



# RDMA's Newsletter

# Newsletter April 2022

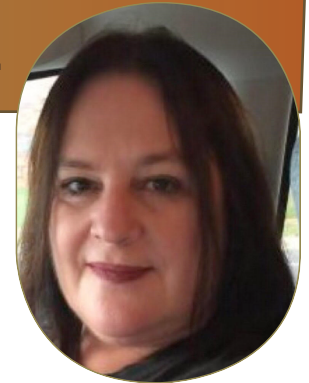
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*Vietnam Vet Snapshot Gail MacDonell  
<https://anzacportal.dva.gov.au/resources/GailMacDonell,FamiliesofVeterans,DepartmentofVeteranAffairs>*

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Vietnam Vet  
Snapshot

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## RDMA's President Report Dr Kimberley Bondeson



Easter has just been and gone, and it was a lovely weekend, with clear, but windy weather.

I would like to congratulate Dr Hasthika Ellepola, the new President of the Brisbane Local Medical Association (BLMA), along with his Vice President, Dr Gail Tsang, Dr Andrew Cronin, Treasurer, and Secretary Dr Felicity Jensen. Committee Members are Dr Dilip Dhupelia, Dr James Collins, and Dr Jennifer Schafer. Dr Bob Brown and Dr Ian Hadwen have retired, after many years of service, from their positions as President and Secretary.

The new team of the BLMA are an energetic team, and we look forward to enjoying many educational and social events into the future.

Covid 19 is still present in our lives, but is making a lesser impact on our every day lives and certainly the community. Daily I get phone calls from patients, who are testing positive. Unfortunately, many holiday plans have had to be cancelled due to covid 19 infections.

However, it is good to see that New South Wales and Victoria are making changes, which revolve around the close contacts of Covid 19 positive infections, which mean that these people, if they have no symptoms, are not required to self isolate. Over time, it would appear that these restrictions which we are currently living with in Queensland will also be slowly lifted.

International travel is also slowly taking off, but be careful. You need to be prepared to find that if you test positive at the airport in Australia, you are required to go home and self isolate, or self isolate in a hotel, as well as cancel your trip.

And good luck getting any insurance monies back, it seems that travel insurance that will cover you for Covid 19 illness or trip

cancellations is hit and miss.

Nursing Homes and Aged Care Facilities in Australia are still struggling with Covid 19 outbreaks and deaths, according to NewsGP (20/4/22). "More COVID deaths have occurred in the first 15 weeks of 2020 than all of 2020 and 2021 combined". These figures are put down to the increased transmissibility of the Omicron variant, which is 4.2 times more transmissible than the original Delta variant. It also appears that the Omicron variant is the dominant variant in Australia, at this stage.

Further in the future weeks, we have two more lovely long weekends, (ANZAC day – a day to remember and honour our past soldiers, and May Day public holidays), which we can all enjoy, if the weather holds up.

There is also the Charity Ball coming up with the AMAQ Foundation, which is on the 20th May, and the AMA National conference which is being held in Canberra on the 29th – 31st May, 2022. There is of course, a Federal election coming up, and we watch with interest as the various politicians put forth their policies on health.

Kimberley Bondeson,  
RDMA President

**Note: Free RDMA  
Membership For  
Doctors in Training**

**RDMA Meeting Dates  
Page 2.**

*The Redcliffe & District Local Medical Association sincerely thanks QML Pathology for the distribution of the monthly newsletter.*

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Partnering with Redcliffe  
District Medical Association  
for over 30 years.

## RDMA 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

Tuesday	February	22nd
Wednesday	March	30th
Tuesday	April	26th
✓ Wednesday	May	25th
Tuesday	June	21st
Wednesday	July	27th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	23rd
Wednesday	September	28th
Tuesday	October	25th
NETWORKING MEETING		
Friday	November	18th

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

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Advertising information is on  
RDMA's website

[www.redcliffedoctorsmedicalassociation.org/](http://www.redcliffedoctorsmedicalassociation.org/)

## NEXT NEWSLETTER DEADLINE

Advertising & Contribution **15th May 2022**

Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)

W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

### Competitive Advertising Rates:

Full page A4: \$560.00

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Qtr page A6: \$260.00

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The preferred A5 size is Landscape Format and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

### CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page in Word with approximately 800 words.

## INSIDE THIS ISSUE:

- P 01: RDMA President's Report**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: Contents and Classifieds**
- P 04: AMAQ Foundation's Charity Event  
20th May 2022 at 6.30pm Waters  
Edge Portside**
- P 05: RDMA's Last Meeting & Invitation**
- P 06 Reasearch Raise it for Redcliffe  
Newsletter**
- P 08 Brisbane PHN & Metro North HSS  
GP Liason Newsletter Dr James  
Collins**
- P 10 AMAQ President and CEO Report**
- P 14: Media: Covid Vaccines: Time for  
Australian Manufacturing to Step  
Up**
- P 16: Media: AMA Says Urgent Health  
Care Centres not Solution to  
Australian Health Crisis**
- P 17 Will Sanity Prevail By Dr Mal  
Mohanlal**
- P 18: Media:AMA'S PLAN TO MODERNISE  
MEDICARE LAUNCHED**
- P 19: Where We Work and Live: A  
Vietnam Snapshot**
- P 20: Members Subscription Form**

# The team behind your result



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Our continuous innovation and vast testing capacity across Haematology, Biochemistry, Endocrinology, Microbiology, Histopathology, Cytopathology, Immunology, Cytogenetics and Cardiology, has made us a leader in our field, a position we do not take lightly.

