



RDMA's Newsletter

Newsletter April 2023

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RDMA's President Report Dr Kimberley Bondeson

Greetings to everyone, I hope you all enjoyed a lovely Easter Weekend!

The weather on the Redcliffe Peninsular was warm and lovely.

I would like to pay tribute to one of RDMA's founding members, Dr Peter Marendy, who at the age of 90years old, has finally retired from General Practice.

Dr Marendy has greatly contributed to the Redcliffe Community, and will be missed by his patients. Well done, Peter, for your contribution to our community and your care for your patients! I hope you don't get too bored in your retirement.

There is a nursing home crisis in Australia at the moment, caused by a shortage of staff and funding. There was a Royal Commission into Aged Care of which recommendations are to be implemented by October 2023.

The main recommendations which have come out of this Royal Commission is the requirement for a Registered Nurse to be on site for 24 hours a day, 7 days a week, and that each resident of an Aged Care Facility must receive 200 minutes of nursing care a day, of which 40 minutes must be by a Registered Nurse.

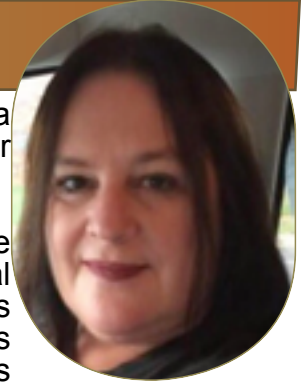
It is reported that 7 out of 10 nursing homes cannot afford to meet this requirement, with the Wesley Mission in Sydney closing 3 of its nursing homes (200 residents) recently.

WA Bridgewater Care Group in Western Australia (Perth) is also closing 3 of its care centers (70 residents across the 3 facilities) for the same reasons, and many others will follow.

According to the Wesley Mission (9 News, 14/4/23), they are currently running at \$27.00 a day losses per resident, which in one of

their facilities equates to a \$1,000,000 deficit per year per facility.

These closures are devastating to the local communities. It appears that it is the smaller facilities which are experiencing this financial stress and lack of nursing staff.



This is worrisome, as most regional and smaller towns' aged care facilities are small. If this trend continues, then the most affected communities will be the smaller towns and regional areas that will be completely left without an Aged Care Facility.

The Payroll Tax being imposed on General Practitioner's surgeries is now spreading to the Northern Territory.

Onto some more relaxing topics.

Coming up we have an ASADA (Australia Senior Active Doctors Association) Dinner Meeting on the 19th May, 2023, held at the Brisbane Club.

And on the following Friday, the 26th May is the "Dinner for the Profession" held at Customs House.

I hope to see you there!

Kimberley Bondeson

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.

RDMA 2023 MEETING DATES:

For all queries contact 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 Meeting

Tuesday	February	21st
Wednesday	March	29th
✓ Wednesday	April	26th
Tuesday	May	30th
Wednesday	June	28th
Tuesday	July	25th
Wednesday	August	30th
Tuesday	September	26th
ANNUAL GENERAL MEETING AGM		
Wednesday	October	25th
NETWORKING MEETING		
Friday	November	17 or 24th TBC

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

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The team behind your result



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Australian Government announces critical and long-awaited \$220m funding into general practice, but investment must come with equitable access for rural and Indigenous communities

20th April 2023

The Australian Medical Students' Association (AMSA) strongly supports the Government's \$220m funding into general practice grants for digital health and infection prevention, but warns that without accessibility measures for Aboriginal Community Controlled Health Organisations (ACCHOs) and rural and remote GPs, the funding may only serve to widen current health disparities.

"With rural and remote communities continuing to face the greatest deficits in access to quality and longitudinal primary healthcare across Australia, it is imperative that any funding in the sector comprehensively addresses their needs," said Khue Le, Chair of AMSA Rural.

"Despite the desire, modernising general practice continues to be financially untenable in many rural and remote locations due to chronic funding deficits, resulting in rural communities facing under-resourced and ageing medical facilities or being forced to endure extensive travel and wait time as rural clinics continue to close down," added Ms Le.

"The \$220m investment in general practice will be a critical opportunity for rural primary care centres to optimise their digital capabilities including telehealth models which allow patients to access comprehensive care and integration with specialist and allied health services," said Oliver Little, Vice Chair External of AMSA Rural.

"Access to new technologies including point of care ultrasounds, as well as clinical management software such as digital referrals, results and communication with other health services will ensure improved access to diagnostics, patient follow up, and multidisciplinary care whilst reducing the financial burden on rural practices and communities," added Mr Little.

"AMSA strongly urges the Department of Health to consult with stakeholders in rural and Aboriginal and Torres Strait Islander health to develop a grant application process that is accessible and equitable for rural practices and Aboriginal Community Controlled Health Organisations (ACCHOs)," said Tish Sivagnanan, President of AMSA.

