



August 2024

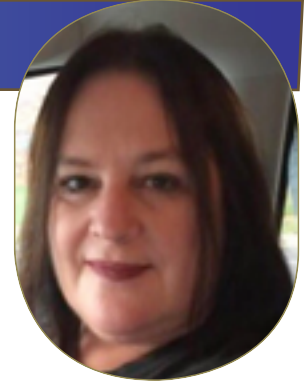
Newsletter



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## RDMA's President Report Dr Kimberley Bondeson



Winter is well and truly upon us, along with the EKKa and the flu season. The flu season has had an early start about 6 weeks ago, with plenty of Covid 19, influenzae a and RSV in the community.

There has been lock downs in nursing homes because of this, but overall testing for Covid 19, influenzae and RSV in the community seems to be down. I understand one of the large pathology companies ran out of swabs at one stage. The hospitals are full, and the A & E departments at bursting point. And we have not yet seen the peak.

The Medical Board has started consultation on mandatory health assessments for all doctors aged 70 and over.

“The assessment would take place every three years until the doctor is 80 at which point they would become an annual requirement for registration. According to the Aus Doc, one option outlined in the board’s consultation paper, the board’s preferred choice, is a general health check with their GP, a check that would include cognitive screening. The alternative is a more detailed fitness to practice assessment by a specialist occupational physician, which would cost the doctor up to \$6000” (Aus Doc 16th August, 2024).

Dr Geoffrey Hawson notes that only approx. 1.4% of doctors over 70 years of age received regulatory actions in 2022/23 (based on APHRA registrations) and the way the data is being reported by the Medical Board is exaggerating the incidence and being used to support an ageist and

biased policy.

According to Dr McMullen, Vice-President (and incoming President) of AMA Federal, “Some of the options put up by the medical board looked remarkably like the UK’s infamous revalidation system. What we do not support is processes that resemble revalidation or mandatory retirement of older doctors, nor do we support a complex fitness for practice assessment.” (Dr McMullen, President AMA, reported in the Medical Republic, 7th August 2024)

This is in the consultation stage, and we definitely need to speak up with an opinion. Please let myself, or Dr Geoffrey Hawson, know your thoughts. Dr Hawson is the President of ASADA (Australian Senior Active Doctors Association), and is on the AMAQ Council as the Senior Doctors Representative.

On a pleasant note, the AMAQ Annual Conference is being held in Athens, Greece, in September this year, which should be enjoyable. Dr Wayne Herdy and myself will be attending, and will report back on our return.

Kimberley Bondeson

**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 2024 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 date is

Tuesday	February	27th
Wednesday	March	27th
Tuesday	April	30th
Wednesday	May	29th
Tuesday	June	25th
Wednesday	July	31st
<b>ANNUAL GENERAL MEETING</b>		
<b>NEXT</b> Tuesday	August	20th
Wednesday	September	25th
Tuesday	October	29th
<b>NETWORKING MEETING</b>		
Friday	November	22nd

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

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from the end of October.

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please call our lovely staff on  
07 3142 1611  
[lumusimaging.com.au](http://lumusimaging.com.au)



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# RDMA MEETING TUESDAY 20<sup>TH</sup> AUGUST 2024



## Monthly Meeting

<b>Date</b>	Tuesday 20 <sup>th</sup> August
<b>Time</b>	7pm for a 7:30pm start
<b>Venue</b>	Waterview Room, The Komo 99 Marine Pd Redcliffe
<b>Cost</b>	Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

7:00pm Arrival & Registration

7:30pm Be seated – Entrée served  
Welcome by Dr Kimberley Bondeson –  
President RDMA Inc  
**Sponsors: GSK**  
**Represented by: Lauren Thompson**

7:40pm **Speaker: Dr Lydia Mowlem**  
BHB, MBChB, FRACP, Consultant Physician in  
Internal Medicine  
**Topic: Evolving Respiratory Management**  
Main Meal served (during presentation)

8:20pm Q&A

8:30pm General Business - Dessert served  
Tea & Coffee served

8:40pm Annual General Meeting

## Agenda

**RSVP**

**By Friday 16<sup>th</sup> August**  
**RDMA@qml.com.au or 0466 453 806**

# RDMA MEETING WEDNESDAY 31ST JULY 2024

Kimberley Bondeson RDMA President introduced the speakers.

