REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION

RDMA's Newsletter

Newsletter
August 2023

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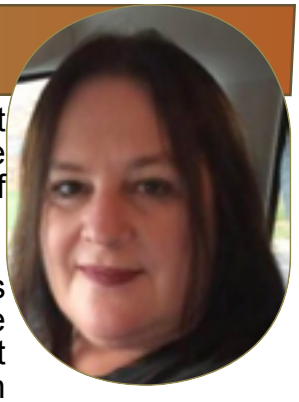
See Where We Work & Live P19.
Vietnam War 1962 - 1975

RDMA's President Report Dr Kimberley Bondeson



The EKKA is here again this year, and along with the pleasure of visiting the famous EKKA showgrounds and all it has to offer, is the flu season. We are seeing influenzae a and b, RSV and of course, Covid 19 infections, as expected.

An update of Payroll Tax – this is been rolled out in NSW with several medical practices been hit with large bills, one practice reportedly hit with a Bill of $800,000, another with a bill of $450,000. This has resulted in the immediate closure of the practices. (AusDoc, August 2023).

More details about MyMedicare are unfolding, and the details seem to be this. Patients voluntarily enroll with a practice, and the practice undertakes the paperwork involved in this. Then the patient is eligible for longer telehealth consultation rebates with the enrolled patient.

There is also a $2000 bonus for patients classified as "frequent fliers" who regularly attend a hospital 10 or more times a year– if they stay out of hospital, the practice gets the bonus. (AusDoc, August 2023).

Note that this is the practice, not the individual doctor. The Government seems to think that offering money to GP's will keep complex, regular hospital patients out of hospital.

Personally, I can't see this working, as the handful of complex patients that I have that fit this category are often in supported accommodation, and regularly have falls, which results in carers taking them to hospital.

This tends to occur after hours, or on weekends. If the care staff are anxious, they will naturally ring an ambulance and take the patient to hospital for assessment. It is a matter of time to see how this system works, if at all.

The government has opened several "Satellite Hospitals", the nearest one to the Peninsular is in Caboolture.

According to patients' reports, it has 1 doctor working in it, and there is up to a 4 hour wait to be seen.

Other details are a bit sketchy, but it is apparently located near the Caboolture hospital. There are plans for further Satellite Hospitals, and Urgent Care Clinics.

As these unfold, we will keep everyone updated.

Recently, over the weekend was the ASADA conference, held at Portside in Brisbane. I

t was well attended, and informative.

And at the end of September, there is the AMAQ conference in Portugal, which is the first overseas conference for the AMAQ since Covid 19.

Kimberley Bondeson

Note: Free RDMA Membership For Doctors in Training

RDMA Meeting Dates Page 2.

qml pathology

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: The Komo, WaterView Room 1, 99 Marine Parade 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

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www.redcliffedoctorsmedicalassociation.org/

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- No charge to current RDMA members.
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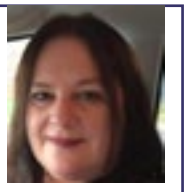

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AMA Queensland Senior Doctors Conference Pictorial by Kimberley Bondeson

Dr Maria Boulton, Dr Geoffrey Hawson & Dr Catherine McDougal Queensland Health Chief Medical Officer

Dr Alan Wallace, Soap Box Presentation and Dr Kimberley Bondeson

Next RDMA Meeting Due 25th July 2023

Introductions:

Kimberley Bondeson introduced our Sponsor Limus Radiology's representive Zac Ryan and Lydia Griffiths.

Speaker
Bec Kneen, Nuclear Medicine Modality Lead - Queensland Chair Person - Nuclear Medicnine and PET Advisory Group.

Topic
Nuclear Medicine Scans and How GP's can refer with Clinical Indications.

Photo 1 Below Clockwise:
Zac Ryan and Speaker Bec Kneen
Photo 2 & 3
Dr Peter Marendy Speaker & Award
Photo 4
Zac & Lydia Reps
Photo 5 New Members
Sarah Bresnehan & Nelsen Alder
Photo 6 New Member
Jack Conadriameincke & Zac Ryan Rep

qml pathology

Monthly Meeting

Date	Wednesday 30th August 2023
Time	7pm for a 7:30pm start
Venue	Waterview Room, The Komo 99 Marine Pd Redcliffe
Cost	Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – $30 payable at the door (Membership applications available)