AMSA is the peak representative body for Australia's 18,000 medical students. AMSA Rural represents rural origin students, rural clinical school students and advocates on equitable and accessibility health outcomes regional, rural and remote communities across Australia.

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NEXT RDMA MEETING DUE 26TH APRIL 2023

Introductions:

Kimberley Bondeson introduced Sponsors Mayne Pharma represented by Representative Nikki Ewin

Speaker

Dr Caroline Harvey MBBS, (Hons) MPM MPH Grad Dip Sexology DRANZCOG FRACGP

Topic

Whats Next in Contraception.

Photo Below Clockwise:

Mayne Pharma Representative Nikki Ewin and

Speaker Dr Caroline Harvey.

Photo 2:

Dr Maria Boulton AMAQ President,

New Member Dr Erica Gannon, Caboolture Emergency Department Consultant and

Dr Geoffrey Hawson ASADA President.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 26th April 2023

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
	7:35pm	Sponsors: Bayer Represented by: Kate Ziebell
	7:40pm	Speaker: Dr Yong Wee – Cardiologist TPCCH and Latona Cardiology, Sunnybank Topic: Evolving Cardiovascular Risk: Your Patient's Past, Present and Future. An interactive case based discussion. Main Meal served (during presentation)
	8:20pm	Q&A
	8:30pm	Great Moments/Discoveries in Medicine
	8:40pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 21st April 2023

(e) RDMA@qml.com.au or 0466 480 315

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Information for GPs

What is The BUMP Study?

Research suggests that women who have had bariatric surgery have an increased risk of vitamin and mineral deficiencies, preterm birth and have smaller babies. These outcomes have lifelong impacts on the wellbeing of both mother and child.

The BUMP Study is an observational study investigating how dietary intake and micronutrient supplements consumed during pregnancy influence these risks. This may help inform healthcare that improves outcomes for pregnant women with a history of bariatric surgery and their babies.

Who is eligible for The BUMP Study?

Pregnant women with a history of bariatric surgery (such as gastric sleeve, gastric bypass or gastric band) giving birth at a recruiting hospital. We are hoping to recruit women **at or before 22 weeks gestation**.

Recruiting hospitals include the Royal Brisbane Women's Hospital, Redcliffe Hospital, Caboolture Hospital, Logan Hospital and Mackay Base Hospital.

What do participants in The BUMP Study need to do?

Women who consent to participate in the study will complete some surveys online and record their eating and drinking throughout pregnancy. Women are compensated by entering the draw to win a Coles/Myer gift card.

This study has received ethical approval from the Metro North Health HREC B.

How can I help support The BUMP Study?

1. Discuss The BUMP Study with pregnant women who have a history of bariatric surgery. Women can **express interest in participating in the study online** by following the link below:



tinyurl.com/TheBUMPStudy

2. Distribute The BUMP Study poster throughout waiting areas in antenatal waiting areas or include in patient information packs.
3. Discuss The BUMP Study with colleagues.

Where can I get more information?

Contact Taylor Guthrie, (07) 3346 5017 or taylor.guthrie@health.qld.gov.au



AMA welcomes Government's delivery of \$220 million General Practice Grants

Thursday, 20 April 2023

The AMA welcomes the federal government's announcement today that GPs will soon be able to apply for grants under the \$220 million Strengthening Medicare – General Practice Grants Program. AMA President Professor Steve Robson said the AMA welcomed the next stage in the previously announced Labor Party election commitment to provide grants of up to \$50,000 for GPs to upgrade their digital health capability, upgrade infection and control arrangements and meet accreditation standards.

“We will be encouraging our GP members to closely look at the opportunities provided by the grants and apply if they believe they can assist them in helping meet the needs of their patients,” Professor Robson said. Professor Robson thanked the government for delivering on the election commitment and said all eyes were now on the federal budget on Tuesday 9 May and announcements to improve patient access to GPs and make primary care more affordable for patients.

The government had previously set aside \$750 million for its Strengthening Medicare Fund to be spent over three years. “Today's announcement on grants is a welcome first step in securing the longer-term funding increases needed for general practice and we thank the government for them,” Professor Robson said. “We now turn our focus to next month's budget to see concrete measures to boost general practice, which is the cornerstone of our national healthcare system.

“The AMA is calling for additional, targeted investment in Medicare to improve access to GPs or our most vulnerable communities. “Proper investment in primary care and general practice would improve the health, security and well-being of all Australians. We are looking forward to the federal government delivering in this budget what the nation desperately needs — that is decent health services, starting with general practice.”

