



# Newsletter August 2021

## RDMA's Newsletter

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*Vietnam Vet Snapshot Barry Heard Australian Army: <https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>*

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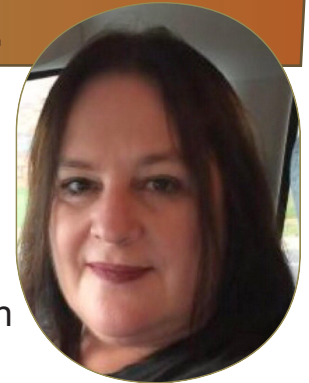
### RDMA's President Report Dr Kimberley Bondeson

Brisbane has just come out of another 7-day lockdown due to Covid 19. Restrictions are still in place, with mask wearing and social distancing paramount. The lockdown was triggered by 5 schools in the Brisbane area testing positive for Covid 19 amongst its students. This closed down the 5 schools, and put many families into lockdown, including, according to the news, all Paediatric Cardiac Surgeons in the Brisbane area, who has children at the schools have been, and still are in home quarantine. Certainly, there were some specialist groups in the Redcliffe Peninsular and surrounding regions who are in quarantine, along with their families, as they had children at these schools.

A medical student also tested positive for Covid 19, and this caused two large teaching hospitals in the Brisbane area to undergo testing, as she had been on the wards there whilst infectious. Children are being infected with this Delta variant, and during the lockdown it up to 40 children and their families are hospitalized at the Gold Coast Hospital, and the Children's Hospital with covid 19 infection. To date, there have not been any deaths amongst these children.

In New South Wales, they are seeing approximately 600 plus new Covid 19 cases a day. The entire state of New South Wales is now in lockdown, as well as Victoria. There appears to be a slow but steady covid 19 virus leak from NSW into its outer regions, which abut into Queensland.

On the positive side, vaccinations are increasing. Brisbane has just opened a Covid 19 Pfizer vaccination centre for 18 years and above, at the Convention Centre. According to the news, they are offering 3000 Pfizer covid 19 vaccinations a day.



This will definitely take some of the pressure off general practice. My practice only has AstraZeneca vaccinations to offer, and the uptake of this vaccine is steady each day. However, only a daily basis I am seeing patients, aged 17yo – 22yo who want a vaccine. They register online with Queensland Health for the Pfizer vaccine, but are put on a waiting list, and sent an email, which then tells them to go and see their GP.

One of my patients told me that the appointments for the Pfizer hub at the Brisbane Convention Centre has taken 100,000 people off the Queensland Health waiting list, and filled its appointments. There is no walk in's.

There is talk amongst our political leaders about what life will be *Continued Page 4*

**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 2021 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

Tuesday	February	23rd
Wednesday	March	31st
Tuesday	April	27th
Wednesday	May	26th
Tuesday	June	22nd
Wednesday	July	28th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	24th
✓ Wednesday	September	15th
Tuesday	October	26th
NETWORKING MEETING		
Friday	November	19th

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

M: 0408 714 984

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

Advertising information is on  
RDMA's website

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

## NEXT NEWSLETTER DEADLINE

Advertising & Contribution **10th September 21**

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

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

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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.

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# The team behind your result



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## RDMA Executive Contacts:

President:

Dr Kimberley Bondeson  
Ph: 3284 9777



Vice President :

Dr Wayne Herdy  
Ph: 5491 5666



Secretary:

Dr Geoff Hawson  
Ph: 0418870140



E: [reception@cancersecondopinion.com.au](mailto:reception@cancersecondopinion.com.au)

Treasurer:

Dr Peter Stephenson  
Ph: 3886 6889



Meetings' Convener

Ph:3049 4444  
Ms Angela Paten  
M: 0466480315



Email: [qml\\_rdma@qml.com.au](mailto:qml_rdma@qml.com.au)

## RDMA PRESIDENT'S REPORT CONTINUED

### DR KIMBERLEY BONDESON,



like after Covid 19, when the community reaches a certain level of vaccination in the community. There is a variety of discussions about what level of community vaccination that needs to be attained, from the most recent numbers put forth by the Premier of NSW, Gladys Berejiklian, at 50%, to Prime Minister, Scott Morrison, who on A Current Affair (Channel 7, 19/8/21) mentioned a level of 80%.

According to Associate Professor Ian Mackay, virologist at the University of Queensland (News GP, 19/8/21) we need to consider other strategies apart from vaccination, which includes filtration of air, better ventilation in rooms, public building, including public offices, museums, universities and schools in the hope of decreasing the aerosol spread of this virus. Social distancing and mask wearing are part of this. According to

Professor Mackay, these changes will give benefits that will extend beyond Covid 19, to curbing illness and death from other viruses, including influenza and respiratory syncytial virus (RSV), extending to less stress on the healthcare system and other economic benefits.

However, the article in News GP 19/8/21 points out that our post-covid vaccination Australia is not going to be a pre-Covid experience, and we need to work it out.

