



# RDMA's Newsletter

# Newsletter February 2023

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## RDMA's President Report Dr Kimberley Bondeson

Welcome to the 2023 New Year, it seems ages since 2022. I hope everyone had a lovely and relaxing Christmas and New Year break, and are fresh for 2023.

We are faced with varying weather in Australia, bushfires in Queensland and heavy rain and hailstorms on the peninsular. New Zealand is experiencing damage from Cyclone Gabriel.

One topic of concern at the moment is the State Revenue Office tax, which is currently targeting General Practice. The AMAQ has managed to get the government to give the medical profession a reprieve for 12 months, in order to get structures compliant.

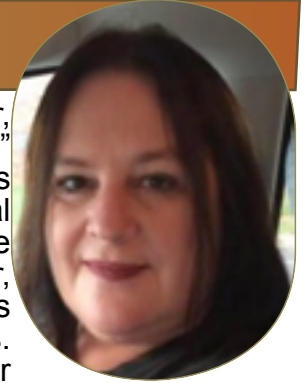
What this "compliance" means is unclear, as from what I have gathered, all the practices which have been audited, were under the impression that they were "compliant".

This means that if the 5.6% payroll tax is imposed on General Practices – (and this is only the beginning, the SRO will move onto specialist practices in the medical profession), where is this money coming from to pay this payroll tax? In order for practices to be viable, many practices which were bulk billing will no longer be able to.

Many have stopped universal bulk billing already. It has already caused practices to reconsider whether they are able to afford to take on GP trainee's as they in some cases are on a wage, and when their wage is added to the practice support staff, can trigger payroll tax. (Along with grouping all the contracted doctors as employee's). Once the State Revenue Office has deemed that a doctor is not a contractor, but actually an employee, then this also triggers superannuation, annual leave and long service leave payments and obligations.

The solution to this situation is to simply stop taking GP trainees, and work as a totally

independent practitioner, ie. Not in a "group practice" environment. This means that every General Practitioner would be a sole independent practitioner, and not have the advantages of working with colleagues. There would be no after hours worked as a roster cannot be set up.



Visits to Nursing Homes will diminish dramatically, as most of these are done by doctors on their way to work or on their way home, and private billing these aged care residents is limited. So, what is the government doing? Destroying General Practice? Then also moving on to Specialist Medical Practitioners? Then other Medical Practitioners next for example: Dentists, Pharmacists and Physiotherapist Group Practices to name a few?

Medicare are also sending out "Nudge letters" to General Practitioners, over billing of certain item numbers. The item numbers in question are not being claimed incorrectly, if you read the descriptors in Medicare, and these "nudge letters" apparently state this. However, you have to review your claiming of this item number and justify it for each patient. (The item numbers relate to team care arrangements and care plans). However, the actual work involved in responding to these letters is considerable.

What it is pushing (nudging) the profession to do, is not to use these **Continued Page 5**

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

**RDMA Meeting Dates**

*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 Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

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

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## INSIDE THIS ISSUE:

- P 01: RDMA President's Report**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: Contents and Classifieds**
- P 04: AMA Calls for 2 Months of Medicine dispensation from a Single Script**
- P 05: RDMA's Next Meeting Date &**
- P 06 Plasmoids by Dr Philip Dupre FRACS**
- P 9 AMAQ President and CEO Report**
- P 12 AMA: Pressure Cooker Hospital Workplaces need to Change AMA**
- P 14 Answers to Questions Quora (8) Dr Mal Mohanlal**
- P 16 Travel Article by Cherly Ryan**
- P 17 Media Medical Students commend the new Tasmanian single-employer rural GP training model to increase healthcare access for rural Australians**
- P 18: Media: Medicare report encouraging but significantly more investment needed to save general practice**
- P 19: Where We Work and Live: An Overview of the Vietnam War**
- P 20: Members Subscription Form**

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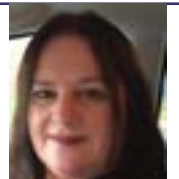
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Sunday, 12 February 2023

## **AMA calls for two months of medicines to be dispensed from a single script**

The federal government must show leadership and implement the [recommendations of the independent Pharmaceutical Benefits Advisory Committee](#) (PBAC) to increase the maximum dispensed quantities on selected PBS items from one month's supply to two months' supply.