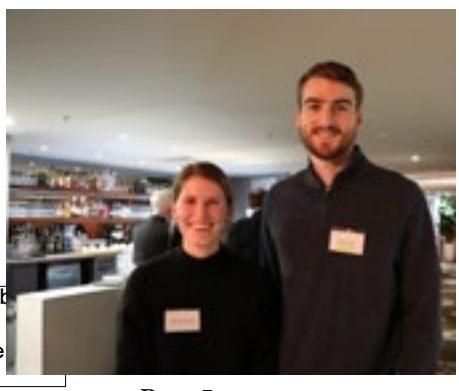
Agenda

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc **Sponsors: Tilray** **Represented by: Nicole Atkins**
7:40pm	**Speaker: Dr Peter Georgius (Pain Specialist and Rehabilitation Physician) Noosa** **Topic: Medicinal Cannabis in treating Chronic Pain** Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP By Friday 25th August 2023
RDMA@qml.com.au or 0466 480 315





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RDMA VICE PRESIDENT'S REPORT
Dr Wayne Herdy

Federal Budget announced that Opioid Substitution Treatment drugs would become PBS Funded.

Federal Budget announced that OST (Opioid Substitution Treatment) Drugs would become PBS funded.

On 19th June, OST prescribers (includes QOTP, Qld Opioid Treatment Program, this is Methadone, Subutex, Suboxone, long acting injectables) received emails outlining a new process to take effect on 1st July, 2023. This is 2 week's notice.

PBS funding would be by S100 (highly specialized drugs) authority prescriptions.

Software providers were unprepared. Medical Director did not include changes. A patch was added in first week of July.

Hence prescribers had to find old paper authority scripts pads. My practice still had 3 pads totalling 75 scripts, but I have over 200 patients.

When chemists received these scripts, they phoned prescribers to ask how to manage the script. They were equally unprepared.

When chemists submitted claims to PBS, they were rejected. PBS was not prepared to pay the new authority scripts.

QOTP prescribers have special State authorisations to prescribe, including a condition that they use specific stationary.

On 29th June, 2023, QHealth sent new authorities to AOTP prescribers to include the new PBS scripts.

QHealth were also unprepared and had to amend the authorisations only days before the transition took effect.

QOTP scripts are directed to a specific pharmacy and include start and stop dates. In the second week of July, QHealth realised that these requirements had been overlooked, and so sent additional instruction to prescribers.

There have been at least two additional amendments since. All scripts needed to be re-written.

To be fair, the transition process does provide leniency for absolute compliance with the new rules – prescribers have until November to get everything right.

Bottom line.
The transition from State Funding to PBS Funding is very welcome because it makes it cheaper and therefore more accessible for addicts to engage in treatment programs.

But there is no incentive to encourage new prescribers to enter the field.

And the rollout of the changes was rushed and left all participants (including the PBS) unprepared.

P.S. This is the same government that is trying to sell us on an Aboriginal Voice in Parliament. Confidence-boosting?

As always, this is the personal view of the writer, Wayne Herdy, and does not necessarily reflect the Redcliffe & District Local Medical Association views.

Dr Wayne Herdy

PRESIDENT AND CEO REPORT

AMA Queensland advocacy is continuing to pay off for members and the community with sensible decisions on meningococcal B and flu vaccines, more publicly available hospital performance statistics, and more clarity around the payroll tax amnesty.

PAYROLL TAX

AMA Queensland is continuing to advocate for an exemption for GPs from payroll tax, and the Treasurer was asked at least 14 questions at Budget Estimates at the start of August related to our work.

He was asked how many medical practices and doctors would be affected, the total number of amnesty Expressions of Interest (EOIs) submitted so far, and what modelling has been done on the impact on state hospitals, bulk billing, ambulance call-outs and aged care facilities.

As of 1 August, just 93 of our state's estimated 1,400 general practices had applied for the amnesty, suggesting many are still awaiting legal and financial advice.

The Treasurer claimed payroll tax for practices for tenant GPs would only affect big corporate medical practices, showing a misunderstanding of the impact on small suburban and regional clinics.

We acknowledge that Queensland is one of only two states to offer an amnesty and a moratorium on audits. The QRO has released a new fact sheet with further details following AMA Queensland concerns that registering for the amnesty may amount to an admission of liability. You can view the factsheet on our campaign website **ama.com.au/qld/campaigns/payroll-tax-campaign**

HOSPITAL PERFORMANCE WEBSITE

The state government has heeded our calls for more transparency around hospital performance and has introduced a new website that provides updates on bed numbers, waiting times and elective surgery lists.

This is a step forward in transparency of government and we urge other states to follow Queensland's lead.

We can't improve our healthcare system unless we know how it is performing.

This will be an invaluable resource when the AMA compiles its annual national Public Hospital Report Card.

Read more at **ama.com.au/qld/news/Hospital-performance-website-commendable**

60-DAY DISPENSING

We were pleased to see 60-day dispensing survive a Senate disallowance motion despite a concerted lobbying campaign by some pharmacy groups.