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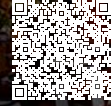
# Charity Event

**FRIDAY 20 MAY 2022**

**6.30PM – 10.30PM | WATERS EDGE – PORTSIDE**

The AMA Queensland Foundation are pleased to announce we are holding our first Charity Dinner to celebrate the incredible work of the Foundation, its donors and the organisations we support.

We will look at how the Foundation has made an impact in previous years and what the future holds. There will be presentations from our Foundation Chair, the charity we will be supporting on the night, inspiring stories from our scholarship recipients, a silent auction, raffle and much more. Don't miss out as tickets are limited!



**BUY TICKETS**  
[qld.ama.com.au/events](http://qld.ama.com.au/events)



## 2022 WEBINAR SERIES

Are you interested in brushing up on your workplace relations knowledge from the comfort of your own desk? The AMA Queensland Workplace Relations Team is presenting its 2022 webinar training series. Enhance your knowledge of topical issues in workplace relations by logging into the live webinars on the scheduled day. If you're unable to attend the live webinar you can still register and receive a recording of the webinar to listen to in your own time.

- THE GREAT RESIGNATION:** Recording now available
- PERFORMANCE APPRAISALS:** Monday 23 May | 10am
- RECRUITMENT:** Monday 25 July | 10am
- FUNDAMENTALS OF LEADERSHIP:** Monday 5 September | 10am
- EMPLOYMENT STATUS:** Monday 28 November | 10am

**REGISTER NOW**



[qld.ama.com.au/events/WR-webinar-series](http://qld.ama.com.au/events/WR-webinar-series)



## 2022 PRIVATE PRACTICE SEMINAR SERIES

AMA Queensland's Workplace Relations Team has created a Private Practice Series that will cover Risky Business topics when running a private practice. Our team is working with our Corporate Partners and Local Medical Association (LMAs) all over Queensland to find out what local issues you are facing.

**Agenda:** We will be talking about Payroll tax, Service Agreements and much more.

- BRISBANE:** Saturday 28 May
- TOWNSVILLE:** Saturday 11 June
- TOOWOOMBA:** Saturday 20 August
- SUNSHINE COAST:** Saturday 10 September
- GOLD COAST:** Saturday 22 October

**REGISTER NOW**



[qld.ama.com.au/events/private-practice-seminar-series](http://qld.ama.com.au/events/private-practice-seminar-series)





# NEXT MEETING DATE 26TH APRIL 2022

## Monthly Meeting

RDMA Meeting 30/03/22  
Dr Kimberley Bondeson  
introduced tonight's  
speakers.

Sponsor: Caboolture  
Private Hospital  
Sponsor Representative  
Lizelle Adams

Tonight's Speakers  
Dr Maria Bolton and  
Dr Dolly Mittal  
Topic: Managing the Side  
Effects of Endocrine  
Therapy in Breast  
Cancer.

Photos below and left to  
the right.

1. Lizelle Adams  
Representative  
Caboolture Private  
Hospital and Dr Dolly  
Mittal Speaker

2. Lizelle Adams, Dr Dolly  
Mittal and Dr Wayne  
Herdy RDMA VP

3. Drs Michael Kennedy  
President DHAS and  
Maria Bolton New  
Member & Chair  
Community of GPs, VP  
AMAQ Foundation

Redcliffe & District Medical Association Inc.

**DATE:** Tuesday 26th April 2022

**TIME:** 7pm for 7:30pm start

**VENUE:** Regency Room – The Ox, 330 Oxley Avenue, Margate

**COST:** Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

**AGENDA:**

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Montserrat Day Hospitals Represented by: Suzette Fletcher
7:40pm	Speaker: Dr Chris Jardim - Plastic and Reconstructive Surgeon  Topic: Surgical options for degenerative hand conditions and skin cancer lesions. Main Meal served (during presentation)
8:00pm	Q&A
8:20pm	General Business - Dessert served Tea & Coffee served

**RSVP:** By Friday 22nd April 2022  
(e) [RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0413 760 961

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## R4R Associate Professor in Nursing Research RDMA News Story – April 2022

**Raise it for  
Redcliffe Hospital**

Proudly supported by the RBWH Foundation

*Associate Professor Amanda Fox... taking nursing research to a new level at Redcliffe Hospital.*

### Meet the new Redcliffe Hospital Senior Nursing Researcher

**“Patients and their families continue to receive quality, innovative care. They feel more listened to and experience more peace of mind.”** That’s the impact of the patient-centred research which Associate Professor Amanda Fox will foster at Redcliffe Hospital.

As the new Senior Nursing Researcher at Redcliffe Hospital, Dr Amanda Fox has a rich research background of more than 10 years in addition to over 20 years of clinical nursing experience. She brings a strong desire to empower nurses, midwives and other hospital staff to provide even better patient care, especially for our most vulnerable patients. “To provide the best care for frail aged and elderly people, we must work together,” Dr Fox says. “Everyone is involved, and that empowers staff to deliver evidence-based gold standard care.”

Thanks to the generous support of the Raise it for Redcliffe ‘Research Giving Circle’ – including the Redcliffe and District Local Medical Association – Redcliffe Hospital Giving Day donors, the fundraising efforts of Dr Joel Dulhunty and the RBWH Foundation, the three-year Nursing Professoriate position became a reality when Dr Fox commenced in the role in February 2022.