Contact: AMA Media: +61 427 209 753 | media@ama.com.au, Follow the AMA Media on Twitter: twitter.com/ama_media
Follow the AMA President on Twitter: twitter.com/amapresident. Like the AMA on Facebook facebook.com/AustralianMedicalAssociation

2023 Senior Active Doctors Conference

AMA Queensland will be hosting the Senior Active Doctors Conference this year, held in conjunction with the AMA Qld Senior Doctor Craft Group and ASADA. This will be a one-day event held on

Saturday, 19th August 2023
Water's Edge, Portside Wharf, Hamilton, Brisbane.

The venue is a short drive from Brisbane airport. There are accommodation options nearby at Portside, Ascot and Hamilton. More information will be become available on the events page of AMA Queensland.

<https://www.ama.com.au/qld/events>

Ass Prof Geoffrey Hawson
AMA Qld Council Senior Doctor Craft Group Representative
President Australian Senior Active Doctors Association Inc. <https://asada.asn.au>

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SOFT TISSUE INJURIES – NOT AS SIMPLE AS R.I.C.E

RICE (rest, ice, compression, elevation) is a common method to treat soft tissue injuries.

But as our understanding of soft tissue injuries like contusions, muscle strains, and ligament sprains progress, the RICE method may not be as ideal for healing and long-term recovery.

A new approach is a two-stage method involving PEACE and LOVE...



REFERRALS VIA
MEDICAL OBJECTS, FAX,
OR PHONE

SCAN THE QR CODE FOR
MORE INFORMATION

(Dubois & Esculier, 2019)
(Doherty C, Bleakley C, Delahunt E, et al., 2017)

THE PEACE PROCESS

P – PROTECT

Doing movements and activities that aggravate pain should be avoided to allow the initial healing stages to occur.

A – AVOID ANTI-INFLAMMATORIES

Reducing inflammation in initial stages of injury through medications (i.e. ibuprofen or diclofenac) can negatively influence tissue healing.

E – EDUCATION

Take an active approach to recovery rather than rely on passive treatments such as massage or acupuncture as "quick fixes".

E – ELEVATE

Elevation of the affected body part above the heart level is beneficial for reducing excess swelling.

C – COMPRESSION

Compression through taping or compression garments can help reduce excess swelling.

THE LOVE PROCESS

L – LOAD

Taking an active approach to return to normal movement and function using pain as a guide. It is necessary for those ligaments to be put on tension to allow them to regenerate and become stronger.

V – VASCULARISATION

Pain-free cardiovascular exercise should start as soon as possible. Is is great for overall well-being and it boosts blood flow to injured tissues promoting faster recovery.

O – OPTIMISM

Mental health plays a part in recovery, i.e. poor mental health may lead to a longer time to recovery.

E – EXERCISE

Exercise of any type: strength, mobility and cardiovascular should be started as soon as pain limits allow, and healing time frames have been respected throughout the PEACE and LOVE process.

The South Asian Genes and Health in Australia (SAGHA) Study Information Sheet

Heart disease is more common in South Asians:

Heart disease is the leading cause of death in Australia and the world. If you are South Asian, your **risk of heart disease is double that of the average Australian.**

The need for more research in South Asian populations:

We don't know why South Asians are at higher risk for heart disease. Our **DNA** (or genetics) may hold important clues to this. But there are very few studies done on DNA and heart disease in South Asians. More research on South Asians will help us to reduce heart disease in this population.



Figure 2. Although South Asians make up around 23% of the world's population, only 1.3% of genetic study participants are South Asian. Image from ourhealth.org

Before we do this research, we need to understand what things prevent South Asian Australians from taking part in research studies.

What is the SAGHA study about?

We want to support more South Asians in Australia to take part in health and genetic research, as this will help improve the health of future generations of South Asians living in Australia. To do this, we will:

1. Have discussions with South Asian community members in Australia to understand what things may stop them from taking part in health and genetic research.
2. Develop guidelines for doing health and genetic research that are respectful of South Asian culture.
3. Assess heart disease risk in 200 South Asians living in Queensland. This will involve collecting a DNA sample and information on their health

Who can join? Anyone of South Asian ancestry (with ancestral origins from India, Pakistan, Bangladesh or Sri Lanka) who are aged 18 or over, and are alive and living in Queensland, Australia can take part. You can choose to take part in the first stage of the study (Focus Group discussions), or second stage (genetic study to assess your heart disease risk), or you may take part in both stages.

Why join our study?

You will help improve the health of future generations of South Asians living in Australia.

Who is funding and sponsoring this study:

This study is funded by the Australian Government Medical Research Future Fund and The University of Queensland is the sponsor. The study is led by Dr Sonia Shah, a heart disease genetics researcher at the Institute for Molecular Bioscience, University of Queensland.