This move will help patients with cost of living, saving them time and money, by allowing them to access a 12-month script from their GP and two months supply, not one, from their pharmacy.

The AMA has been calling for this to be introduced since it was first recommended in 2018 by the Pharmaceutical Benefits Advisory Committee (PBAC), and held meetings with all federal crossbench senators in the lead-up to the 17 August vote.

Read more **ama.com.au/qld/news/60-day-dispensing-good-for-patients**

MENINGOCOCCAL B VACCINE

We have been calling for the meningococcal B strain vaccine to be added to the free National Immunisation Program (NIP) for more than six years.

While federal authorities have yet to act, the Queensland government will make it free for infants and older teenagers from next year.

We commend the Queensland government for taking action. It is an anomaly that vaccines for the A,C,W and Y strains are available free but the B strain vaccine is not.

We will be working with the government to ensure a smooth rollout of this vaccine from next year.

ama.com.au/qld/news/MenB-vaccine-protect-young-Queenslanders

FLU RATES

Gladstone Hospital has rejected media reports it put respiratory patients in the maternity unit to cope with a lack of beds due to surging flu cases.

However, it is clear that our low vaccination rate is leading to the highest rate of infection in the nation and putting pressure on our hospitals.

We continue to urge Queenslanders to get their flu vaccination. It is safe, it is effective, and it is free.

Read a transcript of Dr Boulton on the Today Show **ama.com.au/qld/news/Transcript-Today-Flu-cases**

COUNCIL COMMUNIQUE

AMA Queensland Council met on 28 July for the first time since our May AGM.

We covered a wide range of topics and approved the formation of two new Working Groups.

Read the Communique in full **ama.com.au/qld/CouncilcommuniqueJuly23**

THREE NEW COUNCIL MEMBERS

We're pleased to report that our remaining casual Council vacancies for 2023-24 have been filled by three outstanding doctors.

Infectious diseases specialist Associate Professor Paul Griffin joins us as the Full-Time Salaried Medical Practitioner Representative. Paul is well-known around the nation for his calm and sensible media performances throughout the pandemic and his experience includes public and private hospital practice, research and teaching.

Dr Sandra Hirowatari is a semi-retired GP doing rural locums in Australia and Canada. She joins us as General Practitioner Representative and has a long history of AMA involvement. She is a past AMA WA Councillor and past Chair of the AMA Council of Rural Doctors, and brings a unique perspective to our Council.

Public Health Advanced Trainee Dr Mikaela Seymour is North Area Representative and is a past Deputy Chair of the AMA Queensland CDT and was the AMA Doctor in Training of the Year in 2018. She has worked in the Pacific and Asia in remote and rural primary care and project management, and has been a technical advisor for the Australian Regional Immunisation Alliance.

Read more at **ama.com.au/qld/news/newCouncil23**

GP LEADERSHIP

The University of Queensland Business School and GPpartners, which represents north Brisbane GPs, recently collaborated to hold the GP Leadership Excellence Program, with the vision of empowering medical experts to lead with confidence and influence in shaping the future of primary healthcare for Queensland.

Dr Boulton and several other AMA Queensland members attended. It was a fascinating couple of days with speakers covering topics from the personal transformative journey for GP leaders to some of the looming healthcare megatrends and workforce burnout.

Read more at **ama.com.au/qld/news/UQ-GP-Leadership-Excellence-Program**

UPCOMING EVENTS

We look forward to seeing members in Portugal for our Annual Conference in September. A couple of places are still available – check our website for details. **ama.com.au/qld/events/annual-conference/lisbon**

Our next major event is the Brisbane Women In Medicine Breakfast. This sells out quickly so register now at **ama.com.au/qld/events/WIMBNE2023**

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RAISE IT FOR REDCLIFFE HOSPITAL

Life-changing Redcliffe Hospital research, thanks to your generosity

An innovative research project, partly funded by the 2022 Redcliffe Hospital Giving Day, will see Redcliffe surgical patients appointed a pre-operative assistant to help them reduce modifiable risk factors and improve their recovery.

The Redcliffe District Medical Association is invited to learn more about life-changing clinician-led projects it has helped fund, such as this, at the 2023 Redcliffe Hospital Research Symposium on Thursday 14 September, which will be held online and at the Education Centre, Redcliffe Hospital (9am to 1pm).

Redcliffe Hospital Director of Research, Dr Joel Dulhunty, said the support of the many hospital and community donors for Giving Day and through the Redcliffe Hospital Research Giving Circle, was already making a significant impact.

“The generosity of RDMA members in supporting research, which will potentially improve the lives of hundreds of Redcliffe Hospital patients every year, has been excellent!” said Dr Dulhunty.