In partnership with Queensland University of Technology, the inaugural role is a vital part of Redcliffe Hospital’s health research strategy. It will equip nurses and midwives to conduct clinical research that translates into better outcomes and experience for patients.

As an Associate Professor with the School of Nursing, QUT, Dr Fox has led, mentored and supported research and emerging clinician-researchers at Redcliffe Hospital in recent years in an honorary capacity. This has resulted in developing a program of research focussed on care of the older adult. “This position is a win-win for Redcliffe Hospital, our staff and our patients,” says Dr Joel Dulhunty, Redcliffe Hospital’s Director of Research. “It is about developing people in our organisation with research leadership, track record and experience.”

“I am very excited about the next stage of this collaborative research journey and want to thank the many people who made this possible, including staff and community members who gave to Raise it for Research at Redcliffe Hospital.” Dr Dulhunty cycled more than 3,000 kilometres last year to raise vital funds for research at Redcliffe Hospital.

Redcliffe Hospital has a long and rich history of conducting and participating in research that benefits patients and expands the skills and experience of our dedicated staff. It has been a key site for international clinical trials for more than 30 years, with publications in leading medical journals. Raise it for Redcliffe Hospital is a philanthropic partnership between RBWH Foundation and Redcliffe Hospital. All funds raised support Redcliffe Hospital.

**Your support helps to build on that legacy of health research – so that patients get the best evidence-based gold standard care possible for years to come.**

To support research at Redcliffe Hospital, visit [Raise it for Redcliffe Hospital - Joel's Big Ride 3](#)



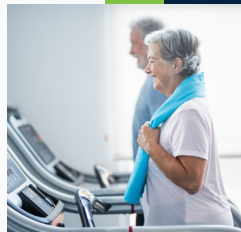
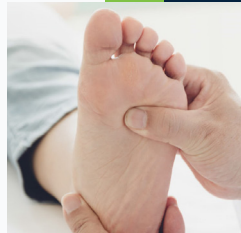
## OUR DIABETIC FOOT ASSESSMENT

We conduct a thorough screening during the initial consultation, so we are able to give you valuable information about your patient's foot health status. This screening also allows us to appropriately educate patients about looking after their feet and overall health.

PODIATRY IS AVAILABLE THROUGHOUT ALL OUR BRISBANE LOCATIONS.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.

MORE INFORMATION:



## OUR DIABETIC FOOT ASSESSMENTS INCLUDE:

- A Vascular Study  
(We use both a Doppler Study and an Ankle Brachial Index test to give you valuable information about your patient in regard to the risk of Peripheral Vascular Disease)
- Dermatological Observation
- Peripheral Nerve Testing
- Musculoskeletal & Physical Activity Assessment
- Footwear Assessment



A Sports & Spinal Hosted Event

# THE EVOLUTION OF PAIN

### Dr. Paul Frank

Pain Medicine Specialist & Anaesthetist,  
M.B.B.S. FANZCA FFPMANZCA

### Pain Rehab

Dr. Peter Georgius

Pain Medicine Specialist, FFPMANZCA  
Rehabilitation Physician, FAFRM, MBBS,  
BMedSc



SUNSHINE COAST  
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NEUROSURGERY



TRAVIS  
SCHULTZ  
& PARTNERS

## SAVE THE DATE

20th August 2022

Intended RACGP Category 1 Event

Guest presenters including Pain Specialists,  
Neurosurgeons, Orthopaedic Specialists, Radiologists  
Specialist Lawyers

Refreshments - Lunch - Canapes

To secure your seat or for more information email  
[conference@sportsandspinalphysio.com.au](mailto:conference@sportsandspinalphysio.com.au)





## **Brisbane North PHN & Metro North HHS GP Liaison Officer Update - Dr James Collins Email: [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au) or [GPLO webpage](#)**

It has been a very busy number of months in health services in Brisbane North region and I would like to thank our local GPs for the support they have been providing to their local communities. Here are a few resources that you may find helpful.

- [Metro North Health Refer your Patient webpage](#)
- [Brisbane North Health Pathways](#) - contains information about COVID management & supports including Post (Long) COVID conditions information and much more.
- [Latest Hospital & Health News in Brisbane North incl COVID email updates](#) Keep up to date with all the latest health news, new supports for GPs and GP education sessions by ensuring you & your colleagues are subscribed to the PHN newsletters "Network Link & COVID Updates"

As always if local GPs need further support, please email the email above.

### **COVID Update**

1. In case you missed it on 30 March, the Managing Long COVID GP webinar is available for GPs to [watch here](#)
1. Just a reminder that [GP Respiratory Clinics \(GPRCs\)](#) are available to see your symptomatic or COVID positive patients (both adults and children) face-to-face and via telehealth. GPRCs provide assessment and management for COVID-19, and are not just vaccinating or testing centres. To find live available appointments go to [HotDoc website](#)
1. [Metro North Health COVID Virtual Ward](#) remains busy following recent surge in cases. Remember [Virtual Emergency](#) is how you can ask for advice, access certain COVID therapeutics eg Sotrovimab or refer COVID patients you think need extra support or closer monitoring at home.

Virtual ED specialists are available to support Local GPs to care for their patients with both **COVID and non COVID** conditions which can be useful following recent busy emergency departments in the local area.