**Speaker: Dr John Evans**

**Topic: Disrupted GI Tract Composition (Malabsorption plus Bacteria) and Outcomes.**

**Guest Speaker: Dr Nicholas Yim, AMAQ President**

**Topic AMAQ Updates.**

**Sponsor: Redcliffe & District Medical Association**

**Photos Clockwise from the right:**

1. Tonight's Speakers:  
Dr Nicholas Yim, AMAQ President and Dr John Evans.

2. New Members: Valentina Vargas, Jori Leung and John Atta

3. Drs Robert Hodges, Geoff Talbot and Dr Nicholas Yim.

4. Dr Paul Angle and Quinton Moffatt,

5. Drs Primula Balakrisnan and Eugene Lim, RDMA Treasurer.



# AMAQ BRANCH COUNCILLOR REPORT

## DR WAYNE HERDY, NORTH COAST COUNCILLOR



### DO WE NEED A SECOND OPINION?

Two years ago, the cumulative wisdom of the government, presumably advised by TGA and AHPRA and who knows who else, implemented a policy that requires second opinions for ongoing prescriptions of S8 drugs.

Long-term opioid prescriptions, more than a year, had to be approved by the opinion of a second prescriber.

This sounds superficially attractive as a safety measure. But only superficially.

Solo practitioners will have to send their patients to another practitioner. For “solo practitioners”, these days that almost exclusively means country practitioners, who now have to send their patients to the nearest other GP, in the nearest town an hour or two drive away.

Or if there are two solo GP’s in a town, we hope that they have a cordial relationship, otherwise the second opinion might come back reflecting an inharmonious relationship between the two doctors in town rather than a true objective clinical decision.

Most prescribers are just going to send their patients to another prescriber in the same practice. Realistically, what is the chance that the second prescriber in the same practice is going to come up with any opinion that conflicts with the colleague in the adjoining room?

So the probability is that virtually every second opinion is going to agree with the first opinion. With this as a guaranteed certainty, are we not wasting the taxpayer’s money?

I challenge the Canberra bean-counters to prove that this policy is going to change anything.

I invite the bean-counters to prove the number of S8 prescriptions that has been saved by implementing this policy.

We are sensitive to the numbers of hospital admissions and inadvertent deaths that result from injudicious co-prescribing. I especially challenge the bean-counters to document how many lives have been saved.

Can we guess how many patients are on regular S8 medications throughout the country? A few million? So we are wasting a few million GP consultations every year.

Or maybe one or two hundred consults for every FTE GP in the country. Maybe 50 million dollars or more down the drain.

Will this have a negative impact on doctors’ already- stretched appointment books? Of course.

It gets even better. This policy was introduced in June, at the peak of the COVID epidemic. A time when health resources were unable to mount sufficient resources to combat the most frightening epidemic in the memory of most of us.

A time when the GP community was struggling to find enough personnel resources to mount a massive COVID vaccine campaign.

A time when, even without COVID, the GP community is hard pressed to administer the tens of millions of influenza vaccines that traditionally get supplied at this time of the year.

A time when we are experiencing the outbreak of influenza and the many time-consuming winter respiratory ailments.

What better time of the year to introduce a policy that is going to waste a few million GP consultations? This policy looked pretty silly when it was announced. After two years, it is looking even sillier. Let’s see the proof that it was worth the effort.

Wayne Herdy

## AMA QUEENSLAND UPDATE AUGUST 2024

Welcome to our monthly President and CEO update where we highlight our recent wins, latest advocacy efforts, media opportunities, and campaign updates.



*AMA Queensland CEO Dr Brett Dale and President Dr Nick Yim*

### PHYSICIAN'S ASSISTANTS WON'T SOLVE OUR WORKFORCE SHORTAGE

We are preparing our response to the Queensland Health proposal to employ more physician's assistants (PAs) in our public hospitals.

We remain concerned about the impact on patient safety and appropriate training opportunities for junior doctors should this proposal go ahead.

Queensland has a workforce shortage in doctors, nurses, paramedics and other specialists across the whole health system. However, rather than band-aid fixes, we need long-term solutions to ensure that we can continue caring for all Queensland patients.