For further information please contact us at sagha@uq.edu.au

PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

Stability and consistency are so important in presenting a united voice for our profession to government, members, the community and the media. We are humbled and pleased to let you know that Dr Maria Boulton and Dr Nick Yim have been re-elected unopposed as President and Vice President of AMA Queensland. We are grateful for the confidence our members have shown in the leadership over the past year, and we will continue to work hard for our members, the entire profession, and the community.

DRUG LAW REFORM

The Queensland parliament has passed amendments to expand the police diversion scheme for cannabis to all other drugs, meaning people found with small amounts of drugs are diverted to education and treatment instead of facing criminal charges.

This move is strongly supported by the Queensland Police Service. It is expected to divert 17,000 people from the police and legal system in its first year as part of an evidence-based, health-focused approach to minor personal drug use.

AMA Queensland has been calling for this change since our drug reform roundtable in July 2021 as a sensible step to harm reduction.

In our submission, we called for any savings realised by criminal justice agencies from these changes to be reallocated to Queensland Health for GP and community alcohol and other drug treatment services.

It is critical that our already swamped diversion services are properly resourced to treat this influx of new clients.

Read more at ama.com.au/qld/news/pass-drug-reform



MENTAL HEALTH AND WELLBEING

The Queensland parliament has passed new laws to make Hospitals and Health Services (HHSs) and their boards responsible for staff wellbeing and for promoting cultures that support health, safety and wellbeing.

This was a major focus of last November's Queensland Health Workforce and Wellbeing Summit, also held as a direct result of our advocacy.

Our *Resident Hospital Health Check* found 28 per cent of junior doctors felt unsafe at work, and 58 per cent were concerned about making a clinical error due to fatigue related to long works hours. Fewer than half were satisfied with the hospital facilities and the quality of formal teaching and training.

Making HHS boards directly accountable for fixing these cultural and systematic issues will help us retain our medical and healthcare workforces into the future. Read more at ama.com.au/qld/news/Wellbeing-laws-pass

Continued Page 12

PAYROLL TAX

Payroll tax amnesty for contracted general practitioners

This month has seen yet another jurisdiction – the ACT – start auditing GPs for payroll tax purposes following the Thomas and Naaz ruling in the New South Wales Civil and Administrative Tribunal.

Queensland is the only state or territory so far to offer an amnesty to GPs from this unfair tax. AMA Queensland won this amnesty through our dogged

campaigning and persistent approaches to the state government, and the bravery of our members who spoke out publicly about how this tax would hurt their patients and their practices.

We urge all practices to seek appropriate legal, accounting and other professional advice on the amnesty and individual business implications as soon as possible.

Expressions of interest for the amnesty are due by 29 September 2023. Go to the [Queensland Doctors Community](#) section at ama/qld.com.au for more information.

We continue to fight against this new interpretation of the existing law, which threatens to force practices to the wall and make primary care increasingly less accessible to the community.

BULK BILLING

The federal government's independent review of the Medicare Benefits Schedule (MBS) cleared GPs of rorting and blamed wastage on billing errors due to the scheme's complexity.

We have been calling for the MBS to be simplified and clear ruling provided to doctors for many years. There are more than 6,000 individual items and new numbers were added and removed during COVID, making the system difficult to navigate.

A University of Sydney study also found doctors are more likely to underbill Medicare for fear of falling foul of the law. At the same time, GPs cannot afford to bulk bill. The rebates have not kept pace with inflation for decades and go nowhere near the cost of providing quality healthcare while also managing small business costs.

We look forward to seeing action in the May 9 federal budget to address these fundamental problems.

We also encourage practices to apply for the new \$25,000 to \$50,000 grants offered under the Australian Government's Strengthening Medicare - General Practice Grants Program.

PHNs and NACCHO will be sending letters directly to general practices inviting their participation in coming weeks – keep your eyes out.

AGM AND DINNER FOR THE PROFESSION

Join us at our AGM on 26 May at Customs House Brisbane and stay on for our annual Dinner for the Profession. We have a Gatsby theme this year with a 20s-styled band and dancers.

Health Minister Yvette D'Ath will speak ahead of the state budget. This is an opportunity to celebrate outstanding colleagues for their contribution to the profession, mingle with old friends and start new networks, and meet the AMA leadership team for the next year!

Registration for the AGM is free and tables are selling fast for the Dinner for the Profession.

You can register at ama.com.au/qld/events/DFPAGM



PHARMACY PRESCRIBING



The New South Wales urinary tract infection (UTI) pharmacy prescribing trial is on hold due to delays in securing ethics approval for the program. It was due to commence on 1 April but pharmacists have been advised not to dispense any UTI antibiotics without a GP prescription until the researchers developing the protocols advise further.