“In partnership with the RBWH Foundation, the vision of Raise it for Redcliffe Hospital is to advance patient care and life-changing health research - by people, for people.”

The pre-operative feasibility study, being led by Senior Dietitian Alyce Nissen, will build on well-established post-surgery recovery principles already incorporated at Redcliffe Hospital. Her focus is on preoperative optimisation, trialling a Clinical Assistant model of care.

“Redcliffe Hospital surgical patients already complete screening which includes questions about modifiable risk factors such as smoking, alcohol consumption, anaemia and nutrition,” said Ms Nissen.

“This study will use a Clinical Assistant to follow up select patients and work closely with them to provide education, resources and referrals to allied health professionals or existing community services to modify those risk factors.”

ALYCE NISSEN

“The key will be to empower patients by allowing them to complete a self-generated screening survey and then take ownership of the recommendations,” said Ms Nissen.

The pilot program will assess whether a Clinical Assistant model of care was effective, feasible and acceptable to patients. A consumer group will help co-design survey materials and program delivery. Partnership with existing community programs and local GPs will ensure the program has the most impact.

“Co-design is about having the experts in the room and those experts include people with lived experience, as well as clinicians,” said Dr Dulhunty.

“The best outcome for patients is achieved by involving them in health design from the start.”

Ms Nissen was awarded a 2023 Redcliffe Hospital Research Fellowship, thanks to the extraordinary power of giving to Raise it for Redcliffe Hospital and funding from the Redcliffe Hospital Private Practice Trust Fund Advisory Committee.

To learn more about Raise it for Redcliffe Hospital or the Redcliffe Hospital Research Giving Circle, email Fundraising Manager Sharyn Tidswell at s.tidswell@rbwhfoundation.com.au

The Microsoft Teams link to participate in the 2023 Redcliffe Hospital Research Symposium is https://bit.ly/45nbO4t. Research presentations and posters will feature from 9am to 12pm, followed by the

MEDIA RELEASE

AMA and medical colleges call for immediate action to clear surgery backlog

The Australian Medical Association (AMA) has joined with medical colleges to call on the federal and state and territory governments to take immediate action to tackle ever-growing surgery waiting lists, with hundreds of thousands of Australians often waiting years in terrible pain.

The AMA; Royal Australasian College of Surgeons (RACS); Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) have written to federal Health Minister, Mark Butler, calling for action to get public hospitals out of logjam.

The group says while the National Hospital Funding Agreement (NHRA) needs reform, a new agreement won't be introduced until 2025, and there's desperate need for a new plan to tackle the existing backlog of surgeries.

The AMA and the medical colleges are pushing for 50–50 funding in the new NHRA and the removal of the 6.5 per cent cap on funding growth, together with the reintroduction of performance funding.

AMA President Professor Steve Robson says hundreds of thousands of people are waiting for essential surgery and urgent action is needed now.

"Sick and injured patients across Australia have been suffering for far too long on surgical waiting lists," Professor Robson said.

"We need action now — from all governments — to get our hospitals out of logjam and help all those Australians whose lives are being severely impacted because they can't get the surgery they need."

The letter says new funding must be dedicated to clearing the surgery backlog, with an estimated $4.4 billion — shared between state, territory and Commonwealth governments — needed over two years.

Immediate action is required to help public hospitals expand capacity, as we estimate the elective surgery backlog is likely to be above 500,000 patients and growing, while the "hidden waiting list" for initial public outpatient appointments could exceed 400,000.

RACS President Associate Professor Kerin Fielding stressed the importance of recognising the community's continuing and increasing demands for specialist surgical care and access to elective surgery.

"The capacity of health services to improve standards of living through surgery is increasing, but the allocation of resources to support this still requires improvement. So too does the term 'elective surgery', which has been questioned by the College, since 'essential surgery' seems more accurate," Professor Fielding said.

"We should also look at improving efficiencies within the public health infrastructure by establishing facilities with dedicated surgical beds reserved for planned elective surgery patients to ensure emergency admissions do not occupy theatre and bed resourcing."

RANZCO President Dr Grant Raymond said: "Publicly funded cataract surgery is under enormous pressure with the current waiting times for elective surgeries adding distress to many patients. Without targeted intervention the excessive delays for the elderly will continue to worsen".

RANZCOG President Dr Benjamin Bopp said: "The current waiting times for elective surgeries for women is adding distress to many and impacting on quality of life, not just for individuals but also their families and communities. This will only get worse without targeted intervention".

Contacts:
AMA: 0427 209 753 **RACS:** 0429 028 933 **RANZCO:** 02 9690 1001 **RANZCOG:** 0448 735 749

AMA

MEDIA RELEASE

Friday 25 August 2023

High quality end-of-life care a right for all Australians

The Australian Medical Association says every Australian deserves high-quality quality end-of-life care that alleviates suffering and upholds individuals' values.