As there is no university program for PAs in Australia, we anticipate they will be recruited internationally, including from the UK and the US. PAs will not be registered under AHPRA and competency standards are still unclear.

The program also has the potential to worsen our workforce shortage. PAs usually perform tasks currently undertaken by our junior doctors as part of their essential training. PAs must not threaten our future medical workforce pipeline.



*Read ABC TV transcript*



*Read ABC Radio transcript*

### FIVE AMA QUEENSLAND MEMBERS ELECTED TO FEDERAL COUNCIL

Congratulations to our members Drs Sarah Coll, Xavier Yu, Jasmine Davis and Ekta Paw and A/Prof Gregory Duncombe who have been elected to the AMA Federal Council.

The Council comprises five practice groups and 12 specialty group representatives, seven state nominees, three ordinary members, one independent representative and a representative each for the Australian Medical Students' and the Australian Indigenous Doctors' Associations. Elected representatives across the five practice groups include private specialists, obstetricians and gynaecologists, radiologists and other physicians.



*Read more*







**AMA**  
QUEENSLAND

**130**  
YEARS  
1894-2024

*Supporting Queensland doctors,  
creating better health.*

## WHOOPING COUGH VACCINE

Last month we wrote to Health Minister Shannon Fentiman and Chief Health Officer Dr John Gerrard calling for the whooping cough vaccine to be made free for people not currently covered under the National Immunisation Program.

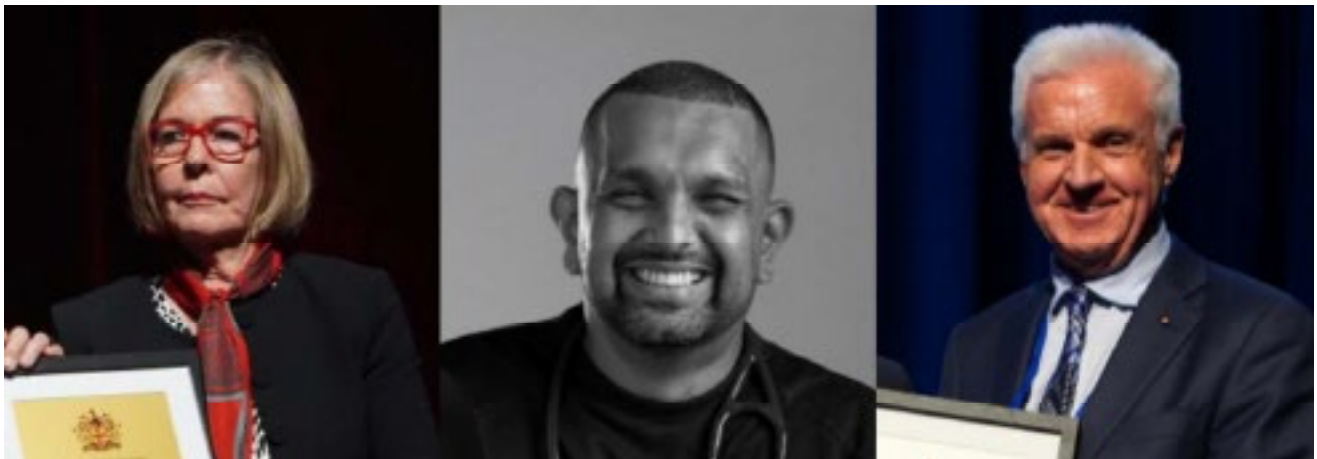
As of 28 July 2024, Queensland has recorded 6,199 whooping cough cases.

The program would align with those included in the Queensland Budget for influenza, Meningococcal B and RSV, help to reduce rates of infection and ease pressure on limited stocks of mycoplasma antibiotics.

While the government has decided against making the vaccine free for more groups, it recognises the need to boost vaccination in eligible cohorts and has asked for our support in this endeavour.



*Read more*



## THREE AMA QUEENSLAND MEMBERS HONOURED AT AMA24

Three AMA Queensland members were honoured for their contribution to healthcare at the AMA24 National Conference.