Remember all these services are only for GPs to call.

### **Optimizing surgical pre-habilitation to support outcomes for patients**

To assist in preparing your patients for surgery, the surgical teams would like to remind GPs to assist in pre-habilitation of these patients prior to surgery and include:

1. Optimising BMI/weight reduction (BMI ideally <40).
2. Working towards smoking cessation
3. Optimising glycaemic control
4. Improving cardiopulmonary function/ improving general fitness.

this can help reduce the chances of any postoperative complications related to these.

here are a number of FREE programs that may be able to assist your patient including:

1. [Self Management of Chronic Conditions \(SMoCC\) service](#)

This service delivers The COACH Program® is a statewide, structured, telephone-based, chronic disease program that helps people aged over 18, who are self-caring Queensland resident and have been diagnosed with one or more of the following conditions:

- coronary artery disease (CAD), type 2 diabetes, pre-diabetes, chronic obstructive pulmonary disease (COPD).

The program is run by a registered nurse for approximately 6 months, with a call every 4-6 weeks. The GP needs to refer the patient.

1. [www.myhealthforlife.com.au/](http://www.myhealthforlife.com.au/) - seven sessions of health coaching by a qualified health professional, flexible options incl private or group coaching with guidance, tools & support. The patient can self refer.

## Pulmonary Rehabilitation services available to local patients

This is a reminder that the public Metro North Health pulmonary rehabilitation capacity is available for GPs and their patients in the Brisbane North region.

In addition to programs at North Lakes, The Prince Charles and RBWH, patients can now attend a program at the Australian Catholic University (ACU) as well as remotely via telehealth. This means patients are able to access a service in a location that is more suited to their needs.

Send your referral to the Metro North Health Central Referral Unit in the usual way indicating the patient's preferred location or if they would like to participate via video.

More details about criteria to refer and essential information required to pulmonary rehabilitation can be found on the [Metro North Health Pulmonary Rehabilitation page](https://brisbanenorth.communityhealthpathways.org/11652_1.htm) or via Health Pathways: [https://brisbanenorth.communityhealthpathways.org/11652\\_1.htm](https://brisbanenorth.communityhealthpathways.org/11652_1.htm)

These service improvements will make it easier for people with COPD to access what is one of the most important interventions for this condition.

## Improved CDA Discharge Summaries includes pathology results

Did you know hospital discharge summaries can now be easier to read and include pathology & radiology results embedded in the summary? If your GP practice uses Best Practice LAVA edition or higher (includes Indigo) • Genie V8.8.6 or higher • Medical Director v 3.16b or higher • ZedMed all versions or MMEEx V22.1.3.1, your practice manager can sign up for Clinical Document Architecture (CDA) format, if they haven't already.

Please email [EDSTV-Corro@health.qld.gov.au](mailto:EDSTV-Corro@health.qld.gov.au) with your practice software details, and the Enterprise Discharge Summary (EDS) team will be able to sign you up for CDA testing.

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### Dr Darren Marchant

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Provider No. 2210868J

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W [drdarrenmarchant.com.au](http://drdarrenmarchant.com.au)



7 Endeavour Boulevard, North Lakes QLD 4509

## PRESIDENT AND CEO REPORT



*Professor Chris Perry OAM and Dr Brett Dale*

With floodwaters receding and recovery and rebuilding underway, health has returned to the forefront of public debate. The Omicron outbreak has taken a toll on our health services, with thousands of health care workers furloughed with infection or as close contacts, and hundreds of hospital beds taken up with COVID patients.

This was highlighted on an extraordinary Monday in April when dozens of ambulances were ramped outside major hospitals, the fourth highest number of 000 calls on record were received, and Code 1 ambulance calls increased by 40 per cent .

The *AMA Public Hospital Report Card* released a few weeks earlier had already shown the pressures our system is under, and health quickly became a key battleground when the federal election was called.

### FEDERAL ELECTION – BAND-AID SOLUTIONS NOT ENOUGH

AMA Queensland has been working with our federal colleagues to put health front and centre as a campaign issue. We are calling for a better system of public hospital funding and real resourcing for primary care.

At the time of writing, midway through the second week of the campaign, neither major party had released a comprehensive health policy designed to truly address the core challenges of our health system – Medicare rebates that have not kept pace with inflation and not enough hospital beds.

Neither side had committed to our call for a 50-50 split of state and federal funding for our public hospitals. That extra 5 per cent from the Commonwealth would inject an extra \$1.5 billion a year, enough to pay for the 1,500 extra beds we need.

While any investment in primary care is welcome, federal Labor's proposal for 50 GP-led urgent care clinics is a Band-Aid solution that threatens the viability of existing after-hours general practices. The LNP has announced its pick to replace Greg Hunt as Health Minister in a new term of government – South Australian Senator Anne Ruston, who is on record as questioning the sustainability of universal health care.

We will be monitoring further announcements in the weeks ahead. You can read more at [qld.ama.com.au/news/realreform](http://qld.ama.com.au/news/realreform) and [ama.com.au/clear-the-hospital-logjam](http://ama.com.au/clear-the-hospital-logjam).



### HEALTH INQUIRY REPORT DISAPPOINTING

We were disappointed with the report of a Queensland parliamentary inquiry into the state's health system. It made 40 recommendations, only four of which were for action by the state government and 36 for the Commonwealth.