We hope this means the University of Newcastle-led consortium is developing robust patient protections and reporting mechanisms that were absent in the QUT-managed Queensland pilot.

We know the Queensland pilot harmed women, but there were no mechanisms for doctors or patients to report adverse outcomes.

We have been advised that doctors and patients can make individual complaints about pharmacists to the Office of the Health Ombudsman (OHO) about episodes of harm.

While we may be uncomfortable with reporting individual pharmacists for what is a systemic failure, we encourage doctors and patients to take that action to protect our community from harms from future expansions of this dangerous experiment.

The national *Australian Doctor* publication is so concerned about the proposed North Queensland pharmacy pilot that it has launched a survey of all doctors. Go to ausdoc.com.au to have your say.

MATERNITY SERVICES

As it often happens in our membership organisation, the advocacy we provide to members of one region can have positive flow-on effects for members across the state.

We've been actively working with our Central Queensland members and the state government to restore maternity services in Gladstone since the unit was put on bypass in July last year, knowing many other regional services are also understaffed and hanging on by a thread.

In direct response to our sustained pressure both behind the scenes and in front of media, Queensland Health has developed short-term initiatives to alleviate obstetrics and gynaecology workforce shortages across Queensland, including:

- a Medical Maternity Working Group to focus on workforce shortages
- flexible employment models that will enable doctors with advanced obstetrics skills to work in public hospital maternity units, and
- award incentives, including locum equivalent rates, for Queensland Health employed and credentialed medical practitioners to support short-term rotational deployments to regional Queensland Health maternity services.

We are pleased to see Queensland Health is acting on our advice and encourage any members with O&G qualifications to register their interest in participating in these initiatives, including GP obstetricians.

We are calling for more action, for support for all rural and regional maternity units, and support for the doctors - obstetricians, anaesthetists, GP obstetricians and anaesthetists, rural generalists, GPs, paediatricians and resident doctors.

We also need statewide accreditation so doctors do not need to apply for accreditation in each HHS. Above all, we are calling for a sustainable approach to workforce planning.

Read more at ama.com.au/qld/news/president-update-regional-maternity-services

BRISBANE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Brisbane LMA produces a similar newsletter

For full details re advertising go to their

website: www.brisbanelma.org Email: info@brisbanelma.org

VAPING

We welcome the Queensland government's renewed action on vaping and tobacco through its draft laws and parliamentary inquiry.

However, we remain concerned about the influence of powerful lobby groups on the legislative process.

One of the particularly important parts of the laws is preventing under-18s employed in retail from handling nicotine products. Just as handing over a pack of tobacco cigarettes to a customer makes smoking look normal, so does selling a vape or liquid nicotine product.

However, a late clause has been inserted in these laws to exempt under-18s working in pharmacies from this prohibition.

We have questioned why this clause was inserted. You can read our submission at ama.com.au/qld/advocacy-policy/TobaccoSub

SENIOR DOCTORS CONFERENCE

We are pleased to be partnering with the Australian Senior Active Doctors Association (ASADA), led by AMA Queensland Board member Dr Geoff Hawson, to host the second Senior Doctors Conference at Waters Edge Brisbane in August.

Last year almost 100 senior active and retired doctors from across the nation travelled to Redcliffe for the inaugural Senior Doctors Conference, discussing topics ranging from CPD requirements to encore careers for those choosing to wind down practice.

We welcome suggestions for topics and speakers. Contact events@amaq.com.au.

In the meantime, save Saturday 19 August in your calendar and register at ama.com.au/qld/events/SeniorDoctorsConference to secure your place.



Can mental thoughts and emotions cure physical ailments, illnesses and diseases?

Mental thoughts and emotions can profoundly affect your physical and mental well-being. Words make up your thoughts and intensify your feelings. Negative words produce harmful chemicals in your brain, and positive words produce positive chemicals. All these chemicals can affect your immune system negatively or positively. So one must straighten out their perceptions to think clearly. If not, please prepare for a life of struggle and misery. Please read my articles to find out if your perceptions are not distorted.

Can we use our subconscious mind to heal ourselves? Would we need to be in a state of hypnosis in order for this to happen?

Yes. Unless you harmonize your inner and outer worlds, there is no way you can escape misery and loss of peace of mind. If you are in conflict, it is better to resolve the issue. Do not try to forget it because your subconscious mind will sooner or later not let you rest in peace. When you are thinking, you are hypnotizing yourself. Please learn how hypnosis works by reading my article on the Internet. If you are willing to change your perceptions, you can quickly leave the past behind. Remember, your immune system is under subconscious control, and you can manipulate the subconscious mind with self-knowledge. When you are in harmony, you produce good chemicals in your system. When you are unhappy, you are producing all the nasty chemicals.