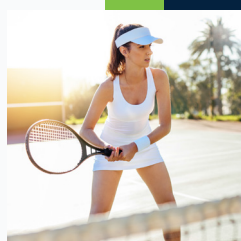
Kimberley Bondeson  
RDMA President



## LATERAL EPICONDYLALGIA / TENNIS ELBOW: THE ROLE OF PHYSIOTHERAPY

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### RESEARCH SHOWS:

- Tennis elbow is a common source of elbow pain and disability, effecting approximately 1-3% of the population
- Risk factors include: smoking, obesity, age 45-54, two or more hours of repetitive movement per day
- LE usually self resolves in a period of 6 months – 2 years, however physiotherapy has shown to be beneficial in reducing pain, disability, and improving overall recovery time
- physiotherapy modalities such as orthoses, taping, manual therapy, and laser have been shown to provide short term benefits and can be implemented to improve patient outcomes

# NEXT MEETING DATE 24TH AUGUST 2021

## Monthly Meeting

Redcliffe & District Medical Association Inc.

RDMA Meeting 28/07/21

Dr Kimberley Bondeson introduced to-night's speakers.

Sponsor: Seqirus  
Sponsor Representatives  
Ms Sandy James

Tonight's Speakers  
Dr Elizabeth Hodge and Dr David Heyworth-Smith

Topic:  
Paediatric & Adolescent ENT & Allergy.

Photos below and left to the right.

1. Dr Liz Hodges, Sandy James, David Hayworth-Smith.
2. Sandy James & Michael Leonard.
3. Angela Patten Aime Hall Conveners,
4. Dr Peter Davidson New
5. Matilda Robertson New & Jeremy Williams.
6. New Jonathon Cheng, Emily Wang, Talvin Lee, Esther Kulame
7. Sadone Matthews, Patrick Hartsuykare, Melissa Chua
8. Sam Mitchell New & Robert Green



**DATE:** Tuesday 24th August 2021

**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 Sponsor: Viatris Represented by: Nikki Ewin
7:40pm	Speaker: Dr Ruth Hodgson Gastroenterologist  Topic: Pancreatic Exocrine Insufficiency Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served
8:40pm	General Business
8:45pm	AGM

**RSVP:** By Friday 20th of August 2021

(e) [RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0466 480 315 or 0413 760 961

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## RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY,

### CRISIS UPON CRISIS

You know the old joke about coping with one day at a time, but sometimes you feel that several days have attacked you all at once? This is where aged care is right now.

There are a small number of GP's who, like myself, have substantial numbers (100+) of patients in nursing homes. Sometimes we feel that we are shouldering all of the burden that should be shared among our fellow GP's.

Nursing homes have always had an uphill battle finding enough GP's to look after their residents, a battle to attract them in the first place and more of a battle to retain them. OK, I know the reasons for this, and I found it a bit disappointing that the Commission into Aged Care spent rather little of its resources and time examining what can be done to make nursing home practice less unattractive to GP's.

This unappealing sector has been one of the casualties of the workforce crisis facing general practice.

COVID has added dramatically to the GP workforce burden – administering millions of vaccines, counselling millions of fearful patients, assessing post-vaccination symptoms that might or might not be related to the vaccine. The past few months has witnessed the added burden of flu vaccines and traditional mid-winter ailments, always a busy time with or without COVID. And my regular readers might recall my wailing about the millions of added consultations imposed to accommodate the whim of some little fairy in the MBS who decided it was a good idea to get a second opinion for every patient on long-term S8's, another million or so consults with dubious benefit to anybody.

Add these factors together and you create The Perfect Storm (sorry about the reference, if you didn't see the movie). In the past few months, nursing homes have witnessed a drift of GP's away from nursing home practice. One of the nursing homes I attend has seen two of its four GP's withdraw their services simultaneously.

The result is unsustainable. One GP cannot handle 80% of the population of one nursing home. And what if he/she has a day off, or even takes a few weeks' holiday?

This article is a plea for help from my GP colleagues. Consider going to a nursing home near your practice, and taking on a dozen or two patients. Spread the load.

This article is also a plea for help from Big Brother. It is all very well for the Aged Care Commission to bleat about irregular nursing practices in the

sector. What about passing on to the government that pulls the purse-strings a message that GP's just don't want to go to nursing homes without a decent incentive – which invariably means ringing up the cash register a notch or two.

It is also, unapologetically, a plea to the nursing homes. They also have a role to play in making the job more attractive. At least try to discourage the huge number of unnecessary phone calls, the purpose of which is more to spread the risk and liability.

Get your registered nurses to do what they are trained for, to exercise some clinical discretion before making that phone call.

Wayne Herdy



### **Variety Fundraising Link**

Dear Members,  
It's that time of year again when the Variety Children's Fund runs their annual Variety Bash to raise funds to support sick, disadvantaged or children who have a disability.

One of your colleagues and in particular our Vice President Wayne Herdy is entering the bash again this year. We ask if you can find it in your heart to donate to this worthy cause by giving your donation through the following links to Wayne Herdy and his car 5555 and his team to raise funds for the Children's Fund.

Your donations are tax deductible and by donating your funds via the link you will automatically receive your tax receipt for your generous donation and because of you Variety can continue to provide kids in need specialised equipment and services.

#### **The link to Car 5555**

<https://www.varietybashqld.com.au/t-car-5555>

#### **Wayne's Individual Page:**

<https://www.varietybashqld.com.au/wayne-herdy>

Thank you for your continued and ongoing support to this worthy cause.