AMA Queensland gave evidence to the inquiry, seeing it as an opportunity to consider what Queenslanders really need and find real ways to fix the issues of hospital ramping, surgical wait lists and workforce shortages.

It was always clear when the inquiry was announced late last year with a March/April reporting date that it was aimed more at the federal campaign than real action at the state level.

Another more tightly targeted inquiry with specific terms of reference might shed more light on solutions. However, we believe that there is already enough information available through our Ramping Roundtable action plan to begin addressing the issues.

Read more here [gld.ama.com.au/news/4BC-Transcript-Apr11](https://gld.ama.com.au/news/4BC-Transcript-Apr11)

### **PUBLIC HOSPITAL REPORT CARD 2022**



The AMA's *Public Hospital Report Card* showed that one in three Queenslanders who need urgent emergency department (ED) care are not seen within the recommended 30 minutes, and Queenslanders wait longer for elective surgery, with a median 42 days wait compared to Victoria's 28.

Overall, the Report Card gave Queensland a fail in five out of six measures, showing no improvements in ED waiting times, no improvements in elective surgery waits, and no improvement in Commonwealth funding for public hospitals.

It showed a slide in the number of hospital beds relative to Australia's ageing population – 30 years ago, we had 30 public hospital beds per 1,000 people over the age of 65, now we have fewer than 15 and our population is ageing.

In December 2021, the AMA Queensland Ramping Roundtable released a five-point action plan, including 1,500 more hospital beds and keeping hospitals operating at below 90 per cent capacity to allow for surges.

You can read the Report Card at [ama.com.au](https://ama.com.au) and the Ramping Roundtable action plan at [gld.ama.com.au/advocacy/ramping-roundtable-action-plan](https://gld.ama.com.au/advocacy/ramping-roundtable-action-plan).

### **MOCA 6 BARGAINING**

Our industrial relations partner, ASMOFQ (Australian Salaried Medical Officers' Federation Queensland), has spent numerous days in the Queensland Industrial Relations Commission (QIRC) over the past few weeks with multiple hearings and conferences, and has been meeting with Queensland Health to negotiate a new Medical Officers' Certified Agreement (MOCA 6).



Matters underway include appropriate payment of the standby allowance to doctors working at rural hospitals in West Moreton Hospital and Health Service, appropriate payment of the ED25 allowance to all eligible SMOs, and representing interns at Townsville Hospital in relation to remuneration. ASMOFQ has also attended two conferences on behalf of an individual member, and appeared in the QIRC again on Friday 8 April advocating for Mt Isa Hospital doctors.

ASMOFQ representatives have had several meetings with Queensland Health as part of the MOCA 6 negotiations, submitting the initial log of claims and tabling it at a meeting on Monday 21 March.

Read more at [gld.ama.com.au/news/ASMOFQ/Update\\_Mar-Apr22](https://gld.ama.com.au/news/ASMOFQ/Update_Mar-Apr22)

## STRONG OPPOSITION TO NQ PHARMACY TRIAL



We are continuing our fight against the Queensland Government's North Queensland pharmacy trial, which would dramatically expand the role of pharmacists in diagnosing and treating a range of potentially serious health conditions.

More than 1,300 doctors responded to our survey in March, with 96 per cent saying the trial should not go ahead due to concerns about patient safety, over-prescribing, fragmentation of care and medico-legal issues.

More than 20 per cent of GPs reported seeing patient complications from the urinary tract infection (UTI) prescribing trial that the North Queensland pilot is based on, including misdiagnoses and prolonged infections from incorrect antibiotics.

We have stepped up our calls for the evaluation of the UTI trial to be released publicly and have written to the Queensland University of Technology's ethics committee seeking advice on

QUT's role in managing the implementation and evaluation of the trial.

We will be releasing full details of the survey results in coming weeks. If you took part in the survey and provided contact details, you will be receiving a call or email soon.

Read our media statement here [qld.ama.com.au/news/UTItrialSurvey](https://qld.ama.com.au/news/UTItrialSurvey)

Visit our campaign page here [qld.ama.com.au/Stop-NQ-Pharmacy-Trial](https://qld.ama.com.au/Stop-NQ-Pharmacy-Trial)

## WORKPLACE RELATIONS SUPPORT

Are you interested in brushing up on your workplace relations knowledge from the comfort of your desk? The AMA Queensland Workplace Relations Team's 2022 webinar training series allows you to enhance your knowledge of topical issues by logging into the live webinars or listening to a recording in your own time. Read more at [qld.ama.com.au/events/WR-webinar-series](https://qld.ama.com.au/events/WR-webinar-series).

We are also running a *Private Practice Seminar Series* covering Risky Business topics – payroll tax, service agreements and much more. We are working with our Corporate Partners and LMAs all over Queensland to present the best speakers and panellists to address your local issues.

Read more at [qld.ama.com.au/events/private-practice-seminar-series](https://qld.ama.com.au/events/private-practice-seminar-series)

Contact our Workplace Relations team at [workplacerelations@amaq.com.au](mailto:workplacerelations@amaq.com.au) or on 07 3872 2211 for any inquiries.

## AMA QUEENSLAND AGM AND ELECTIONS

AMA Queensland congratulates Dr Nick Yim on his election unopposed as state Vice President. Dr Yim, a Hervey Bay GP and former pharmacist, will take up his term following the AMA Queensland AGM on 27 May 2022.