What is the difference between your soul and your consciousness?

Do you know we are delusional thinkers? We create words to express and communicate. We use the word 'soul' for something that never dies. Then our ego identifies itself with the word and believes it never dies. That is called a delusion. Again the word 'consciousness' is used to express when one is awake. Now consciousness is a property of the mind. But the mind cannot express consciousness without the brain. So, we cannot combine these two words and make them as if they are related. Please read my article on the brain, the ego and the mind to understand their relationship. Indeed, we live in a world of delusions.

Do you agree with the dualistic view of the self?

Whatever view one might have of the self, it will be an exercise in delusional thinking. Do you know why? The ego in our mind creates words to express and communicate. For example, the word 'soul' represents something that never dies. But if the ego identifies with that word and believes in its creation, that is called a delusion. Without self-knowledge, we are all delusional thinkers. It is because the ego is a product of self-hypnosis. Our thinking process is hypnotic, where words create a world of our dreams. Most people are not searching for truth. They live and end their life in a world of delusions. Please read my article on the ego's modus operandi if you want to wake up from this self-hypnosis.

How has the human brain and thought processes changed from ancient times to the present day?

I am afraid our present civilization is not much more advanced than the previous ones and is heading the same way toward self-destructing. There is little understanding of how our thinking process works despite all the scientific and technological advances we have made. There is little

self-knowledge or insight reflected in the individual egos of today, as was the case in the past. We are ego-tripping the same way as people did in the past.

Most people do not realize we live in a hypnotic world. The ego in our mind is a product of self-hypnosis. It uses words to appear in our conscious mind and the power of words to create a world of delusions. It uses words to travel in time, thus caught in a net of time. But there is a world beyond words (the timeless dimension) to discover right before you. The only thing that separates you from this world is your perception. The more we create an escapist world with our science and technology, the more we will suffer from mental illness. Please read my articles on the Internet to see if I make sense.

Are there any cures for mental illness or just ways of managing symptoms?

Mental illness, in my mind, is a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. So if one can clear up one's perceptions, the illness must clear up. Please read my articles on this issue. If they make sense, then there is no reason one cannot harmonize their thinking and feelings. But if they do not make sense, I am afraid one would be stuck with symptomatic treatment. This world is full of distorted perceptions; therefore, mental illness increases worldwide as we become out of touch with reality.

How do I stop my subconscious mind from controlling my behaviour?

Your subconscious mind does not control your behaviour. It is your thinking that influences your behaviour and action. Straighten out your perceptions. Then it might help your behaviour and actions. Please read my articles and see if they make sense to you.

How do you control your thoughts and be the master of your mind?

The thinker in your mind, your ego, does all the thinking. So you have to acquire self-knowledge. It is that simple. The ego is a product of self-hypnosis. When we are thinking, we are hypnotizing ourselves. Please read my articles on the ego and the mind to help you become the master of your destiny.

How do we account for the existence of suffering in the world?

The ego is in pursuit of self-gratification and immortality. The I, Me and Mine, which are the ego's characteristics, are self-isolating processes. It creates conflict within oneself, resulting in physical and mental disharmony. In my mind, this perception disorder ultimately leads to psychological and physical suffering as one becomes out of touch with reality. I am afraid God does not create suffering. Natural disasters are part of life that we must accept wherever they occur.

If the observer and the observed are one, then who knows that?

When the observer and the observed become one, you become one with the universe. You will experience the timeless dimension. You will stop chasing your shadow. Anyone can experience this spontaneous phenomenon which can occur anywhere, anytime, but especially when one is on the mountain top or the outback away from man-made structures. Meditation is all about discovering the ego's relationship with its inner and outer worlds.

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Portugal

By

Cheryl Ryan



Once a highly influential and powerful nation, with its dominion established over many parts of the world, today, Portugal is a laid-back peaceful country that boasts the legacy of its cultural history. Located along the Atlantic coast and bordering Spain, this lovely country is perfect for a lazy holiday.

Bask at the balmy beaches

The Atlantic coastline is a major part of the mainland and as such features warm sandy beaches and soothing blue seas. Relaxing at Praia de Rocha, one of the famous beaches, will truly give you the Mediterranean feel.

Discover hidden natural beauties

The coastal side brings with it many hidden treasures like charming little palm groves, creeks, and hidden beaches. One of these beauties is the Benagil sea cave, which can be accessed by boat or a short swim. Once there, the cave offers on display, its beautiful natural rock formations in the dome, opening in the roof to the blue skies above.

Go wine tasting in the Douro Valley

When talking about wines, one of the famous names that comes up is Port, and what better place to get the authentic experience of port wine making and tasting than in its birthplace itself- Portugal. Douro valley comprises beautiful terraces of vineyards and offers wine tasting tours. Don't forget to explore the small village there before you get tipsy.

