeeding hotlines. There are numerous venues that proudly boast their 'breastfeeding welcome' status. You can even like 'breastfeeding' on Facebook, follow it on Twitter, or access web based resources to become a more effective advocate for breastfeeding.

Pretty impressive stuff and something deserving quite a few bouquets! On that note, you can be pretty sure many of these should be directed to hard working health professionals who have a long history of being in the vanguard of action to improve maternal and child health.

Most of these professionals would probably say that it was merely right and proper that they took their place at the forefront of modeling health promoting behaviours for the broader population. No doubt they would also say that there is be no place for silence, most particularly when it comes to promoting healthy behaviours within their own profession!

So with that in mind, given more medical schools are adopting post graduate models, their female students are more likely to start families during training and therefore, it is imperative that policies are put in place to support and encourage them to breastfeed.

Why does this matter? Because recent research suggests only 2 in 3 women undergoing medical training achieve their exclusive breastfeeding goals. And, importantly, if local experience is anything to go by, one reason for this problem is a lack of support offered by medical schools and hospitals.

Anecdotal experiences recently reported by medical students in Victorian hospitals highlight we have a long way to go before they feel supported in breastfeeding. The cases outlined below emphasise a need for institutional policies to be established, so that to ensure women who are breastfeeding feel their choice is being supported in both principle and practice.

One case involved a complaint made by other health care professionals in a hospital about a medical student expressing breast milk in a staff room. Another involved a medical student being told by a medical workforce unit manager there was no place for her to breastfeed in the hospital and that she should simply find the nearest toilet.

Resolving such issues requires a closer alignment of breastfeeding policy goals with the environments medical students and professionals experience in the workplace. This can be achieved if the following three steps are implemented.

(1) A standard model policy framework for Australian medical schools and training hospitals should be developed as a matter of priority.
(2) The policy should be endorsed and be a matter of advocacy by key bodies such as the AMA, Medical Women's Society, and AMSA.

(3) Adherence to the standard policy should be acknowledged by conferring a system of awards or commendations eg. Breastfeeding-friendly status for institutions.

We have many exemplar cases in which health professionals have made the 'healthy choice, the easy choice' for themselves and the broader population. Let's hope that in a few years time breastfeeding in medical school is yet another!

Connect Over Coffee commences… please join us next time!

By Dr Elysia Robb
VMWS Committee Member

On the 26th of March we hosted our first Melbourne-based COCO event for the year. It was held at Baretto Espresso Bar across the road from the Medical Building at the University of Melbourne.

We had a fabulous turnout of medical students, mostly from the University of Melbourne, with a few from Monash University, which was particularly great to see, given the long distance travelled.

Our very own President Deb Colville attended, which was excellent. Luckily for us, Deb shared many enlightening stories and much useful advice. Thank you Deb for being so generous with your time and for being so enthusiastic about this cause. It was fantastic to have you there.

Over coffee, chai and other teas, we covered many topics. In particular we discussed the following; sexism in the workforce and at university – a topic dominating the media lately; juggling work, study, family, friends and extracurricular activities, while trying to maintain sanity and some calm; and that ever-common question, particularly pertinent in a time when post-graduate medical courses are dominating, 'when is the best time to have children amongst a medical career? Or, in fact, is there a best time?'.

On a similar note, a lot of discussion was focused on working unrostered, and often unpaid overtime, a common theme in doctors' lives; and how this can create a life with little or no balance; in addition to perpetuating and setting standards and expectations of working overtime for everybody else. Awareness was created about the effect this has on everyone, not just the individual, and in particular for those who are unable, or even unwilling, to work overtime – making it especially difficult and possibly leading to feelings of guilt, disappointment, missing out and loss of reputation and/or the chance to make a good impression. I found it very interesting to hear about different experiences and perceptions of this.

Personally, I found the coffee meeting an excellent opportunity to chat about my own experience as a new intern, and part-time at that. I was able to talk about some

of the positive experiences, and air some of my frustrations.

Many people shared personal stories, a common occurrence at VMWS events, which I always find interesting and helpful, and very brave of the storyteller. Everyone has a different story and experience and we all learn from each other. As they say, 'there are many ways to skin a cat'. How I do, and have done, things is different to many of my peers and seniors, as women, doctors, mothers, daughters etcetera. We are all trying to do our best, and it is really wonderful to listen to, and support each other – I find the collegiality in this environment to be almost palpable.