Australian Medical Association President Professor Steve Robson said while the committee's recommendations were normally uniformly adopted, strangely, the recommendations — made by the independent body of experts — had been shelved.

"The failure to implement this independent recommendation is costing both patients and the taxpayer," Professor Robson said.

"PBAC made the recommendation in 2018 after assessing the clinical safety and ongoing cost-effectiveness of the proposed change. The AMA supported the decision as sensible policy that would improve access to medications for patients, while saving health budget dollars for taxpayers. It's a clear win-win scenario."

Professor Robson said the PBAC decision fully addressed patient safety, with the two months' supply recommendation limited to a list of 143 medicines in circumstances where it is deemed safe by a doctor.

"This is one simple change that could be introduced tomorrow that would improve access to medicines while maintaining safety, by allowing two months' worth of medicines to be dispensed from a single script.

"By doing this, for these particular medicines, patients could get two months' supply from one co-payment. Put another way – for those on these repeat medications, it would effectively halve the cost. When Australians are facing increasing costs of living, following the independent advice of our experts to halve medication costs is a no brainer," he said.

"This is about improving patient access to vital medications. And best of all in this budget-constrained environment, it also saves taxpayers by reducing multiple dispensing fees. That's money saved that could be ploughed back into our health budget.

"The AMA has written to Minister for Health Mark Butler to urge the government to reconsider PBAC's recommendation."

# NEXT RDMA MEETING DUE 21ST FEBRUARY 2023

**RDMA's President  
Report Dr Kimberley  
Bondeson *Continued***

## Monthly Meeting

Redcliffe & District Medical Association Inc.

particular item numbers. This has a domino effect; in that it is pushing the profession further away from bulk billing. Doctors who have been affected, are simply not going to claim this item number any more, as these "nudge letters" are seen as added stress onto an already overworked profession. I wonder if Medicare has a new computer program as an "audit tool" – very much like the failed Centrelink Robo Debt letters which were sent out a few years ago, which stated that many Centrelink recipients had been overpaid, and asking them to repay large debts.

These letters and debts were later challenged, and I understand withdrawn. Not before causing considerable anxiety and distress by the recipients.

Of course, this is only my personal opinion. The AMAQ is continuing to work towards getting a complete Payroll tax exemption, which I understand is already in place for public and private hospitals.

Lets hope that their hard work is successful. However, we cannot be complacent, as at the end of all this, many doctors could receive a very large bill from the State Revenue Office, which they were not expecting, and certainly had not budgeted for.

Kimberley Bondeson

**DATE:** Tuesday 21st February 2023

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

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

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

**AGENDA:** 7:00pm Arrival & Registration  
7:30pm Be seated – Entrée served  
Welcome by Dr Kimberley Bondeson – President RDMA Inc  
Sponsors: Cronos Australia  
Represented by: Madeline Kennedy  
7:40pm Speaker: Dr Jim Connell, General Practitioner (MBBS, FRACGP) Dr Jim has been treating patients with cannabis medicine since 2017 and has special interests in chronic pain, mental health, palliative care, cancer management, and complex chronic disease management.  
Topic: Introduction to Prescribing Medicinal Cannabis in General Practice  
8:00pm Main Meal served (during presentation)  
Q&A  
8:30pm Great Moments/Discoveries in Medicine  
8:40pm General Business · Dessert served  
Tea & Coffee served

**RSVP:** By Friday 17th February 2023

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# PLASMOIDS

by Dr Philip Dupre FRCS

Have you ever wondered what the energy source is behind cyclones, tornadoes and thunderstorms. Or how lightning can travel such an enormous distance between earth and clouds and why it zigzags? The answer to all the above is plasmoids. These are tiny clusters of electrons, each cluster consisting of over 100 billion electrons held together in a toroidal or doughnut shape by the same electromagnetic forces that hold the positive charged protons together in a nucleus. The size of each plasmoid is variable but can be as large as 100 microns, the thickness of a human hair.

Lightning travels down a path of these plasmoids exploding them and releasing light and energy as it does, so much like a gunpowder trail. Suppose we were to mix some of this "gunpowder" with the fuel of a car engine or the coal of a PowerStation. This has been done with surprising results.

Plasmoids in the natural are generated when warm moist air meets cold dry air in a vortex situation or vertical spiral. The power generated is self propagating as more plasmoids are formed.