The AMA's updated *Position Statement on Issues Arising at the End-of-Life 2023* makes recommendations to ensure patients achieve the best quality of life possible throughout the course of a life-limiting condition.

AMA President Professor Steve Robson said end-of-life care should be timely, patient-centred, affordable, and culturally safe.

"The simple truth is that each of us will inevitably die, and many patients find themselves at their most vulnerable at the end stage of their lives," he said.

"That's when they need a team of support co-ordinated by their GP that could include, specialist palliative medicine physicians, other medical specialists, palliative care nurses and pharmacists as well as other allied health professionals and support staff.

"Each of these groups, along with volunteers, family members and carers, as well as religious and other community groups, play a unique and vital support for people with a life limiting illness."

The AMA position statement says end-of-life care takes place across a range of clinical and community-based settings.

"Everyone, regardless of where they live in Australia should have access to affordable end-of-life care with the support of culturally appropriate support services including trained interpreters, social and home supports, respite care and bereavement support," Professor Robson said.

Professor Robson said there must be sufficient and adequate planning, funding, training, coordination and clinical governance to ensure the capacity and coordination of the workforce necessary to facilitate this.

"We need to treat the patients as individuals, with respect, dignity and compassion and the AMA's new recommendations can ensure this happens," he said.

The updated position statement can be accessed on the AMA's website.

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Continued Page 15

In my mind, I see the medical profession involved in fraudulent activity by continuing CPD in its present format. It is a deceptive way of telling the public, like the witch doctors of the past, that we are practising the highest standard of medicine this way. It is a political con, and we are risking our mental health by going along with it. Doctors must ask themselves if they practise higher standard medicine because of this scheme. My standard has been the same as before and after the introduction of CPD. Doctors who think CPD has improved their standard of practice are deluding themselves. Any educational activity, if it is going to mean anything, has to be voluntary, not coercive. As a doctor, my job is to expose the bulldust around us rather than accept it. Thus, I commented on the online Australian Doctor article dated 24/07/2023, titled **"The 'hidden curriculum' in medical schools undermines general practice, says top dean."** It was about the looming shortage of GPs coming. The following is my comment and the discussion that followed. Our readers will find it interesting and enlightening.

Dr Mal Mohanlal General Practitioner MARGATE, QLD
In any profession, if you want to attract people to join, there must be some perks and lurks. The bureaucrats have taken all these away. Also, the bureaucratic requirements in general practice have increased over the past few years. Practising medicine has become a form of enslavement unless one is highly motivated to help sick and dying people. How stupid and myopic we are, and we start wondering why a shortage of GPs is coming up. Where is the incentive to join General Practice?

Dr Peter Grant Medical Practitioner *Reply to* *Dr Mal Mohanlal*
I agree entirely Dr Mohanial. I estimate 40 per cent of the time I spent as a solo GP was in the "will never be funded" category – forty per cent for goodness sake.

Dr Hein Vandenbergh OtherBega, NSW *Reply to* *Dr Mal Mohanlal*
Suggesting perks and lurks so downgrades this discussion. How about fair and reasonable recompense for our efforts, training, sacrifices, and socially beneficial knowledge? One reason why the government is stingy with its fee-reimbursements is their knowledge that there is a not insubstantial proportion of doctors who exploit the system daily, the lurkers and perkers. We all know this. It is time to stop pretending it is otherwise. And the honest are paying for this lurks and perks mentality. Maybe it is a good thing you mentioned it: now we know it is what some drs expect, we can openly discuss it. However, the intrinsic incentive to be a GP is its ability to, on a daily basis, make some beneficial changes to peoples' lives, in an increasingly crass world. Once we can demonstrate unequivocally that we are honest, not lurk-merchants, fair recompense may just follow.

Dr Mal Mohanlal General Practitione rMARGATE, QLD *Reply to* *Dr Hein Vandenbergh*
No, my friend, it does not downgrade this discussion. The perks and lurks are part of the consumer society we live in. They are considered additional incentives. Politicians are using the medical profession for political purposes, and by cooperating with them, we assist them in distorting people's perceptions. That is fraudulent behaviour, and you think the medical profession is not exploiting the situation. You are indeed very naive. Why do you not expose this fraudulent behaviour if you think you are so honest?