Polls open on 9 May for the positions of President, Member Elected Board Directors and Greater Brisbane Area Council Representatives. Voting is voluntary, however we strongly encourage you to have your say.

## AMA QUEENSLAND FOUNDATION CHARITY EVENT



The AMA Queensland Foundation is holding its first Charity Dinner to celebrate the incredible work of the Foundation, its donors and the organisations it supports on Friday, 20 May 2022 from 6.30pm at Waters Edge, Portside.

The Dinner will highlight how the Foundation has made an impact in previous years and what the future holds, with presentations from the Foundation Chair, scholarship recipients, a silent auction, raffle and much more.

Limited tickets are available at [qld.ama.com.au/events/AMA-Queensland-Foundation-Charity-Event](https://qld.ama.com.au/events/AMA-Queensland-Foundation-Charity-Event)

The Foundation is building on its support for flood-affected Queenslanders by launching a fundraiser to provide up to \$50,000 in assistance grants to patients, doctors and medical practices.

It will match donations dollar for dollar up to the value of \$25,000 until Monday 2 May.

Patients, doctors and medical practices can apply for a 2022 Flood Assistance Grant. Find out more at [qld.ama.com.au/latest-news/flood-assistance-grants-fundraiser](https://qld.ama.com.au/latest-news/flood-assistance-grants-fundraiser)

## AMA QUEENSLAND SCORECARD Q1



The AMA Queensland Scorecard outlines our key achievements and results delivered in the first quarter of 2022. Our results demonstrate our extensive work to support and advance the medical profession in Queensland.

We had more than 2,700 member engagements, reached an accumulated media audience in excess of 15.8 million and delivered complex policy advocacy that achieved positive change.

Take a look at our full results below. We are proud to be leading Queensland doctors and creating better health outcomes for our community.

Read the scorecard in full [qld.ama.com.au/scorecard-Q1-2022](https://qld.ama.com.au/scorecard-Q1-2022)

### JOIN AMA QUEENSLAND

AMA Queensland is working for you.

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**MJA**

The Medical Journal of Australia

Media Release

## **COVID VACCINES: TIME FOR AUSTRALIAN MANUFACTURING TO STEP UP**

AUSTRALIA “could and should” set itself up to supply not only itself but the region with all future vaccine and essential drug needs, according to the authors of a Perspective published today by the Medical Journal of Australia.

Professor Martin Hensher, the Henry Baldwin Professorial Research Fellow in Health System Sustainability at the Menzies Institute for Medical Research, and Mrs Sithara Wannan Arachchige Dona, an Associate Research Fellow at Deakin University, wrote that such a move would be “an enduring and positive legacy of COVID-19, and one that appropriately honours the scientific achievements the pandemic has brought forth”.

One of the consequences of the COVID-19 pandemic has been the rapid development and distribution of vaccines. With only a few corporations controlling those vaccines and their supply, Hensher and Dona identified some “emerging concerns”.

“What are the economic consequences of limited, monopolistic or (strictly) oligopolistic supply of vaccines by only a few firms in a ‘captive market’, in which not only must vaccination be repeated periodically but individuals may also face mandatory vaccination requirements?” they asked.

“Australia and other high and middle-income nations are currently at grave risk of remaining hostage to a market captured by a small number of manufacturers.

“Vaccine mandates (ie, mandatory vaccination requirements to allow participation in employment or other social and economic activities) introduce a level of compulsion to the demand for vaccines which is rarely encountered in other medical interventions.

“We find ourselves in a situation of potentially open-ended clinical need for vaccine boosters, which might become amplified by state-enforced, mandatory requirements for repeated vaccination for large populations in some jurisdictions, while low income countries still struggle to make meaningful progress towards initial vaccination.”

Hensher and Dona made some suggestions for actions the Australian Government could, and should, take to combat the downsides of vaccine oligopolies.

“The Australian Government must ‘squeeze every drop’ of vaccine value from existing contracts and insist on executing mechanisms to redistribute unused or unneeded capacity to lower income nations,” they wrote.

“Australia should lead a coalition of high and lower income governments to create an environment in which manufacturers must increasingly choose between working as partners in jointly owned public and private missions or as monopolistic adversaries bearing consequential risks.

“Australia should vigorously drive an Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver to open up all vaccine intellectual property as the most desirable outcome in the short term.

“Urgent government financing and infrastructure support for new vaccine development by not-for-profit operations, and the establishment or expansion of more publicly owned, not-for-profit manufacturers, such as mRNA Victoria [is critical],” they wrote.

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## **COVID VACCINES: TIME FOR AUSTRALIAN MANUFACTURING TO STEP UP**

*Continued from Page 14*

"The expansion in manufacturing capacity required to meet a protracted COVID-19 threat offers an extraordinary opportunity to establish stronger essential vaccine and pharmaceutical capabilities throughout the world, under public, not-for-profit ownership, for all major diseases, not just COVID-19.

"A distributed, locally owned manufacturing system will build not only stronger local technical capability but also much greater resilience in a world of climate-disrupted supply chains.

"Indeed, Australia could and should set itself the mission of being able to supply our region's vaccine and essential drug needs for the future. It would be an enduring and positive legacy of COVID-19, and one that appropriately honours the scientific achievements the pandemic has brought forth," Hensher and Dona concluded.