The conference, held on the Gold Coast over the first few days of August, featured a packed program of keynote speakers, networking opportunities and workshops, all leading up to the Gala Dinner where members from around the country were honoured for their contribution to healthcare.

Professor of Obstetrics and Gynaecology and clinician Prof Caroline de Costa AM was awarded the 2024 AMA Gold Medal for her leadership in reproductive, Pacific and Indigenous health in regional Australia.

Dr Dinesh Palipana OAM has been honoured with the 2024 Diversity in Medicine Award for his outstanding contribution to advancing diversity, equity and inclusion in the medical field.

Anaesthetist, researcher and teacher Prof André Van Zundert has been awarded the 2024 AMA Excellence in Healthcare Award in recognition of his commitment to medicine, research, teaching and volunteering.



*Read more*



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## THE IMPORTANCE OF DISCUSSING MEDICATIONS WITH YOUR GP

In response to a proposed class action by Shine Lawyers against proton pump inhibitors (PPIs) we spoke to ABC Radio about anticipated patient concerns.

The legal action is claiming a scientifically proven connection between PPIs and different forms of cancers or kidney failures – a claim that is likely to cause distress for patients currently taking the medication.

We reassured patients that while most medications have some side effects, PPIs have been around for decades, their side effects are relatively mild and they have been a life changer for much of the population.

The best thing for anyone who has concerns about their medication to do is to have that conversation with their GP.



*Read more*

## LEAVE DECISIONS TO CLINICIANS

After claims from hospital doctors of interference by senior executives in clinical decision making, we spoke with 4BC Radio about the importance of leaving decisions to clinicians.

We acknowledge there are great challenges currently facing our healthcare system, from ramping and hospital flow to aged care access. However, patient safety is paramount and can only be assured when doctors are free to do their jobs.

Central to this is independent clinical decision-making that is unimpeded by executive interference, especially where such interference is for non-clinical reasons such as meeting key performance indicators (KPIs) for data reporting.

Health service accountability, including the reporting of KPIs, is essential but it is vital that this data accurately reflects the true conditions in our hospitals. If it does not then data-driven, evidence-based improvements cannot be made since issues are obscured from both policy-makers and the community.

Pressure must not be placed on our hardworking doctors and nurses to find creative workarounds to make reporting statistics looks better. This risks our patients and further burdens our stressed health workforce.



*Read more*

AMA QUEENSLAND

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## MANDATORY HEALTH CHECK UPS

In response to AHPRA’s proposal to introduce mandatory health checkups for doctors over 70, AMA Queensland President Dr Nick Yim told ABC Radio that any new regulations must not discriminate against any group.

Doctors are just as prone to health issues as their patients and it is important that doctors of all ages have, and regularly see, their own GP.

However, Ahpra already has mandatory reporting for doctors of all categories and additional barriers could force them into earlier retirement.

We must retain as many health practitioners as we can by supporting them to continue working safely, including our experienced, late career doctors.

We also acknowledge the importance of protecting patients, and support evidence-based, fair and consistent health checks and the Board’s option to rely on existing guidance.



*Read more*

## SURGICAL WAITLIST ROUNDTABLE UPDATE

AMA Queensland’s Surgical Wait List Roundtable held its fifth meeting on 6 August.

The Roundtable is identifying solutions to inequitable elective surgery wait times for regional and rural Queenslanders and includes clinicians from across the state.

Priority actions have included reviewing existing research and models prioritising specialties and locations and identifying future data needs.

It is on track to release its Action Plan recommendations ahead of the October state election.



*Read more*



Raise it for  
Redcliffe Hospital  
**Giving Day**  
29 AUGUST 2024  
An initiative of  RBWH Foundation



2 August 2024

\*\*Photo provided: Pictured L-R Redcliffe Hospital Fundraising Manager Sharyn Tidswell, Research Co-Lead Terri Curcio, mother Kritiva Nepal, father Ayush Pudasaini with baby Aariv Pudasaini and Research Co-Lead Kat Ross.

### **Power of Giving helps Redcliffe mothers and their babies**

Thanks to the extraordinary power of giving, Redcliffe Hospital midwives are partnering with maternity patients to increase exclusive breastfeeding rates at the hospital.