**Wayne's Fundraising Fancy Dress Night is on 23rd October 2021** details on page 7.

If you would like a ticket call

**Delia on 0459 220 712 or Maud St Medical Clinic on 5491 5666**

*Continued Page 7*



Presents

**A fundraising fancy dress evening**

"2021 Variety Bash Winton to Yeppoon via Birdsville is an adventure with mates driving 30+ year old cars through regional parts of Australia that you might otherwise not see, all to help give Aussie kids a fair go"

**6:00pm Saturday 23rd October 2021**

**Roast dinner**

Raffles

Lucky Door Prize

Fancy Dress Prize

Yandina Bowls Club  
30 Steggalls Road, Yandina

**\*Live Band\***



**Filipino Traditional Dancing**

**\$50 donation door entry includes meal and entertainment**

Ph: Delia 0459220712 or Maud St Medical Clinic 54915666

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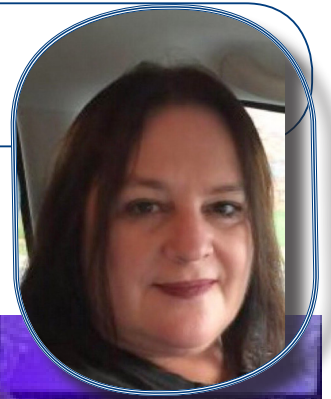
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**BRISBANE AREA'S COUNCILOR REPORT**  
**DR KIMBERLEY BONDESON,**



**Dinner for the Profession Pictorial**



**Dr Dilip Dhupelia**  
**Chair AMA Foundation**



**Dr Christian Rowan, Dr Bill and Julie Boyd**



**Dr Geoffrey and Kym Hawson**



**Dr Ewan MacPhee AMAQ Rural Health Award - Emerald Qld**



**Professor Chris Perry,**  
**AMAQ President**



**The Minister for Health & Ambulance Services, Yvette D'Ath,**





Professor Chris Perry OAM and Dr Brett Dale

## WORKING FOR QUEENSLAND DOCTORS

August began with a short, sharp lockdown - the fourth in Queensland in 2021. Thankfully it worked to stem the spread of the Delta variant in South East Queensland and Cairns and was lifted after a week, but we must continue to chart a course out of COVID-19 by encouraging community vaccinations and following all public health directives. In this update, we have information on state and federal government support available to private practice businesses affected by this latest lockdown, as well as other work to advocate for the medical profession in Queensland.

## COVID-19 UPDATE

### Business support available

The lockdown in South East Queensland placed many businesses, including private practices, under immense financial pressure. State and federal government support is available to help your practice and staff.

The Queensland Government will provide \$5,000 payments to businesses across Queensland affected by this month's lockdown and lockdowns in other states. These grants will open mid-August and more information is available on [business.qld.gov.au](http://business.qld.gov.au).



The Federal Government has two support packages available. Firstly, the COVID-19 Disaster Payment provides \$750/week if employees lose 20 hours or more of work or \$450/week if they lose between 8-20 hours. Secondly, the Pandemic Leave Disaster Payment is a lump sum of \$1,500 per 14-day period an employee is unable to work due to self-isolating, quarantining or caring requirements. More information for both federal programs is available at [servicesaustralia.gov.au](http://servicesaustralia.gov.au).

Employers must also be aware of the pandemic leave rules under the Modern Award. Members can contact our Workplace Relations team on [workplacelrelations@amaq.com.au](mailto:workplacelrelations@amaq.com.au) if they need advice.

### Vaccine supply improves

Vaccine supply is beginning to flow more freely to practices and GPs are working around the clock to vaccinate as many people as possible as quickly as possible.



ATAGI has updated its vaccination advice for children in high risk groups aged between 12 to 15 years old. Since Monday 9 August, children with either specific medical conditions, who identify as Aboriginal and Torres Strait Islander or live in a remote community have been eligible to receive a Pfizer-BioNTech COVID-19 vaccine. While we welcome this advice, the demand for Pfizer outstrips demand and we are urgently lobbying for more vaccines.

While the changing advice on AstraZeneca has caused some vaccine hesitancy, it remains a good and safe vaccine and GPs should reassure suitable patients that it is right for them.

### Retired doctor sub-register

AMA Queensland is assisting Queensland Health to locate and engage with pandemic sub-register doctors who may be able to help with COVID-19 vaccinations.

Doctors who retired in the three years before October 2019 were placed on the sub-register in 2020 to create a group of experienced medical professionals who could support our health response to COVID-19.

If you didn't opt out and are still on the sub-register, please contact Dr Geoff Hawson, our Senior Doctors Representative [geoffrey@hawson.org](mailto:geoffrey@hawson.org) or 0418 870 140.

We encourage you to share this message with professional groups and colleagues who may be on the sub-register or who can help spread the word.

### STARTING A PRIVATE PRACTICE SEMINAR



We are holding a new Starting a Private Practice Seminar for those interested in opening a practice and providing tips for established practices to enhance and improve. This event is for junior and senior doctors alike, and will cover correct structuring, financial and funding issues, mitigating risk, staffing, compliance and navigating Medicare. The seminar is Saturday 11 September at the RBWH Conference and Education Centre. Go to the events section of our website to register or contact us on 07 3872 2222.

### PRIVATE PRACTICE WEBINAR SERIES

The next Private Practice Webinar is Monday 27 September from 10am -11am on the topic of work, health and safety requirements. This five-part training series covers key issues for GPs, practice managers and specialists. Receive a 40 per cent discount if you purchase all five sessions and either join the live webinars or access the recordings. Head to the events section of our website to purchase the series.



### HELP BEDDOWN TACKLE ADDICTION

The AMA Queensland Foundation is partnering with Beddown, an organisation that turns spaces that are busy during the day but vacant at night into pop-up accommodation for the homeless.