Dr Hein Vandenbergh OtherBega, NSW *Reply to* *Dr Mal Mohanlal*
If perks and lurks are part of this society in which we live, maybe the first thing we should do is try to unseat this unhealthy appetite for things of dubious legality. Readjust our values-

set. After all, medical practitioners are best placed to deal with ethics, it should be in our blood. Clearly for some it is not – or is it merely a deficit in linguistics? I'll give you the benefit of the doubt on this. As to finger-pointing about naivité, 50 yrs at the coal face and as a medical educator – and 8 post-grad qualifications – well, where would you like to start? After you, sir.

Dr Mal Mohanlal General PractitionerMARGATE, QLD *Reply to* *Dr Hein Vandenbergh*
The medical profession has become full of bureaucratic thinkers who suffer from a disorder of perception. They have become bureaucrats who do not have any ethical considerations. As such, there is little regard for care and compassion, thanks to consumerism. The only way doctors can change their value system is by changing their perceptions. They should stop being bureaucrats and stop playing politics. Please read my online articles to understand how I feel about the direction the medical profession is going. I have been in over fifty years of medical practice and know what you are talking about.

Dr Hein Vandenbergh OtherBega, NSW *Reply to* *Dr Mal Mohanlal*
My comments related to the brazen demand for lurks and perks. Whether we have administrators lacking perception and ethics is neither here nor there, unless the suggestion is to lower ourselves to that (supposed) standard. Lurks in my language are illegal financial manoeuvrings, and perks marginalia earned by exploiting the built-in ambiguities of a system. Hence my reference to linguistics: the word choice in your original comment may have been unfortunate. One hopes.

Dr Mal Mohanlal General PractitionerMARGATE, QLD *Reply to* *Dr Hein Vandenbergh*
I realise that perks and lurks are below your standard of value system, and you regard them as something evil. If the government offered you $5000 to do CPD for the time you have devoted to earning the points, should you object to it because it would be considered "perks and lurks"? As a GP, would it not be a great help to run your practice? Should you refuse to accept it because of the high principle you hold? What would our readers have to say on this matter, I wonder?

Dr Hein Vandenbergh OtherBega, NSW *Reply to* *Dr Mal Mohanlal*
It seems there is an ongoing course of misinterpretation here. I do not use the term evil. And as to the example you give, by way of illustrating lurks and perks, I refer you again to my definitions of those terms. Were you to do so, you would realise that your example does not come anywhere close to them. I gave you the opportunity to escape the self-created odium of having used those two terms, but you do not seem to get the hint. You counter with bellicosely worded misrepresentations of my argument, and implicitly -repeatedly – belittle my ethics. I do not ever pursue discussions in this manner, and therefore consider it closed. In any case, it is now way outside the remit of the subject AusDoc article.

Dr Mal Mohanlal General Practitioner MARGATE, QLD *Reply to* *Dr Hein Vandenbergh*
I was not trying to belittle your ethics. I am sorry you took it that way. In my mind, "perks and lurks" are incentives. I would rather join a business that offers me "perks and lurks", no matter what definition you give, than join a business that offers me none. Thank you for your comments. Our readers are the best judges.

Dr Hein Vandenbergh Other Bega, NSW *Reply to* *Dr Mal Mohanlal*
Acknowledged.

Lord Howe Island Australia

By

Cheryl Ryan

Formed by volcanic activity and located between Australia and New Zealand, this paradisiac island is a beautiful holiday spot that's perfect for a visit at any time of the year. With its tropical ambience, blue waters all around and its warm native inhabitants, this place is surely a treat for all the senses.

Feed the fish at Ned's beach
Ned's beach is a beautiful sight with its clean white sands and shady spots to laze in. The clear blue waters make snorkeling and exploring aquatic life a fun and engaging activity. You can easily purchase a cup of fish food at the beach and feed the fish that venture close to the shore.

Kayak to Ball's Pyramid
This formation is certainly one of the many natural wonders of the world, with its rocky peak poking out of the ocean, extending skywards almost half a kilometer. Ball's Pyramid is the world's tallest volcanic stack. You can rent a boat and ride up to Ball's Pyramid where, depending on the season and sea condition you may be allowed to dive around it. Just gazing at this beautiful masterpiece though is a treat in itself.

Pretty Castles under water
Coral reefs are like underwater gardens with their rich ecosystem and variety of shapes and colors. Lord Howe island, being a relatively remote place, has some of the most beautiful coral reefs. Snorkeling is the best way to truly experience the coral reef gardens and the rich biodiversity teeming underwater.

Relax, take it easy!
One cannot come to a tropical paradise and not take the time to sit back and bask in the sun kissed glory of nature. Take your time floating in the calm tide pools or lazing in the sands of the warm shore. Also don't miss the incredible sunrise and sunsets.