The Breastfeeding Project, co-funded through last year's Raise it for Redcliffe Hospital Giving Day, has been featured during World Breastfeeding Week (1-7 August).

Project co-leads Terri Curcio and Kat Ross, who are midwives and lactation consultants, said the exclusive breastfeeding rates on discharge at Redcliffe Hospital were lower compared to other public maternity facilities across Queensland.

"The goal for all maternity facilities is to achieve and maintain at least a 75% exclusive breastfeeding or breastmilk-feeding rate at discharge," said Ms Curcio.

"The project aim is to explore the experiences of women who are birthing at Redcliffe Hospital and wish to breastfeed, with a particular focus on how antenatal and in hospital care may influence breastfeeding capacity after birth."

The countdown is now on to this year's Raise it for Redcliffe Giving Day, Thursday 29 August, a partnership between the RBWH Foundation and Redcliffe Hospital. Funds raised support research, like this, as well as patient care projects and other hospital initiatives that fall outside the scope of government funding.

Every donation received by Giving Day will be doubled by Giving Day Impact Partners, for twice the impact. Donate online at [www.raiseitforredcliffe.com.au](http://www.raiseitforredcliffe.com.au)

"More than \$800,000 has been raised by the community since Raise it for Redcliffe Hospital was launched in 2020," said RBWH Foundation CEO Simone Garske.

"This year Giving Day hopes to surpass \$1 million to make even greater community impact."

The Breastfeeding Project is partnering with Consumer Co-lead representative, Sue Chapman, through the Redcliffe Hospital Co-Design Research Internship Program (CRISP).

Sue Chapman was a Registered Nurse for 24 years, working in Adult and Paediatric services. Now a grandmother, Sue said watching her daughter's experience after the birth of her grandson, prompted her involvement as a consumer.

# Help us

## Raise it for Redcliffe Hospital this Giving Day

Thursday 29 August

[raiseitforredcliffe.com.au](http://raiseitforredcliffe.com.au)

x2

EVERY DONATION  
DOUBLED!



“Witnessing what I would call a maze, that had so many confusing and conflicting ways to go, was not something I would wish upon anyone,” said Sue.

“When this opportunity came available, I knew I could give something to the community and the hospital.

“To try and create change in regard to breastfeeding and what is available to mums is something I’ve become very passionate about.”

The project will explore the experiences of women who are birthing at Redcliffe Hospital and wish to breastfeed, with a particular focus on how antenatal and in hospital care may influence breastfeeding capacity after birth.

The project will also identify health care practices, interventions and strategies from the women’s perspective that may help improve and support exclusive breastfeeding. Participants have been recruited from 38-39 weeks pregnant and these women will be interviewed between 4-6 weeks postpartum to gather valuable insight into their lived experience around breastfeeding.

“The findings will help identify areas that need improvement and will assist in the development of strategies to improve the breastfeeding journey for women at Redcliffe Hospital,” said Ms Curcio.

The research team pay tribute to the Moreton Bay community for its support of Raise it for Redcliffe Hospital Giving Day.

“The clinicians involved in this project would have been unable to participate without the support of Raise It for Redcliffe.”

To get involved in Raise it for Redcliffe Hospital, visit [www.raiseitforredcliffe.com.au](http://www.raiseitforredcliffe.com.au) Follow on Facebook for the latest news.

### Media contact:

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M: 0404 866 903.

## Urgent action needed to address predicted shortfall of GPs

The Australian Medical Association has warned urgent action is needed to address a predicted shortfall of general practitioners and ensure Australians have access to the general practice care they deserve.

The Department of Health and Aged Care's GP workforce report, released on Monday, shows significant unmet demand with Australia already having a shortage of 2460 Full Time Equivalent (FTE) GPs and predicts this shortage will grow to 5560 FTE GPs nationally by 2033.

AMA President Professor Steve Robson said this report backs the findings of the AMA's own GP workforce report released in November 2022 and reinforces the need for the government to ramp up efforts to support and grow the GP workforce.

"When patients are unwell, general practice is their first point of call in our health system and this report highlights the problems that many patients encounter when trying to access GP care," Professor Robson said.

"We need to rebuild the GP workforce, which must start with training more GPs and supporting them to work in areas of need. This requires a comprehensive policy approach that starts with medical school and expanded access to clinical placements in general practice.