The exhaust gases from a car engine are hot and moist and the inlet air is cold and dry. If the hot exhaust is forced to rotate in the outer section of three stainless steel concentric spheres and the inlet air to counter rotate in the inner section then plasmoids are created and enter the combustion chamber. The immediate effect is to about double the engine's power but a more remarkable effect also takes place in that any particulate carbon particles all but disappear and carbon monoxide and carbon dioxide levels are reduced to almost zero. The oxygen level in the exhaust is nearly 20% which is about the same as normal air. These tests have been run on multiple engines including a jet turbine. A typical analysis is CO<sub>2</sub> 0.7%, CO 0.04%, oxygen 19.8%.

The only possible explanation for this remarkable result is transmutation of the carbon atoms into oxygen. This is done by the plasmoids disrupting the protium or hydrogen ion from water by capturing its electron and transferring two protons into the nucleus of the carbon atom changing it from 6 to 8, carbon to oxygen, with the release of cold fusion energy.

This process of transmutation has been demonstrated in the past by Ken Shoulders and others by firing plasmoids into various substances including thin copper sheet creating amongst other elements, gold, in minute quantities.

The above account is obviously a very much simplified version of the real process of engine conversion, for instance the inlet air has to be seeded with plasmoids by bubbling it through water. When bubbles in water are subjected to alternating pressure and expansion, the bubbles collapse into a toroidal shape like a collapsed football. At the epicentre of this shape, plasmoids are created

which then greatly increase in size as they pass through the stainless steel spheres. Plasmoids were originally called by various names including EVOS or extraordinary vacuum occurrences.

So where does all this lead? A modern jet engine weighs between one and four metric tons and has multiple moving parts. It's original concept by Frank Whittle has changed little since it first powered an aircraft in 1941. A plasmoid jet engine would have no moving parts and weigh under 100 kg. It would also be able to function equally well in air, under water or in space. The design of this jet is based on the Ranque - Hilsch vortex tube with plasmoids fired down its centre from a high voltage source, and it would have incredible power.

Plasmoids have many other potential functions including efficient storage of electricity, decontamination of radioactive material, protection from radiation, and of course military use. A large rubbish dump near London is currently in the process of installing this technology for decontamination and burning of its toxic gases and liquids into harmless biproducts, thus releasing cold fusion generated electricity into the London Grid.

A coal and wood chip fired power station is currently under trial in Maine USA. Engine trials are also under way in various parts of the world. The potential benefits would be huge for a submarine diesel engine fitted with this technology.

Plasmoids are able to "capture" positively charged particles, and because of their enormous electrical charge and low mass, can then be accelerated with their cargo up to enormous speeds, 0.1 C. (10% of the speed of light). This can be achieved over a very short distance compared to a standard linear accelerator

It was an Australian genius from Tasmania who, over the years, has been able to bridge the gap between laboratory experiments and practical application. He was Chief scientific advisor to the Chinese government for three years during the Beijing Olympics and designed the stadium ventilation systems. He was also called on to come up with a solution for the massive oil leak in the Gulf of Mexico some years ago. The solution was to pump liquid nitrogen into the leak channel. He came up with this solution while on his flight to the USA. There have been multiple attempts on his life over the years which have been put into a part fictional book (to preserve the identity of persons and places) titled "The Shaman" by Roland Perry published by Allen and Unwin.

One final question. Why has this technology not yet been officially recognised and developed? The answer might just be that enormous funding has already been approved for projects that we hear about in the news and there would be some very unhappy people if this funding were withdrawn.

References: "Charge Clusters in Action" and other publications by Ken Shoulders.



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- ✓ Footwear Assessment





## PRESIDENT AND CEO REPORT



*Dr Maria Boulton and Dr Brett Dale*

The new year has started at a breakneck pace.

The state government announced a payroll tax amnesty for GPs, the federal government released its 14-page plan for Medicare reform, and pharmacy owners stepped up the push for pharmacist prescribing.

At the same time, regional workforce pressures continue to put stress on maternity services and other healthcare services and our patients as we enter post-pandemic 2023.

### PAYROLL TAX AMNESTY

The Australian described it as “one of the quickest about-faces in political memory” but in reality the Queensland Treasurer’s decision to announce a payroll tax amnesty for GPs took more than a year of hard work and persistence by AMA Queensland.