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

**Please remember to credit *The MJA*.**

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**AMA SAYS URGENT CARE CENTRES NOT SOLUTION TO AUSTRALIA’S HEALTH CRISIS**

The Australian Medical Association (AMA) is unconvinced by Labor’s plan to develop 50 urgent care centres because they will not tackle the major problems facing Australia’s health system.

“These centres will do little to relieve the hospital logjam, will further fragment care and will unfairly compete with nearby general practices which, without this government funding, will not be able to keep their doors open after hours.”

AMA President Dr Omar Khorshid said the plan acknowledges the costs faced by general practices in opening after hours but instead of enabling thousands of practices across the country to improve their offering to patients, it focusses on only 50 practices, using a model reminiscent of the failed Rudd era GP Super Clinics.

“Medicare reform is urgently needed to enable general practices to deliver the primary care that our patients need. Rather than piecemeal announcements, both major political parties need to tackle the real issues facing our health system and a commitment to properly funding the Government’s 10 Year Primary Health Care Plan implementation would be a good start.”

“The AMA is yet to see a real vision for the health system from any of the major parties – all we have seen so far are short-term suggestions aimed at winning an election.”

The AMA today launched the [Modernise Medicare](#) campaign that highlights key reforms that are required to ensure general practice has a strong future. The ideas in this campaign are broadly supported across general practice, yet the Coalition has failed to provide any funding for these reforms despite previous assurances.

Dr Khorshid said that the Federal Government’s recent launch of the 10 Year Primary Health Care Plan was welcome, but a plan without funding is little more than a few pieces of paper.

“Many of the key reforms outlined in the AMA’s [Framework for Primary Care](#) are yet to be included in policy platforms and are further options that must be considered by the incoming government.

“If Labor wants to improve access to after-hours care for Australians, an obvious step would be to amend the definition of ‘after hours’ to commence at 6pm on weekdays and 12 noon on a Saturday. This will increase the Medicare rebate for Australians accessing these services and therefore reduce out of pocket costs. This is just one of the reforms proposed by our Modernise Medicare campaign.

“The AMA wants a genuine conversation on the future of Australia’s health system. We have provided costed plans that will deliver real improvements to health outcomes while ensuring we have the capacity to respond as our health needs change in coming years. We are yet to see any party join this conversation.”

13 April 2022

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# Will Sanity Prevail?

## By Dr Mal Mohanlal

Has the world gone crazy? Have we lost all our common sense and ethical approach in our social dealings? Have our perceptions become so distorted that we cannot think rationally?

There is a war going on between Russia and Ukraine. It can only mean death, destruction and devastation in Ukraine. No country in the world wants to fight a World War III.

So the rest of the world is playing a spectator role. We know that Russia is a big powerful country. It is beating the daylight out of its little brother. Since the rest of the world is not prepared to defend Ukraine physically, what advice should we be giving its leaders?

It is clear Russia has got the tiger by the tail. Right or wrong, I cannot see it back down. I fear for the people of Ukraine. Common sense tells us they should stop fighting and negotiate a peace deal.

One has to face reality. It is not a perfect world, and we have to learn to compromise on living in peace and harmony. There is no point in trying to be a hero. If this fight continues, it will only destroy a beautiful country and its people, where there will be no country left to defend. A dead hero is no use to anyone, but a live hero may live to fight another day.

So what advice we should be giving its leaders? Should we encourage its leaders to continue the fight by supplying more arms and ammunition? Please do not get distracted by the rights and wrongs of this issue. It can only become a pretext to fight a war. War is the result of an ultimate breakdown in communication. If we are not careful and do not become aware of how we think, it can quickly become our path to self-destruction.

Please understand that we live in a hypnotic world. When we think we are hypnotizing ourselves. The words, not their meaning, directly affect our subconscious mind. I want people to become aware that we do not talk ourselves into fighting another war.

Please read “The Enchanted Time Traveller – A Book of Self-Knowledge and The Subconscious Mind” to discover how to manipulate your subconscious mind to make yourself happy. Website: <https://theenchantedtimetraveller.com.au>. EBook is available at Amazon.com.



## AMA'S PLAN TO MODERNISE MEDICARE LAUNCHED

AMA says reforming general practice to support changing medical care needs of Australians over next decades must be a priority. The AMA today launched a new plan calling for the major political parties to commit to creating a "Modern Medicare", to address the urgent need for reform and investment in Australia's general practices. AMA President Dr Omar Khorshid said it was time the Government recognised the pressure Australia's GPs were under to keep healthcare affordable and accessible, with Medicare funding arrangements now out of date – made worse by inadequate indexation of the Medicare rebate and a previous Medicare freeze. "Doctors working in general practice have been forced time and time again to wear the brunt of these real cuts to Medicare," Dr Khorshid said. "GPs have not received the support they deserve or need from successive Governments. The health care needs of patients have become much more complex as the population has aged yet Medicare is stuck in the 1980s. We need serious reform to put general practice on a more sustainable footing, capable of delivering the type of care that many patients now need," he said. Dr Khorshid said the AMA's plan for a Modern Medicare would improve health care at a primary care level for Australians.