"There needs to be greater opportunities for doctors to experience general practice early in their career and policy that ensures the number of GP training places each year is based on community need."

Professor Robson said lifting working conditions for GP trainees to provide parity with their hospital-based counterparts was essential as this was a key barrier to students entering GP training.

"The government took the welcome step in last year's budget to lift funding for general practice and improve access to care for patients. This was an important downpayment and, as this report shows, more effort will be needed if we are to ensure the future GP workforce meets community need," Professor Robson said.

"Innovation in how care is provided in general practice is part of the solution to improving patient access to care, but it needs to be part of a team-based approach, coordinated by a patient's usual GP.

"Nursing and allied health professionals working with GPs will mean that the right care is provided at the right time by the right practitioner, but we cannot afford to follow failed models from overseas that fragment care, deliver worse patient outcomes and cost the health system more in the long term.

"Long-term solutions to improve access to GP-led care for patients, including in rural and remote areas that have been hardest hit by workforce shortages are needed.

"Training more GPs will require more financial and operational support for general practices and supervisors to train the next generation of GPs and provide medical students and doctors in training with positive experiences. We owe it to our general practitioners and our patients to provide this support.

"General practice is a fantastic specialty that is the backbone of our health system. Now is the time for bold policy measures to strengthen our GP workforce and ensure Australians can continue to access the high quality and cost-effective care that general practice has a long history of providing."

Contact: AMA Media: +61 427 209 753 [media@ama.com.au](mailto:media@ama.com.au)

# Parkinson's Disease and Mental Health

## By Dy Mal Mohanlal

In the 6 minutes online News on 25 July 2024 the following article with these headlines was published: **Risk of Parkinson's disease doubles for people with anxiety, study suggests**. Certain clinical features may identify those who may be in the prodromal phase of the disease.

### Summarised by ChatGPT

A recent study published in the British Journal of General Practice suggests that people over 50 with anxiety have at least twice the risk of developing Parkinson's disease compared to those without anxiety. Researchers from University College London found that even after accounting for various factors like age, sex, and lifestyle, anxiety was strongly linked to an increased risk of Parkinson's. Additionally, symptoms such as depression, tremors, rigidity, and sleep disturbances were associated with a higher risk. The study highlights the potential for early detection and intervention in individuals with new-onset anxiety.

I was the only person who made the following comment:

### Dr Mal Mohanlal

General Practitioner MARGATE, QLD

"My observations of how the ego operates in the mind make it clear that it is a product of self-hypnosis. When we think, we hypnotise ourselves. The words we use in our thinking process directly affect our subconscious mind. Anxiety is produced when we develop the habit of using words in the wrong way. For example, if we say, I hope everything is OK, we create instant doubt in our minds. But if we say "Everything is fine", even if it is not OK, we feel much better. It is a conditioned response to words in our subconscious mind. The meaning of the words does not matter to the subconscious mind. I wish all health professionals would develop some insight into their minds and learn to understand that we live in a hypnotic, delusional world. Unless the medical profession acquires self-knowledge of how the ego operates in the mind and recognises the fact that our thinking process is hypnotic, I cannot see how one can avoid more mental illness in society. Our perceptions influence our thinking, and our thinking influences our behaviour and actions. The key to solving the problem of mental illness lies in understanding the power of perception and not creating distortions, as most people are constantly doing. Mental illness eventually affects our physical health."

Surprisingly, no psychiatrist or psychologist came forward with any further comment. So, it makes me wonder whether the medical profession is interested in discovering how our ego operates in our mind. If doctors do not understand hypnosis, how can they know their minds and help other people with mental health problems? They seem happy to chase their shadows for the rest of their lives. I thought we were supposed to be a scientific profession interested in evidence-based medicine.

# Discover Croatia & The Alpine Countries

## By Cheryl Ryan



A place for all tastes! Croatia is a part of Eastern Europe that offers diversity to its travelers through its beautiful deep blue waters, sparkling waterfalls from Dinaric Alps, and the gorgeous medieval architecture. Whether you want to lie on a sun-kissed beach or perhaps get the essence of it through its Middle Ages towns or sit amid serene nature, Croatia will leave you delighted with its many things on offer!