We are calling for help from members to assist in the development of a tackling addictions program to help the guests of Beddown build a better life.

Specialists in the fields of drug and alcohol addictions therapies, counsellors, psychiatrists and other doctors are all welcome to make contact and assist with this worthy program.

For more information or to register an expression of interest, please email [amaqfoundation@amaq.com.au](mailto:amaqfoundation@amaq.com.au) or contact the Foundation Coordinators on 07 3872 2222.

### WIN FOR VMOs

For the first time in history, Visiting Medical Officers (VMOs) will now be able to access the Queensland Industrial Relations Commission (QIRC) to resolve workplace disputes. This is a major win for VMOs negotiated by the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) and the AMA Queensland Visiting Medical Officers (VMO) Committee.



Queensland Health currently employs VMOs on standardised, individual contracts that can cause issues for members when workplace disputes or grievances arise. Until now, VMOs have been unable to access the QIRC to resolve industrial disputes, unlike their Senior Medical Officer (SMO) colleagues.

Queensland Health will shortly issue a Health Employment Directive (HED) to add this entitlement to VMOs. While VMOs are still able to use the existing dispute resolution procedure (e.g. using a private mediator to resolve disputes), ASMOFQ expects that many VMOs will benefit from using the more efficient and effective process of resolving disputes via the QIRC.

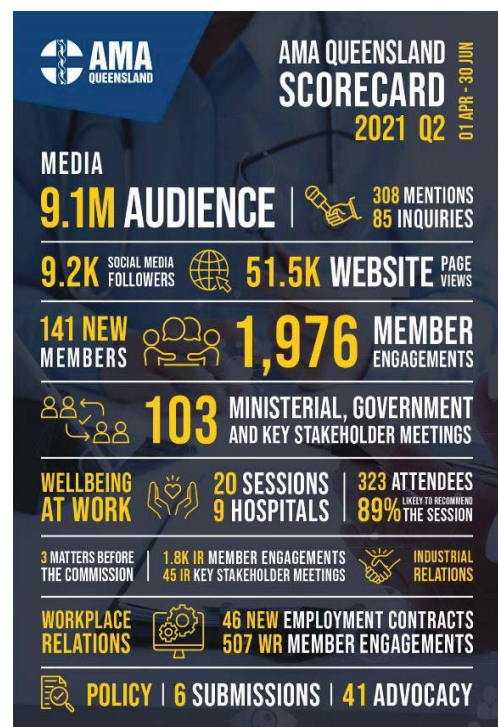
Negotiations to secure this entitlement for VMOs have occurred over the past 12 months, and are part of a major campaign to protect and enhance the working rights of VMOs.

### AMA QUEENSLAND SCORECARD

The AMA Queensland Scorecard highlights our extensive work to advance the medical profession in Queensland and our support for doctors in the delivery of exemplary health care for the community. Our key achievements and results delivered in the second quarter of 2021 include:

- 9.1 million media audience;
- 308 media mentions;
- 85 media inquiries;
- 9,200 social media followers;
- 51,500 website page views;
- 141 new members;
- 1,976 member engagements;
- 103 Ministerial, government and stakeholder meetings;
- 46 employment contracts;
- 507 workplace relations member engagements;
- 20 Wellbeing at Work sessions; and more.

We are proud to be leading Queensland doctors and creating better health for our community.





# Clinical TRIALS

## mRNA COVID-19 vaccine trial in Moreton Bay

USC Clinical Trials will soon begin a trial of a potential new mRNA vaccine formulation for COVID-19 at its Morayfield centre.

USC Clinical Trials Director Lucas Litewka said while one mRNA vaccine was already part of Australia's COVID-19 vaccination rollout, it was only available to a certain age range and eligibility profile.

"People who are not eligible for the Pfizer vaccine but would prefer to receive an mRNA vaccine might be interested in participating in this study," he said.

Participants will be required to attend up to nine visits at USC Clinical Trials' Morayfield centre and participate in follow-up phone calls. They will be involved in the study for up to 13 months.

Eligible participants will be reimbursed for their time on study. Those interested in volunteering can find more information at [www.usc.edu.au/covid](http://www.usc.edu.au/covid) and [www.covidvaccinetrial.com.au](http://www.covidvaccinetrial.com.au)

## New Doctor Employment Opportunities

Our other therapeutic areas have seen a significant surge in new trials and we are delighted to be putting a call out to general practitioners with a special interest in any of the following to join our team: dermatology; vaccines; gut health; diabetes and metabolic disorders. We will be seeking interest from AHPRA registered doctors to support activities at our Sippy Downs, Morayfield and South Bank Brisbane facilities.

Contact our Director Lucas Litewka on 0429 930 449 or [llitewka@usc.edu.au](mailto:llitewka@usc.edu.au)

To find out more about the diverse range of trials please visit our website.



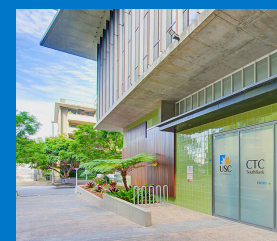
### Sunshine Coast

Level 1/9 Ochre Way  
Sippy Downs QLD 4556  
(07) 5456 3797



### Moreton Bay

Level 1/19-31 Dickson Road  
Morayfield QLD 4506  
(07) 5456 3965



### Brisbane

Building A2, SW1 Complex  
52 Merivale Street  
South Brisbane QLD 4101  
07 5409 8630

## Dr Joel Dulhunty - Leading the Way for a New Era of Research at Redcliffe Hospital

A major fundraising campaign, Redcliffe Hospital Giving Day, has been launched to raise funds for life-changing hospital-led research and patient care initiatives. The appeal is also helping forge strong partnerships with the Moreton Bay business community, ahead of Redcliffe Hospital's \$6-million redesign project.