Our requests to meet the Treasurer went unanswered from November 2021 until this month. The Premier, the Treasurer and the Health Minister repeatedly denied any changes in tax law interpretation following rulings in NSW, and the Queensland Revenue Office (QRO) refused to provide us with written advice on why GPs were being hit with retrospective bills going back five years.

In late December, the QRO finally confirmed the interpretation of tax laws had changed. It provided a public ruling on the new tax and gave us a commitment to limit audits to 1 July 2021 onwards. While this gave some relief to practices, the public ruling made it clear the government considers GPs who rent space in clinics to be employees.

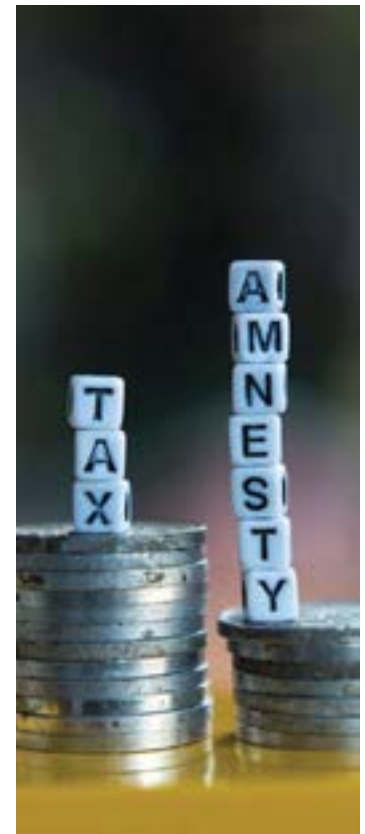
We called for this to be raised at February’s National Cabinet. On the morning of National Cabinet, after sustained media pressure, the Treasurer announced an amnesty – two-and-a-half years to either restructure their business model or build up the resources to pay the new tax from mid-2025, conveniently after the next state election.

While we welcome the compromise, this is not a long-term solution. Practices will have no choice but to start charging patients more now so they can afford their tax bills in the future.

We are continuing to advocate for an exemption for general practice. When a patient goes to a public hospital, that service is payroll tax-exempt for a very good reason – healthcare is an essential need. Patients deserve to have access to their GPs in the same way.

We will also work with our state and federal counterparts for a sustainable national solution. GPs in Tweed Heads face the same pressures as their Gold Coast counterparts.

[Read more](#) about our advocacy, including our correspondence with the State Treasurer and the Queensland Revenue Office.



## MEDICARE REFORM AND PHARMACY PRESCRIBING

The federal government's *Strengthening Medicare* taskforce report was released after National Cabinet. Our federal colleagues were part of the taskforce and many of the report's recommendations focus on proposals identified in the AMA's *Modernise Medicare* campaign.

These include improved funding for the Workforce Incentive Program and support for after-hours GP services.

We were disappointed there were no further funding announcements from National Cabinet. We continue to advocate for urgent funding for patients to access their GPs, to alleviate ramping and to address the elective surgery wait lists. This cannot wait until the May federal budget.

We were also disappointed the federal Minister flagged his support for allowing pharmacists to autonomously diagnose, treat, and prescribe and sell medications beyond their level of training and experience. We've seen the adverse health outcomes of the urinary tract infection (UTI) pharmacy prescribing pilot for Queensland women, and we are continuing to fight against the North Queensland pilot that's due to start this year.

We are working with our federal colleagues to press for urgent, sustainable reforms to Medicare. Read more and join the campaign at [ama.com.au/modernise-medicare](http://ama.com.au/modernise-medicare)



## MATERNITY SERVICES

The Central Queensland maternity crisis has shone a light on regional workforce pressures and the parlous state of private obstetrics across not just the state but the nation.

The Queensland Government has listened to our advocacy and relaxed its locum restrictions on Queensland Health employees. We are also optimistic that Queensland Health is actively recruiting to fill workplace shortages.

However, full maternity services in Central Queensland will not return until mid-2023 at the earliest when three international medical graduates are due to arrive.

We are heartened to see a record intake of junior doctors starting work in Queensland hospitals this year. However, this is simply the natural movement of medical graduates into the workforce and not the result of any state government action.