### Sun, Sea, and Sand!

Croatia has beaches of all kinds, from pebbly to sandy beaches, ideal for family fun or for those who want to lay in seclusion to soothe the heart and core.

Following are some of the must-visit beaches on your trip to Croatia:

- 1) Zlatni Rat Beach: The Europe's third popular beach, Zlatni Rat Beach is a half kilometer long beach, ideal for families.
- 2) Banje, Dubrovnik Banje is a pebbly and sandy beach, offering breathtaking views across the sea. Enjoy a swim in the crystal clear waters or just laze around on the beach the entire day!
- 3) Sunj, Dubrovnik: Surrounded by lush green Mediterranean forest, Sunj beach in Lopud with shallow waters, ideal for children, families, and those who want to experience adrenaline rush through plenty of water sports.
- 4) Dubovica, Hvar: One of the most gorgeous beaches and only a few kilometers away from the lively town of Hvar, the Dubovica beach is a must-visit beach for all.

If you love diving or want to explore the colorful underwater sea life, Dubovica it is!

### Pamper your History and Culture Loving Self!

1. Hvar: The longest island in Adriatic Sea, Hvar houses some beautiful historical monuments that will pamper your history loving core. Some of the places to visit in the city include The Square of Hvar, Fortress, The

Cathedral of St. Stephen, and The Franciscan Monastery.

2. Zagreb: Comprising museums, art galleries, churches, and many other architectural splendors, Zagreb is a must-visit city for history and art lovers. From the city's popular Mimara museum, 13th century old Lotrscak Tower, to baroque church and plenty of art galleries and museums, you will have a great time in Zagreb exploring its gorgeous centuries old sites.

What have we planned for you?

We have formulated a fun-filled and comprehensive itinerary that includes the best of Croatia:

- Guided and historical trip to Zagreb, the capital city of Croatia.
- Visits to the National Parks of Croatia as the country is abundant in national parks. Some of the must-visit parks include Plitvice Lakes National Park, Krka National Park, and Paklencia National Park
- Tours to the UNESCO World Heritage sites, such as the Old City of Dubrovnik.
- A visit to the beach, Zlatni Rat Beach, in the region of Dalmatia, popular for its unusual shape and picturesque beauty.

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# World-class clinical trials are underway in Moreton Bay

**University of the Sunshine Coast is seeking participant referrals to contribute to medical research**

## **Potential treatment for coeliac disease**

We have begun trialling a treatment with potential to reduce symptoms from gluten exposure. UniSC researchers aim to test the efficacy and tolerability in adults with coeliac disease. We are calling for participants:

- aged between 18 and 80 years who have been diagnosed with coeliac disease
- have been following a gluten-free diet for at least 12 months
- able to commit up to seven visits at the UniSC Clinical Trials clinic in Morayfield over a 23-week period and undertake two endoscopies.

## **Trial of a new needle-free vaccine for avian influenza**

We have partnered with biotechnology firm Vaxxas to conduct a clinical trial for a potential new needle-free vaccine device. The study will evaluate the safety and tolerability of an influenza vaccine delivered via the skin by patch. We are calling for participants:

- aged 18 to 50 years
- able to attend 3 phone calls appointments and 12 visits at our Morayfield clinic over a 13-month period.

## **Potential asthma treatment**

We are collaborating with Apogee Therapeutics to conduct a first in human clinical trial of a new antibody therapy designed to block inflammation signals associated with asthma. The product, delivered by injection, is hoped to provide longer-lasting results for the disease which causes breathing difficulties due to inflammation and swelling in the airways. Our researchers will aim to identify the correct dosage and injection frequency that will provide the greatest therapeutic advantages. We are calling for participants:

- aged between the ages of 18 and 65, inclusive
- weigh less than 120kg
- have received a physician diagnosis of asthma over a year ago
- able to attend fifteen clinic visits including two four-night confinements at our Morayfield clinic Moreton Bay over approximately 28 weeks.

## **Do you have patients who might benefit from participating in a clinical trial?**

If you would like to receive information on currently available clinical trials, please contact our Participant Outreach Coordinator, Koren Clarke on 07 5456 3569 or email [kclarke2@usc.edu.au](mailto:kclarke2@usc.edu.au).