He said a Modern Medicare would make general practice sustainable and was focused around three key themes - "more care," "more time" and "more health," with each theme comprising specific, costed policies to:

- Introduce the medical home model to bolster coordinated, patient centred care, encouraging patients to register with a 'medical home/clinic' to have continuity of care and allied health care under one roof.
- Increase the time available to patients to spend with their GP to address complex healthcare concerns.
- Encourage the provision of more GP services into after-hours.
- Expand the number of nurse and allied health services available in general practices/medical homes.
- Bolster the GP care provided to aged care residents.
- Create a wound consumables scheme, saving patients time and money.
- Evolve our GP training program to make general practice more appealing to the next generation of doctors. Dr Khorshid said GPs provided all the care needed for around 90 percent of problems patients have and referred to other specialists and healthcare practitioners where needed. "GPs provide care from birth to death, and everything in between – physical

and mental. They provide high quality care which is cost effective and save significant downstream costs in our health system by helping to keep people healthy and out of hospital. "The Government's long-awaited Primary Health Care 10 Year Plan, combined with the promised \$448.5 million investment to support reform was to change that – but all the last Budget delivered was a grand vision with no funding," Dr Khorshid said.

"This plan highlights the need for change and the investment which is required to build a primary care system for the future," said AMA Vice-President and GP Dr Chris Moy. "Technology has advanced – we have new treatments, personalised medicine, hospital-in-the-home, telehealth, and remote monitoring. "Our healthcare needs have also changed. We are an older society, with more chronic diseases and more complex healthcare requirements. Now more than ever, patients need to be able to spend time with their GP to ensure their health conditions are properly assessed and treated. "We can improve on our already world class primary care system by encouraging every Australian to have a 'medical home' where they enrol with their usual general practice. This will support patients to develop a long-term relationship with their GP, which we know results in patients living longer and healthier lives.

"We can ensure patients experience coordinated, integrated care via their general practice, with more allied services delivered under the one roof, more access to care after-hours, subsidised wound care for patients with hard to heal wounds and longer consults," Dr Moy said. The AMA's detailed and costed plan, posters for practices, and a range of video resources highlighting the benefits of modernising Medicare for patients are available on the website, and the campaign will run right up to election day. "We've seen poll after poll indicate that health is a top priority for voters, and the pandemic has shown us that health is the best investment that Governments can make. Now is the time to invest in the AMA's plan for a Modern Medicare," said Dr Khorshid.

For more information, visit <https://www.ama.com.au/modernise-medicare> Media Doorstop: Dr Khorshid will hold a doorstop at 12 noon AEDT/10am WST today at the AMA WA office, 14 Stirling Highway, Nedlands, Perth.

13 April 2022 CONTACT:

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## *Where We Work and Live*

***Vietnam: Gail MacDonell, Families of Veterans***  
<https://anzacportal.dva.gov.au/resources> ***Gail MacDonell, Families of Veterans, Department of Veteran Affairs***

### **Gail MacDonell, Families of Veterans, Department of Veterans Affairs**

Gail married a recently returned Vietnam Veteran who many years later was hospitalised by post-traumatic stress disorder. Frustrated by a lack of recognition of what she had found to be a common experience of veteran's families, Gail returned to university to research the problem, attaining a PhD in Psychology. In 1970, when Gail met Robert MacDonell, she was immediately taken with this newly-returned soldier from the Vietnam War.

"I was very naïve, so when I met someone like Robert who was wild and been away to war and all that, it was kind of, "Wow!" Yeah. Rode a bike, had a tattoo, that kind of thing, yeah."

But after they married and had children, it became clear that Robert's experiences of war had left him with extreme PTSD. "He just kind of cracked one day and thought he was back in Vietnam. He was out in the backyard with a rifle, shooting, then he came inside. And I got, I actually got one gun off him. Actually, it whizzed straight past my son's head like that. I thought... actually when I opened my eyes after the sound I thought my son's head was blown off. That's what I'd seen, because that's what I expected to see. But I got that gun off him, forgetting that he had a high-powered .303 or something. So that turned into a siege and they had the Sydney Riot Squad and everybody else up and the Salvos.

He just went to sleep, woke up and thought, 'Oh, something's wrong.' So we tried to get him help then and the department or the powers-that-be said, 'No, he just had a little too much to drink.' And they gave him something for his knee that he'd hurt in Vietnam. So we just went along with that until the mid-nineties when he really cracked.

He never remembers numbers and full names or things like that, and he was coming back from Newcastle for something and he actually said to me, 'This is the number I need to ring, I think I need help really badly.' And it wasn't long after that that he really cracked and he ended up in St John of God and he was there, basically off and on, for nearly two years."

Gail gathered together other veterans' wives to share experiences and quickly discovered how



***Gail MacDonell, Families of Veterans, Department of Veteran Affairs***

much they had in common. But it was hard to convince others.

"And when I was asked to go on a National Mental Health Forum for Veterans, I started to say this, you know, look this is what's happening and they just said, 'Well, we don't have any data to support what you're saying.' And I said, 'But there are things from overseas.' and they said, 'Oh, that's from overseas, that's why. It's not Australian.'

So that's why I went back to uni and started my undergrad and then my honours. And then I thought 'Right, OK, stuff it; I'm going to do some research.' So I started my PHD, and now I've got publications and they can't say that they haven't got the data. I often talk about; I put two globes, and put a foot in each world. You're in two different worlds, and trying to adapt from one world to the other.

I think it's really very hard. So I think that we can try and understand what they went through, but I think the important thing is to support whatever it is that happened to them and just be kind and gentle and loving, and try and do the best thing that you can. Because I know with the people that I work with on a regular basis. I think I'd be madder than I already am if I tried to understand everything that they went through."

The End



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