This year we will be trialling different locations, times and days, for our COCO meetings in order to try to make these events suitable to everyone.

We do struggle to get established medical women and even junior doctors to attend, so please come along if you can and please pass the invite on. You can find the invite/ flyer in this newsletter. Or you can contact myself for further information: elysiarobb@yahoo.com.au.

If you would like to host an event at your clinical school or university, we welcome this very much. It would be a great way to get involved with the VMWS and also to network with medical women.

We look forward to seeing you at a COCO event this year!!

VMWS Newsletter is going
GREEN
and moving towards an electronic newsletter platform.

If you opt to still receive your VMWS newsletter via post, please contact us at vic@afmw.org.au

or contact Senior's Representative
Dr Rosalind Terry on
0427 366 516

Newsletter Editor 2015
Dr Skye Siskos

Please contact me if you have any feedback, articles, photos or advertisements you would like to contribute to the newsletter.

PO Box 202
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Victoria, 3002

vic@afmw.org.au

The Victorian Medical Women's Society invites you to

Connect Over Coffee

where female medical students and female medical practitioners can exchange experiences and support

RSVP Elysia Robb - VMWS Committee Member
elysiarobb@yahoo.com.au

Dates for your diaries...

Thursday 23rd April 10am
Cafe Go
37 Bellerine St, Geelong

Saturday 25th April 10am
Little Chloe
1810 Malvern Rd, Malvern East

Saturday 13th June 10am
Carlton/Fitzroy

Thursday 16th July 5pm
Victoria's Secret Cafe & Bar
80 Victorias Parade
East Melbourne

Saturday 15th August 9:30am
Bushwalking at the Dandenongs

Wednesday 16th September 5pm
Austin Health Heidelberg

Saturday 31st October 10am
St Vincent's Hospital

VMWS also offers female medical students the opportunity to connect with senior medical professionals through our **Mentoring Program.**

For more information please contact
Alyce Wilson
alyce.n.wilson@gmail.com
and/or
Cara Beck
carajbeck@gmail.com

Join VMWS today and benefit from many more supportive interactions like these!
Membership form:
http://afmw.org.au/images/stories/VMWS/2014/MembershipInvoice_2014-15_FA-V03.pdf

VMWS
Victorian Medical Women's Society Inc.

Meet The Committee

Each newsletter will feature a bio about each of our amazing committee members so you get to know your VMWS.

Dr Rosalie Cooper
VMWS Vice President.

I was born in Queenstown, Tasmania, on the west coast (19.11.1937). As a child I lived in Victoria and Queensland. My MBBS was from the University of Melbourne 1961 with BSc 1964. Internship was at the Royal Melbourne Hospital.

After two years teaching Anatomy at Monash I went to McGill University in Montreal where I completed an MSc in Histology. Following that I spent 15 months in Toronto as a paediatric resident backing up the twelve months as second year resident at RCH in Melbourne.

Paediatrics and Public Health became my major career this included training in London UK, then working in Community Child Health and School Health with the Victorian Government for 21 years. This reached an unfortunate end in 1991 when the State Government closed our Department. I was then doing an MPH with Monash University, which led to a few years with the Centre for Mothers' and Children's Health doing Perinatal Epidemiological Research. This was under Dr Judith Lumley who proved to be the most inspiring teacher I had experienced.

Due to limited funding I decided to do General Practice as well to keep body and soul together. Having graduated before the RACGP started it was very difficult at this time to get accredited. I was able to complete my Fellowship of RACGP with an accelerated 6 month program and completed this in 2003.

For the remainder of my working life I was a GP moving along from Wantirna South to the Dandenongs, in Belgrave, Emerald and Pakenham. I did some committee work with the Knox then later with Yarra Ranges Divisions of General Practice. I retired in 2007.

I have had a long association with VMWS and AFMW from graduation. In the 1990s, I was President and Secretary of VMWS and National Corresponding Sec for AFMW. I have just returned to the committee following a move to retirement in Chelsea, ie closer to the city.

I have been married for 40 years to John who is an electronics technician (retired) and we have one son who is a town planner.

Meet The Committee Continued.

Each newsletter will feature a bio about each of our amazing committee members so you get to know your VMWS.

Victorian Medical Women's Society Inc.

Ms Sylvia Ye
VMWS Student Representative
Deakin University

Sylvia Ye is a currently in her third year of MBBS at Deakin University in Geelong after studying B. Biomed at Melbourne Uni. She is currently Publication Co-Chair of MeDUSA, the medical student society at Deakin. Sylvia is interested in meeting other medical women and gaining experienced and accomplished mentors. In her spare time, she likes to write fiction, daydream and play League of Legends.