What we have planned for you:
● Rise with the sun as you hike up to Kim's Lookout to catch a beautiful panoramic view of the island and the ocean.
● Rent a kayak and go off exploring the sea arches along with your camera.
● Sample some of the fresh fish at one of the many restaurants.
● Take a glass bottom boat ride to spot the aquatic life below.
● Alternatively, you can choose to go snorkeling for a more authentic feel.
● Camp under the stars for a glamourous view of the starry night. Since this island is far from civilization and light pollution, the night sky is one of the most beautiful vistas it has to offer!

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SMSF – Property Investments (Sole Purpose Test)

There is no doubt that property Investments, have been a hot topic of discussions in recent months. No doubt fuelled by concerns about rising interest rates and their impact of property investments.
Not surprisingly, cashed up trustees of SMSF are looking to take advantage of any bargains that may present themselves.

However before committing to an investment Trustees must remember that all investments undertaken by a SMSF must pass the "Sole purpose Test"

A property investment by an SMSF will fail the sole purpose test if it provides pre-retirement benefit to someone such as personal use of a fund asset, warned the ATO director of the SMSF Auditors Segment.

In a presentation to the SMSF Australian Auditors' Association Conference in Sydney recently, Mr Delahunty said the rules around property investment for SMSF is clear cut and there are three key considerations for trustees – that the investment meets the 'sole purpose test' of solely providing retirement benefits to fund members, that it satisfies the trust deed and investment strategy of the SMSF and that it is not prohibited by the super laws.
"*A fund fails the sole purpose test if it provides a pre-retirement benefit to someone – for example, personal use of a fund asset which was set out in the sole purpose test implications of fractional property investments following the Full Federal Court decision in Aussiegolfa Pty Ltd (Trustee) v Commissioner of Taxation [2018] FCAFC 122."*

He continued that the super laws require that trustees must prepare and implement an investment strategy for their SMSF and give effect to and review their strategy regularly.

"The strategy must consider the risks involved in making, holding and realising, and the likely return from the fund's investments regarding its objectives and cash flow requirements," he said.

"It must also look at the composition of the fund's investments including the extent to which they are diverse and the risks of inadequate diversification and finally the liquidity of the fund's assets and its ability to pay benefits and other costs it incurs."
Asset concentration risk, he said, is heightened in highly leveraged funds, such as where the trustee has used a limited recourse borrowing arrangement to acquire the asset.

There has been a growing trend in property investment over the past five years, with the ATO data revealing that in 2020–21 overall SMSF investment in real property was $166.9 billion out of approximately $800 billion in total SMSF assets.
Total investment in real property grew to $166.9 billion in 2020–21, up from $163.0 billion in 2019–20 and $137.0 billion in 2016–17. Direct investment in non-residential real property grew by 15 per cent from $64.7 billion in 2016–17 to $74.7 billion in 2020–21. Investment in 2019– 20 was $73.1 billion.

The trend continued in residential property investment which has also risen over the past five years, increasing by 23 per cent from $33.7 billion in 2016–17 to $41.6 billion in 2020–21. Investment in 2019–20 was $39.1 billion.

As Auditors of SMSF Poole Group see many Investments Strategies that while compliant, could do better at addressing the issues raised.
If you need guidance as to whether or not your potential property investment meets the Sole Purpose Test, call David Darrant head of our SMSF division for a no obligation discussion on 54379900.

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Private Health Insurance has been on 'Set and Forget' for Too Long

The Australian Medical Association is calling for significant reform to the country's private health system to ensure customers are provided with more affordable private cover amid rising cost-of-living pressures.

The AMA is concerned many Australians are effectively being priced out of private health insurance policy products that meet their needs, as reports reveal some providers are increasing Gold health premiums by up to 8 per cent.

In a submission to the Department of Health and Aged Care, the AMA welcomed proposed reforms to ensure private health policies better meet consumer needs, but acknowledged there was still much more work to be done.

AMA President Professor Steve Robson said the submission renewed calls for a Private Health System Authority to protect patients and drive reform in what remains a highly complex system.

"Private health policy has been on the 'set and forget' mode for some time now, meaning the system is falling behind changing customer needs and demographics," Professor Robson said.

"There is currently a policy reform black hole in the private health sector, leading to a system that doesn't properly balance the needs of hospitals, medical device manufacturers, doctors, insurers, and most important of all — patients."

Professor Robson said the AMA would continue advocating for private health to adapt to more innovative and efficient models of care, such as home-based and community-based care, but do so in a way that ensures patient choice remains the hallmark of the system.

"The recent reports on the excessive cost of Gold insurance policies demonstrate just how important reforms to our current policy settings and subsidies to premiums are," Professor Robson said.

"With private birth and psychiatric care only fully covered in Gold packages, the declining take-up rates or increasing costs could lead to troubling implications for our whole health system."