Members of Redcliffe Doctors Medical Association are invited to leave their own legacy by supporting the Raise it for Redcliffe Hospital Research Giving Circle. The Giving Circle is an initiative of former Director of Surgery at Redcliffe Hospital, Associate Professor Cliff Pollard.

"Redcliffe Hospital has a proud record in pioneering new models of quality patient-centred care, and the benefits are felt every day at Redcliffe Hospital and beyond," said Assoc. Prof. Pollard.

"As a founding member of the Research Giving Circle, you can champion even more innovative and collaborative research by helping to secure an inaugural Senior Nursing Researcher position."

Redcliffe Hospital Giving Day, in partnership with Royal Brisbane and Women's Hospital (RBWH) Foundation, will be held on Wednesday October 13. Every donation will be doubled thanks to major donations already secured from corporate supporters such as leading aged care service Ballycara and private property developer, Lewis Land Group, which owns the Peninsula's Belvedere and Mon Komo hotels.

Moreton Bay's business community, including GKS, Redcliffe RSL, Domino's and Holistic Horizons Support Services, has also embraced the opportunity to partner with the appeal through major donations or inhouse fundraising efforts. Channel 7 and 99.7 Bridge FM are also leading the way to build profile and community for the event.

Assoc. Prof. Pollard's goal is to raise \$25,000, which would also be doubled.

"In partnership with a leading university, this priority role would champion and undertake world-class research, provide dedicated support for staff in their research, and mentor early-career researchers."

For more information, follow the link to [bit.ly/researchgivingcircle](https://bit.ly/researchgivingcircle) or email [redcliffe@rbwhfoundation.com.au](mailto:redcliffe@rbwhfoundation.com.au)



Dr Joel Dulhunty, Redcliffe Hospital Director of Research and Medical Education.

[redcliffehospital.com.au](https://redcliffehospital.com.au)

Since opening in 1961, Redcliffe Hospital has participated in numerous clinical trials, which have changed and improved the treatments now used in everyday patient care.

Some key research highlights from Redcliffe Hospital include:

- First hospital in Australia to establish multidisciplinary follow-up care for ICU patients and families to reduce post intensive care syndrome.
- Key site for international clinical trials for more than 30 years with publications in leading medical journals.
- Innovative 3D printing technology research in Urology with the Herston Biofabrication Institute.
- Collaborative research with UQ and QUT to improve outcomes for patients with cognitive impairment and those receiving rehabilitation.
- National recognition on the ABC Health Report with Norman Swan for research at Redcliffe Hospital on managing fainting episodes.
- Multidisciplinary research training developed at Redcliffe Hospital now delivered across Metro North Health.

For the past five years, Redcliffe Hospital has hosted its own Research Symposium to recognise, promote and celebrate these research and quality improvement initiatives. The 2021 Symposium will include presentations and posters from the current and previous year, culminating in a keynote presentation and a research award ceremony.

Interested RDMA members are encouraged to contact Dr Joel Dulhunty, Director of Research and Medical Education (email: [Joel.Dulhunty@health.qld.gov.au](mailto:Joel.Dulhunty@health.qld.gov.au)) for more information.

# Every Care Taken But No Responsibility

By Dr Mal Mohanlal

When is a scam not a scam? When it is a bank that operates it, and the government supports it.

Do you know what a scam is? In the Cambridge English Dictionary, a scam is defined as “an illegal plan for making money, especially one that involves tricking people”.

Do you know that the government is protecting the banks legally in operating a scam where the banks assign all the risks, accountability and responsibilities to the consumer but not themselves?

We all do Internet banking. When we pay someone and transfer money into their account, we have to provide the following details: the name of the Account, BSB number and the Account number. There is a warning given to ensure the details are correct, and the bank will not be liable for any mistake made by the consumer. Despite this warning, we all believe that the bank will transfer the money into the correct account name; otherwise, why should they ask for an account's name?

If the customer made a mistake, then one would agree the bank should not be liable as they have given you a warning. But what happens when the customer is not at fault but the internal transfer system between banks is at fault? Who is liable?

Let me give you an example of a recent case where a consumer receives a fraudulent email from her financial advisor where to transfer funds. In it, the fraudster changed only the banking details. Everything, including the transfer name, remained the same. Unwittingly, the transfer of funds took place. The following day the financial advisor rings to tell her that the money was transferred into the wrong account and a different bank. Her bank was immediately alerted about this fraudulent transaction, and eventually, 80% of the funds were recovered. She incurred a loss of 20%.

It is a case where the customer is a victim who was unaware of a change in banking details. What the customer did or did not do, did not influence the outcome of the case. The fraudster knew that the banks do not match account names and exploited the internal system of funds transfer between banks. Is the bank responsible for this loss? Is it negligent not protecting the consumer's interest by not having proper security measures installed? The bank knew about this weakness in their security system, which is the reason for their warning. The bank denies all liability, and the matter is taken to AFCA (Australian Financial Complaints Authority) for resolution.