[usc.edu.au/trials](http://usc.edu.au/trials)



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**South Brisbane**  
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**Sunshine Coast Haematology and Oncology Clinic**  
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## Associate Professor Julian Rait elected AMA Vice President

Associate Professor Julian Rait has been elected as the Australian Medical Association's next Vice President.

The specialist ophthalmologist and past president of AMA Victoria was elected at the AMA24 national conference on the Gold Coast on Sunday.

He will begin his term alongside President-elect Dr Danielle McMullen on October 1.

Associate Professor Rait said he was looking forward to representing AMA members in his new role and advocating for a stronger health system for all.

"The vice presidency of the AMA is one of the most important health leadership roles in the country, and I am incredibly honoured to be elected to this position," Associate Professor Rait said.

"I am looking forward to working with Dr Danielle McMullen, an extraordinary GP who will be a fantastic President of this organisation.

"There is plenty of work ahead of us as we seek to address the many challenges, and seize on the many opportunities, across the Australian health system."

Associate Professor Rait was the President of AMA Victoria from 2018 to 2021, leading the organisation through a large part of the Covid-19 pandemic.

He previously chaired the AMA Federal Council between 2020 and 2022 and led the Council of Private Specialist Practice between 2016 to 2022.

Associate Professor Rait has also held several leadership positions within the medical indemnity insurance industry, including serving on the Board of the Avant Foundation and the Avant National

Advocacy Stakeholder Committee, while previously serving as a board member and the Chairman of the MDA National Group from 2008 to 2014.

Dr McMullen, who last month was confirmed as the next president after running unopposed, said she was delighted to have Associate Professor Rait as the AMA's next Vice President.

"Associate Professor Rait has held many health leadership positions over his extensive career and he knows what it takes to achieve meaningful health reform," Dr McMullen said.

"Together, we hope to address the chronic underfunding of GP services, the sustainability of the private system, evolving workforce shortages, and many other issues that are important to our members."

Current AMA President Professor Steve Robson congratulated Associate Professor Rait on his election.

"Associate Professor Rait and Dr McMullen, who has been an exceptional Vice President for the past two years will make a formidable team and lead the AMA from October 1 with great distinction," Professor Robson said.

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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>**

### **Tony Ey (Royal Australian Navy), Navy Clearance Diver**

Tony Ey served as a Royal Australian Navy Clearance Diver in Vietnam.

Like many Australian units, his was integrated closely with the Americans.

The Clearance Diving Branch is the Special Forces unit of the Royal Australian Navy.

In Vietnam, the diving teams served with American forces. Tony Ey was in Da Nang.

“When we arrived we were issued with American camouflage uniforms, American weapons. We had American vehicles, American boats, we ate American food.

After we arrived the Americans realised that we had probably a greater capability than the American-trained, bomb disposal types.

So they started to use us throughout the length and breadth of what they called I Corps, which was Military Region 1, in the north.

Their major role was in harbour defence, to protect shipping against underwater attack from VC, Viet Cong sapper swimmers.

On board the vessel it's not so bad but when you get underwater and search the hull, the visibility is zero, the water is dirty.

Quite often it's the middle of the night, a torch isn't going to do you much good anyway so, you have no choice but to use the ten eyes on the end of each finger and that's the way we were taught.

You just feel.

So you progressively search the ship the best way you can. You're virtually on your own, you're isolated.

You can't see anybody. You're in the water and you're below this ship and you're thinking that above you is thousands of tons of



**Tony Ey (Royal Australian Navy), Navy Clearance Diver**

high explosives that may detonate at any second.

I know from the Second World War my father, they came home as heroes and they were made welcome everywhere they went.

They were bought beers in the pub but we came home and we didn't talk about Vietnam.

And to this day there's not a day goes by that I don't think about Vietnam.

It is so much a part of you that you can never ever, ever shake it and I think the main reason for that is the way we were treated when we came home.

We were second class citizens and we thought we had done a great job.

We were very proud of what we did.

We did our best and we came home to a pretty bad reception.

The American experience was probably worse than ours I think but yeah it's something that stays with you for life.”

***Continued next month.***

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