The AMA's submission was made in response to the final reports on private health insurance incentives and hospital default benefits, written by Finity Consulting and Ernst and Young respectively.

The AMA's submission agrees with many of the reports' recommendations, including the need to update and annually index the Medicare Levy Surcharge after years of zero or inadequate indexation, which has led to unfair settings that negatively impact people on lower incomes.

Importantly, it also recommends more frequent reviewing of private health policy settings which has been a key call from the AMA since the launch of the AMA prescription for private health in 2020.

The submission rejects a recommendation that high income earners should be required to purchase Gold or Silver policy products to avoid having to pay the Medicare Levy Surcharge, given the rising costs of these products and inequitable access to private services across the country other policy levers to better integrate the health system and ensure customers get better value from their private cover.

These include calling for the extension of private health insurance coverage to hospital substitution care without resorting to vertical integration, as well as legislation to require all providers to return 90 per cent of premium dollars paid each year back to the consumer.

"Patients rightfully have an expectation to receive real value from their private health insurance policies, and the AMA believes the government should mandate a minimum amount that every insurer is required to return to patient care in the form of claims benefits," Professor Robson said.

"If we truly want reform, including better models of care and private health insurance that is affordable amid Australia's cost-of-living crisis, we 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."

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The AMA also put forward

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Where We Work and Live

Vietnam War 1962–75 | https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies

Murray Blake (Australian Army), Enemy Bunkers.

During the Vietnam War, Australian soldiers encountered thousands of hidden underground enemy bunkers. Murray Blake recounts the dangerous work of clearing them. When Murray Blake left for Vietnam in 1969, he was an officer commanding D Company, 5th Battalion. But his thoughts were like those of any other soldier.

"Say goodbye to your family not knowing when you're going to see them again, or if you're going to see them again. A very difficult thing to do. I always have been optimistic in the sense that nothing would happen to me, I wasn't worried so much about being killed, I mean you can't do anything about that, I think the thing in the back of all soldiers' minds was being maimed."

Murray's company took part in many operations, but attacking and clearing enemy bunker systems was probably the most hazardous. "Always tell a bunker system because you would see trees that had been cut down and attempts at camouflage, and there were usually tracks and if they were there you could smell something and there was that feeling that just the tinging in your spine; you knew that it was dangerous territory."

The battalion contacted over 8,000 bunker systems during the Vietnam War. Each one was an unknown, underground maze. In April 1969, D Company was sent out to locate and destroy an enemy headquarters. What they encountered was a bunker system."We got into this system late in the evening and it was brand new, but didn't appear to be occupied. Very big and freshly dug. I went to map the bunker system, to draw a diagram so we had some notion of how big it was; I needed to report it. And they were kind of narrow these bunkers, and I used to wear a belt with my water bottles and ammunition pouches, so I couldn't get in. I was taking the thing off, get in there, put it back on.

I got fed up with this after a while so I just dropped my belt; I had my rifle, my Armalite under one arm, and a torch and a red china graph pencil and I was drawing this diagram on my hand, my left hand. And I heard a noise. I looked up and just, oh, maybe five metres away here's a guy about to take a bead on me.

Murray Blake (Australian Army), Enemy Bunkers.

So I seemed to do lots of things at once. Threw my torch away and the pen, tried to get my rifle from my right hand back over and cock it, fire, and at the same time he's firing at me. And that all kind of happened very quickly. And then there was silence. I picked up my torch, I never did find my pen, and gingerly sort of wandered in. There was a little bit of blood there, maybe I'd nicked him, maybe I hadn't, I don't know.

About this time there was an enormous amount of firing was going on in the direction I'd sent this platoon. What had happened was the platoon had run into this big headquarters we were looking for, they'd accidentally come across them and they were in terrible strife. A search party had been sent out for me, found my webbing and thought, 'Oh.' Then heard this firing and thought, 'Oh, the boss has copped it'. So they had then reported me missing in action. So there was all this great concern going on. Anyway I eventually found my way back to the headquarters to the relief of all. But that was a very big firefight then that went on and sadly we lost two soldiers killed in that and quite a few wounded."

Over 300 men fought for D Company during that year, most notably in the Battle of Binh Ba. When they boarded HMAS Sydney to go home, it was with mixed feelings. "There was a sense of achievement, a relief in the sense that you were going home in one piece. Some feelings of sorrow over the people that weren't coming home and those that had been maimed, no question or doubt about that. We had shared that unique experience on the battlefield; and it's a very uniting experience, in the sense that you have shared danger, you have shared comradeship.I think I have a very clear understanding of what's important in life and what isn't. I can let a lot of trivial things go, because the battlefield's a place to sort out what's really important and what isn't."

Stories continued next month

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