After months of deliberation, AFCA ruled in the

bank's favour. It said that the bank had no legal obligation to match accounts and check where the money goes. Thus we have a situation where the banks cannot be held legally liable for any internal transfer of funds between banks. If that is the case, the question arises, who is? Are the laws meant to protect the consumers or the banks?

This case exposes a hole in the bank's security system where the fraudsters, money launderers etc., are having a field day. There is no protection for the consumer. The banks are safe in just warning their customers about this hole. They are not legally required to put barriers around the hole, so some unfortunate unwary customer like the one above does not fall in it. They are saying we take every care, but no responsibility and the government supports their stance.

Clearly, the government is giving preferential treatment to the banking industry when it comes to consumer protection. The same treatment does not apply to other sectors such as the medical profession, where doctors are often being held responsible for matters beyond their control. How would you feel if the surgeon, with the backing of the government, warns you about your operation by saying, “I will take every care, but no responsibility for any swab left behind”? Wouldn't you treat the consumer laws protecting you as a big joke?

So the question arises that if the bank is not legally liable for any internal transfer of funds between banks, who is? How is the consumer protected? It seems no one is interested in plugging this hole in the security system because everyone, except the hapless consumer, is complicit in making money out of it.

How ironic that AFCA, the authority established to handle consumer complaints, cannot answer these fundamental questions.

In this article, I have pointed out how the world around us distorts our perceptions. By asking for the Account Name, the bank gives you the perception that the money will go to the right person. Yet, they have no legal obligation to do so. By creating a bureaucratic body like AFCA, the government provides the consumers with the impression they are protected. Yet, they are not. If you are interested in learning more about your mind and how the world influences you, please read “The Enchanted Time Traveller—Book of Self-Knowledge and The Subconscious Mind”. Discover how you can make sense out of all the surrounding chaos. Visit Website: <http://theenchantedtimetraveller.com.au>. The EBook is also available at Amazon.com.

# PCSK9 Inhibitors by Dr Roderick Chua

Dyslipidemia is present when total cholesterol, low density lipoprotein (LDL-C), triglycerides and Lipoprotein (a) levels are above the 90th percentile or when high density lipoprotein (HDL-C) and/or apo A-1 levels are below the 10th percentile for the general population. Its prevalence is highest in patients with premature coronary artery disease when significant atherosclerosis occurs before 55-60 years. Frequently there is an underlying familial disorder which is polygenic.

LDL-C is closely associated with atherogenesis. LDL particles contain cholesterol, triglycerides, phospholipids and a polio-rote in B-100. A charge mediated interaction with proteoglycans in the extra cellular matrix initiates atherosclerosis resulting in retention of small LDL particles in the vessel wall allowing reactive oxygen species to modify the surface phospholipids and un-esterified cholesterol. LDL is also retained in foam cells within atherosclerotic plaques, it causes endothelial damage, alteration in vascular tone, monocyte and macrophage recruitment and increase platelet aggregation. The LDL receptor is crucial to the regulation of cholesterol metabolism. Knock out the LDL receptor gene and cholesterol level rises markedly. Familial hypercholesterolemia is often associated with LDL receptor gene defects. A meta-analysis of studies involving 300,000 subjects from 49 trials of cholesterol lowering statin therapy concluded that for every 1 mmol/L reduction in LDL-C cholesterol the relative risk reduction for major vascular events including cardiovascular death and stroke was 0.77. For primary prevention trials the vascular event rates was correlated closely both positively and negatively with post-treatment LDL-C levels with all cause mortality also decreased by 0.09 percent per year.

For lifestyle modifications, there is limited evidence with most studies unable to demonstrate significant effects on either cardiovascular or all cause mortality. The reduction in total cholesterol levels achieved between the treated group vs the non-treated group was not significant. The individual response to dietary and lifestyle changes is often genetically determined and long term compliance very variable. Proprotein convertase subtilisin/kexin type 9 (PCSK9) enzyme is produced in the liver and binds to the LDL receptor located on the surface of hepatocytes. This leads to the degradation of the LDL-R and therefore higher circulating levels of LDL-C. PCSK9 inhibitors are fully humanised monoclonal antibodies which bind free plasma PCSK9 causing degradation of the enzyme. A higher proportion of LDL-R is then able to cycle to the surface of hepatocytes and remove more LDL-C from the circulation. Alirocumab and Evolocumab are PCSK9 antibody inhibitors. Inclisiran is a mRNA antisense compound which blocks the synthesis

of PCSK9 enzymes. These treatments also counter the upregulatory effect of statins on PCSK9. They have been shown to lower LDL-C plasma levels by 60% in addition to the effects of statin therapy. They reduce lipoprotein (a) levels by 18-36%, triglyceride levels by 12-31% and increase HDL-C by 5-9%. A modest degree of plaque regression occurs. Up to 50% risk reduction cardiovascular event rates in post-hoc analysis of the seminal studies of Evolocumab and Alirocumab has been seen. Meta-analysis of 24 randomised trials involving over 10,000 patients demonstrated lowered all cause mortality at an odds ratio of 0.45.