Ms Anne Stanaway
VMWS Student Representative
University of Melbourne

Anne Stanaway is a final year graduate entry MBBS student at The University of Melbourne, and is concurrently studying her Masters Degree in Public Health (Tropical Medicine) at James Cook University. Anne is passionate about issues affecting women, the indigenous peoples of Australia, and the environment. She spends much of her time in the wilderness - alone or with her husband and two young children - and is always planning her next adventure. Being involved with VMWS continues to be an enriching experience for Anne. She is always learning new perspectives on women's issues and experiences, and feels supported by the wisdom and solidarity of the VMWS community in facing and exploring much of her own learning and understanding of the world.

Ms Hui Ling
VMWS Student Representative
Monash University

Hui Ling is a Monash University medical student who is currently undertaking a BMedSc(Hons) research year in HIV at the Burnet Institute and Alfred Hospital. Hui Ling is the Co-Chair of the Australian Medical Students' Association (AMSA) Global Health committee, which is AMSA's largest committee and serves medical students' interests global health issues. She is passionate about social justice issues and its intersectionality. Hui Ling is inspired by the strong and respectful partnerships she sees between doctors and patients at the Alfred Hospital HIV clinic. She is particularly interested in women and men's sexual and reproductive health, because she sees this aspect of life as integral to how people connect with themselves and with others. Hui Ling hopes to be a doctor that is holistic, competent and kind. She likes being part of the VMWS because it is a strong, supportive community that helps her to maintain a holistic and longitudinal vision of her life and career. Hui Ling is currently inspired by Justice Ruth Bader Ginsburg, Lena Dunham, Mindy Kaling and Dr Ranjana Srivastava. She likes going to the cinema, "connecting over coffee" and reading.

MWIA2016VIENNA

30th International Congress of the Medical Women's International Association

Generation Y

Challenges of the Future for Female Medical Doctors

The Victorian Medical Women's Society Inc.

Membership Invoice 1 July 2014 – 30 June 2015

ABN 67 120 250 797 - Inc A0061560B
(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30TH JUNE)

Membership Eligibility: *Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an associate member, and Student membership is open to female medical students.*

(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)

Full Members	Rural Members (>100km from GPO)	Senior Members	Retired Members (>65 yrs)	Student Members
1 yr $160	1 yr $70	1 yr $120	1 yr $120	1 yr $35
3 yrs $432	3 yrs $189	3 yrs $324		
5 yrs $680	5 yrs $297.50	5 yrs $510		

Donation: $_____

Please complete and send the bottom section of this form to the VMWS Inc. via email or mail.

1. PLEASE TICK WHICH TYPE OF APPLICATION YOU WISH TO REQUEST:

I am a applying for new membership. Please complete the Membership Declaration and make payment.

I am changing my membership category. Please complete the Membership Declaration and make payment

I am renewing my membership. Only renewal payment is required.

Date payment made:

2. MEMBERSHIP DECLARATION:

I wish to become a member of the Victorian Medical Women's Society Inc., and will support the purposes of the Association and agree to comply with the Rules of the Association (available here).

Signature: _____ **Date:** _____

3. MEMBERSHIP DETAILS

Membership Type: _____ Duration: _____ Amount: $_____

Title, First name & Surname: _____

Mailing address: _____

Phone: _____ Text Date of Birth: _____

Email: _____

Specialty/Area of Practice: _____ Year of Graduation: _____

Car-pooling: Potential driver: □ Potential passenger: □

NOTE: When you join the VMWS you get 3 memberships for the price of 1!: the Australian Federation of Medical Women (AFMW) and the Medical Women's International Association (MWIA). You will automatically be subscribed to all three mailing lists and your email address may be shared with other AFMW members.

VMWS newsletters are distributed electronically, unless you request otherwise.

4. Membership Payment: **CHQ** to **Victorian Medical Women's Society**. **Post:** VMWS Secretariat, PO Box 202, East Melb VIC 8002; **Electronic Transfer** to Victorian Medical Women's Society; **BSB: 033 089**; **Act No: 297664**. Please ***include your name*** in the ***transfer info***

Donations are gratefully received. Please advise if you wish for your donation to be used for a specific purpose.

http://www.afmw.org.au/vic PO Box 202, East Melbourne 8002 vic@afmw.org.au

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