Scout and relax at the Ilha Deserta

As its name suggests, this little island is pretty much deserted. One can get

there by boat, complete with a local wildlife expert, who will point out the flora and fauna encountered. This place is a must visit for a day of relaxation, fun and some delicious culinary indulgence at the humble eco-friendly restaurant there.

What we have planned for you:

- Have a sumptuous breakfast at some of the finest cafes in Lisbon.
- Rent a car and head out to Benagil beach.
- Kayak, swim or canoe your way to the Benagil sea cave and take your time exploring the beautiful cavern.
- Head back to the beach and dine at one of the restaurants that offer an amazing assortment of seafood.
- You can choose to enjoy the vibrant nightlife in Lisbon or spend your time walking through the streets exploring the local culture.

There are always plenty of options available if you must pick between adventure and relaxation.

123Travel – Cheryl Ryan



Proposed changes to superannuation tax breaks

On 28th February 2023, the Government announced from 1 July 2025 a 30% concessional tax rate will be applied to future earnings for superannuation balances above \$3 million. Earlier this month Treasury released a fact sheet labelled “Better Targeted Superannuation Concessions” which explains how the application of the proposed changes would apply.

Individuals with total superannuation balances (TSBs) over \$3 million would be subject to an additional tax on earnings on any balance that exceeds the \$3 million threshold. The additional tax on earnings will be corresponding to that proportion of the balance greater than \$3 million. The earnings corresponding to funds below \$3 million will continue to be taxed at 15% or less.

Earnings are calculated with reference to the difference in TSB at the start and end of the financial year, adjusting for withdrawals and contributions. This means the calculation of earnings will include all notional (unrealised) gains and losses. If the individual makes an earnings loss in a financial year, this loss can be carried forward to reduce the tax liability in future years.

From the factsheet the proposed method of calculating earnings and the additional tax as detailed below:

Calculation method

a) The below formula will be used for calculating earnings in a financial year:

$$\text{Earnings} = \text{TSB}_{\text{Current Financial Year}} - \text{TSB}_{\text{Previous Financial Year}} + \text{Withdrawals} - \text{Net Contributions}$$

b) The proportion of earnings corresponding to funds above \$3 million is calculated as follows:

$$\text{Proportion of Earnings} = \frac{\text{TSB}_{\text{Current Financial Year}} - \$3 \text{ million}}{\text{TSB}_{\text{Current Financial Year}}}$$

c) The tax liability is calculated as follows:

$$\text{Tax Liability} = 15 \text{ per cent} \times \text{Earnings} \times \text{Proportion of Earnings}$$

An example from the factsheet: Carlos is 69 and retired. His SMSF has a superannuation balance of \$9 million on 30 June 2025, which grows to \$10 million on 30 June 2026. He draws down \$150,000 during the year and makes no additional contributions to the fund.

This means Carlos’ calculated earnings are: \$10million - \$9million + \$150,000 = \$1.15million

His proportion of earnings corresponding to the funds above \$3million is: (\$10million - \$3million) ÷ \$10 million = 70%

Therefore, his tax liability for the 2025-26 year is: 15% x \$1.15 million x 70% = \$120,750.

The new tax is levied on the individual who will have the choice of either paying the tax out of pocket or from their superannuation fund, similar to the existing Division 293 tax.

Paul Lewty. SMSF Manager. Poole Group

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Time to bite the bullet on private health reforms

An increase of more than 500,000 people taking out private health insurance over the past 18 months can't mask deep-rooted problems in private health, including soaring private health insurance management costs and fewer young people joining. AMA President Professor Steve Robson says despite more than 513,000 extra people taking out private health insurance since September 2020, 40 per cent were over 60 years-old and only 6 per cent were aged between 20–39 (24 per cent were aged 40-59). "Private health insurance is more than a straight numbers game. What we are seeing is the members joining are typically older with more complex health needs, while very few younger people are signing up," Professor Robson said.

"We know a large contributor pushing people into insurance is serious concern and fear over the logjam in our public hospitals, rather than any major reforms to affordability or value improvement in private health insurance," he said. "This is not a long-term recipe for a sustainable private health system, which is why we are calling on the government to restore the private health insurance rebate for targeted groups to make private health insurance affordable." The AMA today released its Repeat Prescription for Private Health Insurance, as part of its 2023 federal budget submission on private health, which calls for long-overdue reforms to be implemented to ensure Australians get value for money from their insurers and the system remains sustainable.

"The private health sector is an essential pillar in Australia's health system, and we need to ensure it remains attractive to younger Australians and provides value for everyone," Professor Robson said. "We need to have more money flowing to improving patient health outcomes and less going into management expenses of insurers, which have increased by more than 16 per cent, while expenditure on medical services has gone backwards over the past three years. That's why the AMA would like to see a minimum payout, with 90 per cent of every premium dollar paid returned to patients.