The PCSK9 antibodies bind PCSK9 rapidly eliminating all free PCSK9 availability for 2-3 weeks after each dose. Their half life is around 11-20 days. Dose adjustments are not necessary in the setting of hepatic or renal impairment. Relatively minor adverse reactions may occur including injection site inflammation. Safety has been demonstrated up to at least 5 years. Allergic reactions including rash, urticaria and even hypersensitivity vasculitis can happen. There has been no signal of neurocognitive toxicity particularly in the presence of severely depressed LDL-C levels. There is no elevation of muscular enzymes. 1-2% of persons will develop drug-neutralising antibodies which can lead to a greater incidence of injection site reactions. However, it has not been shown that this significantly degrades the LDL lowering efficacy. For PCSK9 inhibition in the form of small interfering RNA molecules (Inclisiran), a pooled analysis of the main trials (ORION 9, -10 and -11) constituting 3660 participants, the change in LDL-C level was 50.7%. Apart from injection site reactions, no significant adverse reactions occurred. Lipoprotein (a) levels were reduced as well.

PCSK9 inhibition in conjunction with statin therapy has a cumulative impact on LDL lowering and cardiovascular events. The combination has been shown to further reduce all-cause mortality (Odyssey trial with hazard ratio 0.79 95% CI 0.66-0.95  $p < 0.03$ ). Risk of myocardial infarction and stroke were clearly individually decreased. Plaque volume was reduced. In the presence of renal impairment, the absolute reduction in cardiovascular events was even greater. The PCSK9 inhibitors are usually administered via subcutaneous injection once a fortnight to once a month. In Australia, Praluent and Repatha have been approved under authority to be used in combination with maximal tolerated statin therapy or in proven statin intolerant individuals when a Dutch Lipid score of at least 6 is satisfied. Prescription continuation is streamlined. PCSK9 inhibitors are a valuable revolutionary addition for the treatment of severe hyperlipidemia in our efforts to reduce cardiovascular atherosclerotic disease.

# Lady Elliot Island Queensland

by  
Cheryl Ryan



Nestled cosily in the Great Barrier Reef, Lady Elliot Island is a diver's paradise!

With breathtaking views of the coral reef, the island offers more than just a routine diving experience from swimming along and playing chase with the gentle giants that are Manta Rays, to clicking a selfie with lazy turtles thronging the clear blue waters.

Lady Elliot Island has been rightly named as one of the top five diving destinations of the world.

And rightly so -- it is as much a spot for an off-the-grid holiday in the lap of Mother Nature, as much as it is a paradise for every hydrophile on the planet with breathtaking underwater experiences found nowhere else on the planet.

A short flight away from the coast of Queensland, the island is one of the closest and easily accessible coral islands situated in the Great Barrier Reef.

You can choose to visit the island as a quick stop on your day-trip or stay overnight to have a complete immersive experience at any of the certified eco resorts with rooms just meters away from the sea.

## What we have planned for you

- Start your morning with a lagoon walk which offers a tour of the reef and coral exploration on foot, yes on foot! You are provided with protective foot gear and handed a special viewing device called a seascope along with a walking pole to aid in the exploration of marine life up close. The tours are guided by expert marine biologists and conservationists to help you gain more insight into the life and times of the coral landscape.

- Post your unique morning walk, it is time to sail into deeper waters and go snorkeling with Manta Rays. Lady Elliot Island is known for being host to the largest congregation of Manta Rays. These gentle giants can have wingspans up to seven meters! But they will be happy to play a game of chase with you.

- If you time your visit to coincide with the turtle breeding season, which lasts from November to February, you can get a chance to spend the night visiting and guarding turtle nesting sites only to help release the hatchlings safely into the sea the following morning.

- And if you plan to stay a while longer, spend the day diving into the deeper waters where the visibility extends as far as 20 meters. It gives you a chance to swim alongside schools of fish and gaze longingly at the exquisite color palette of the reef, allowing you to get a firsthand experience of why the island is known as a diver's paradise!

- The best way to spend the night is to hop onto the glass bottom boats equipped with UV lights to explore the coral reef come alive at night. The light enables you to view the coral polyps awakening and catch glimpses of the various marine species which are their most active after sundown.

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## QLD COVID-19 Business Support Grants available now!

You may have heard of the initial \$5,000 grant available to eligible businesses that were impacted by the COVID-19 lockdowns in Queensland. The total grant funding has been increased, with the Federal Government announcing they will top up the Queensland Government grant with the following:

Business Type	QLD Business Grant	Federal Government Top up
Non Employing Sole Trader	-	\$1,000
Small Business	\$5,000	\$5,000
Small Business (Payroll above \$1.3 million)	\$5,000	\$10,000
Large Business* (Payroll above 10 million)	\$5,000	\$25,000

\* Tourism and hospitality and not-for-profit organisations

1. Employ staff (must be staff on your payroll and doesn't include business owners)
2. Have an ABN continuously held since 30 June 2021
3. Have a QLD headquarters
4. Not be insolvent, or have directors or owners that are insolvent or an undischarged bankrupt
5. Must have an annual turnover of over \$75,000 during any of the 2019, 2020 or 2021 financial years
6. Have an annual payroll of not more than \$10 million during any of the 2019, 2020 or 2021 financial years (except for large businesses and not-for-profit organisations operating in tourism and hospitality industries)
7. Can demonstrate the organisation was directly or indirectly impacted by the COVID-19 lockdown
8. Can demonstrate a reduction in turnover of 30% or more during a nominated 7 day period (please reach out to your Poole Group accountant to help you calculate this if you require assistance)

If you meet this eligibility criteria you would be able to receive the initial \$5,000 COVID-19 Business Support Grant as well as the additional Federal Government top up (contingent upon your business type).