"There are immediate changes that can be made to ensure private health delivers value for consumers and meets the needs of our

ageing population and increased levels of chronic disease, including changes to the Lifetime Health Cover loading and penalties, especially the starting age to make it an easy choice for Australians to stay in PHI for life.

"We would also like to see a review of the way penalties ramp up for late entrants so that those who do the right thing by joining early aren't disadvantaged, and so premiums remain under control." The AMA is also calling for default benefits to be retained to ensure patients are protected even if their insurer has no contract with the hospital, and for funding and accreditation systems to allow providers to roll out more innovative and flexible health programs. Professor Robson said the AMA was continuing its call for an independent Private Health System Authority to fill the current gap in regulation and oversee the private health system.

"Under current arrangements no one has looked at the bigger regulatory picture to gauge the impact of ad hoc changes or balance the interests and needs of day hospitals, private hospitals, private health insurers, medical device manufacturers, doctors, and most importantly patients. A Private Health System Authority would ensure a cohesive regulatory model and safeguard patient choice, which is central to its value proposition alongside speed to entry and doing so without adding more red tape."

"If we truly want reform, if we are committed to introducing new models of care, and if we are going to make insurance affordable in an era of cost-of-living increases, we are going to need to come together as an industry — with government — to make that change. A Private Health System Authority can be the mechanism to make that happen."

Read the AMA's budget prescription and Repeat Prescription for Private Health

18th April 2023

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Janice and Stuart Smith, Loss “Bernard Lyle Smith, Australian Army, Army Sergeant”

Stuart Smith was a young child when his father, Bernard Lyle Smith, was killed in action in Vietnam, but it was some years before the sense of loss began to sink in. For Janice, now raising two sons on her own, the connection to her husband Bernie remained strong.

Janice: “I didn’t want him to go back that time. Because I had that premonition. I said, ‘If you go this time, you won’t come home’.”

Stuart: “My memories are tinged by sounds and smells. The sound of his army boots, squeaking across the lounge room floor; the smell of hair tonic.”

Bernard Lyle Smith was a sergeant in the Australian Army. He served one tour in Vietnam in 1966 and returned for a second, in 1969. On the ninth of March 1969, Bernie and his corporal, George Gilbert, were killed by an enemy mine.

Janice: “I don’t know whether it was Stuart or Edward, one of them woke up at that particular moment, in the morning, and that’s when it happened. But the police came and I knew. When the police came I knew what it was.” Stuart Smith was five years old. His brother Edward, was just sixteen months.

Stuart: “The Catholic nuns from the local school accompanied the police when they came to our house in Williamstown. And while the police went inside, the Catholic nun took me aside and we walked around the front garden. And the phrase that they used to break the news to me was: ‘Your father won’t be coming home.’ But as a young child, you don’t find attention to that. You focus on what’s near and now. It probably wasn’t until I was a teenager that it really sunk in. When you were looking for that father figure in your life. When I went back to school, a couple of days later, I always remember, the Catholic nun met me at the gate and said, ‘Look, it’s probably best if you don’t talk about this with the other children. Don’t raise it with them.’ And I now know that the reason for that was that it could have caused a confrontation in the schoolyard. And even when I was at school in later years, in the seventies and eighties, it wasn’t popular to talk about the Vietnam War and associate yourself with it. So you kept that internal.” Since the war, Jan Smith has attended every reunion held by Bernie’s battalion.



Janice & Stuart Smith, Loss

Janice: “I find when I go to reunions, some of them, it’s taken them thirty years or more sometimes, to come up and speak to me, because they’ve always been too frightened to speak to me. And I say, ‘Well, don’t feel like that, I don’t... you know.’ But they’re all so good to me, the whole lot of them.”

The Welcome Home Parade of 1987 was pivotal for Stuart Smith.

Stuart: “While I was there I heard over the loudspeakers that the flags that were representing those that were killed in action were assembled, and those that wished to carry them should go up there and pick them up. And I went up there and I spied my father’s plaque and flag, and a man was about to pick it up. And I said, ‘Excuse me, do you mind if I carry that one, because I knew him.’ And this bloke stood back and paused and said, ‘You knew him?’ And I said I did and he said, ‘Well if you knew him, you should carry this.’

And I did. I carried it at the front of the march.

But after that I met many people who knew him as part of a 5th Battalion reunion. And then, I discovered stories about him which I had never known. And I knew more about him from that, than I ever did from my own family.”

Janice: “Still dream about him. After fifty years. And I never remarried. I said I never would.”

Stories continued next month

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