### How to apply

1. Firstly, if you haven't already, you will be required to register a QRIDA account and login here <https://applyonline.qrida.qld.gov.au/auth/login>
2. You will need to gather your supporting documents and contact your accountant so they can prepare an accountant letter confirming your turnover, payroll and decrease in income.

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## MENTAL HEALTH OUR FASTEST-GROWING HOSPITAL ADMISSION

Australia's mental health system is struggling even before the demands from COVID-19 are felt, warns AMA. The Australian Medical Association (AMA) has warned that despite additional investment in the last Budget, chronic underfunding of existing frontline services and a lack of psychiatrists is besetting a mental health sector struggling to cope in the face of the COVID-19 pandemic.

The AMA has told the House Select Committee on Mental Health and Suicide Prevention Australia's mental health system is suffering from underfunding at all sector and government levels, and services are not coping with demand, even before the impact of COVID-19 is felt.

Calling for more investment into mental health care, AMA President Dr Omar Khorshid said that although extra funding in the last Budget was welcome, the providers of existing mental health services received no additional support despite overwhelming demand. The situation in public mental health is even more dire, landing more people with severe mental health conditions in already over-stretched hospital emergency departments.

"There are not enough psychiatrists in Australia and there is likely to be increased demand for their services generated by the pandemic. We urgently need an alternative to emergency departments treating people experiencing acute mental ill-health. "We know that mental health admissions to hospitals are the fastest growing of any hospital admission, increasing at an average rate of 4.8 per cent each year from 2013-14 and the five following years, so that's a total growth of 26.4 per cent over five years from 2013, accounting for an extra 6,073 admissions each year or a total of 30,366 for that period. "People with mental health conditions are also staying longer in hospital - up to twice as long as people with heart conditions, for example, according to data from AIHW.

"Australia also has a serious shortage of

child and adolescent child psychiatrists and we need a serious commitment to grow this cohort of the mental health workforce to support early detection. "The May budget allocated \$11 million for 30 new psychiatry training places and while this is welcome, it is woefully inadequate in the face of current and future needs. We'd need at least 260 by the year 2025.

"And we need to understand there is very high demand for mental health services in regional and rural areas and getting the workforce into these places requires urgent attention," Dr Khorshid said. Appearing alongside Dr Khorshid, AMA NSW President Dr Danielle McMullen said optimal mental health care is patient-centred, and General Practice has an essential role in responding to and coordinating treatment and care for people experiencing mental ill-health.

"GPs are frequently the first point of contact on someone's mental health journey and they need to be resourced to provide appropriate care and treatment pathways. "We know investment in well-designed, medically governed health teams result in better health outcomes and General Practice can oversee stronger coordination of things like older persons' mental health, mental health nurses, psychologists, paediatricians, counsellors and drug, alcohol and gambling support. These supports are all key aspects of a patient-centred mental health system," Dr McMullen said. The AMA's submission to the House Select Committee on Mental Health and Suicide Prevention can be read here:

<https://www.ama.com.au/articles/submission-select-committee-mental-health-and-suicide-prevention>

6 August 2021

CONTACT: AMA Media: +61 2 6270 5478  
[media@ama.com.au](mailto:media@ama.com.au)

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## *Where We Work and Live*

**Vietnam: Barry Heard Australian Army:** <https://anzac-portal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

### **Vietnam: Barry Heard (Australian Army), Post-Traumatic Stress Disorder**

Barry Heard served in Vietnam in 1967 as a national serviceman. After many years he suffered a breakdown and was diagnosed with severe post-traumatic stress disorder. Supported by his family he recovered and wrote a successful book about his life and experiences.

In 1967, Barry Heard served proudly and well as a national serviceman in Vietnam. But what he experienced as an infantryman made him want to forget the war. "I stay away from everything. Apparently a couple of guys got in touch with my parents and wanted to get in touch with me..."

In 1987 the Welcome Home Parade took pace in Sydney. Barry refused to attend.

"I watched it on television and I could not believe what I saw. I was just stunned that people... Welcome Home? You know, holding up placards and that's when I said to my wife I want to catch up with my mates. I need to see them; I haven't seen them for so long."

He attended his first battalion reunion. It produced mixed feelings.

"It was good and it was bad. It was good to see all the guys again, I'm sure we're all gay; all we want to do is hold one another and cry and hug. It was just beautiful. To see all those guys. But what I ended up with was a book full of addresses and all that sort of thing and then the next three or four years were just bloody hell.

Because things did go downhill rapidly. There were suicides, there were... It was too much I think. Everything was too much."

Barry was diagnosed with severe post-traumatic stress disorder. He suffered a com-



**Barry Heard, Australian Army**

plete breakdown and his world crashed.

"Came out of the hospital; not sure when, probably a few weeks; wetting myself and soiling myself and not game to leave the bedroom for a start and then I wasn't game to leave the house, for a long time.

About six months I wasn't game to go outside. I was just so frightened of everything. My poor wife. She has to look after me, this dribbling, bloody, fragile, old man. Yeah."

Barry wrote a successful book about his life and it produced a surprising bonus. "It's brought us together my mates and I, all of us, in a way that's surreal, and that is we've done a lot of fund raising. We've learnt that to give is the best thing to heal our soul and our spirit. We had no idea."

Barry's path back to health was long and painful for him and his family. "I believe from that whole experience, the things I treasure in my life are so simple: I don't want anything other than a wife "" I've got a beautiful wife, I've got beautiful children; beautiful grandchildren, and that's it."

. **The End**

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