It is vital that Queensland Health develops a long-term workforce strategy that looks at recruitment and retention simultaneously. It is not enough to recruit doctors to rural and regional areas – we have to find ways to keep them there.

## AUSTRALIA DAY HONOURS

Congratulations to Drs John W. Cox and Vernon Moo, who received [Medals of the Order of Australia](#) on Australian Day.

Dr Cox is a Toowoomba-based consultant and Dr Moo is a Brisbane-based anaesthetist who works as a senior visiting specialist at the Princess Alexandra Hospital and privately through Gabba Anaesthesia.

You can read more in the Autumn edition of *Doctor Q*.

## RAMPING

Ramping and bed block in our public hospitals continue to be a major focus in 2023, with two new AMA reports showing the increased stresses on emergency departments and elective surgery wait lists.

Queensland is not alone – these issues are affecting all states and territories and have been building up for decades.

The AMA [Hospital Exit Block](#) report found about 250,000 patient days in public hospitals Queensland hospitals had the highest number of patient days attributed to patients waiting to be discharged into residential aged care in 2020-21 – close to 100,000.

It also found 245 NDIS-eligible patients in Queensland public hospitals in November 2022 who were ready for discharge but with nowhere to go.

The [Australian Public Hospitals in Logjam](#) report, released to coincide with National Cabinet, analysed the emergency department and elective surgery performance of 201 public hospitals around the nation.

It found only three were delivering care within recommended timeframes, down from 15 last year. No Queensland hospital met the recommended timeframes.

Our hospitals and healthcare staff have been under unprecedented pressure throughout the pandemic. We are seeing the impact of scans and treatments that were delayed during COVID lockdowns.

Our Ramping Roundtable action plan lays out the steps the government must take to resolve these issues and build a sustainable health system.

You can read more about our advocacy at [ama.com.au/clear-the-hospital-logjam](https://ama.com.au/clear-the-hospital-logjam)

## MEDICAL CAREERS EXPO

We are holding two events on the one day on 18 March – our second Medical Careers Expo and our inaugural Private Practice Finance, Technology and Innovation Conference.

The Medical Careers Expo is your one-stop shop for career opportunities and advice. Colleges, hospitals and private operators will be there to answer questions about career pathways and expert panels will manage live Q&A sessions.

The Finance, Technology and Innovation Conference will help you get your practice working smarter, not harder.

You can register for both at [ama.com.au/qld/events](https://ama.com.au/qld/events)



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## **“Pressure cooker” hospital workplaces need to change says AMA**

Australia could lose up to 20 per cent of its future doctors due to a culture of bullying, racism and overwork being experienced by the current cohort of doctors in training, the AMA has said.

AMA president Professor Steve Robson said [the fourth national Medical Training Survey released today](#) has highlighted the impact of a health system under crisis, one that has ongoing systemic problems of racism and bullying.

“Once again, we are presented with evidence of a workforce under immense pressure with an increasing number of doctors in training thinking about a future outside medicine,” Professor Robson said.

“The fact that 20 percent of those who responded to the survey are considering a career outside of medicine should be a wakeup call for Governments across the country, particularly as these are doctors in training who have spent years investing in their education and training,” Professor Robson said.

Over half of Australia’s doctors in training took part in the Medical Board’s annual survey, with 22,135 surveys analysed. The overwhelming majority of survey respondents — 80 per cent — were doctors in training, working in Australia’s hospitals.

Professor Robson said the survey results gave an important insight into the overall quality of medical training in Australia, not just workplace environment and culture but also curriculum, orientation, clinical supervision, access to and quality of teaching, career intentions and the impact of COVID-19 on training.

He said while the data revealed debilitating systemic issues there were positives to draw from.

“The survey highlights that despite ongoing workplace pressures and the impact of COVID-19, the quality of medical training in Australia remain high - 78 per cent of doctors in training would still recommend their current training position to other doctors, and 77 per cent would recommend their current workplace as a place to train.

“This speaks to the importance of profession led training in Australia and the commitment of clinicians to training the next generation of medical professionals,” Professor Robson said.

Chair of the AMA Council of Doctors in Training, Dr Hannah Szewczyk, said to retain trainee doctors, genuine and long-lasting changes needed to be made to improve the culture and working conditions in hospitals across the country.

“Trainees are experiencing a pressure cooker environment in their public hospital workplaces with totally unacceptable levels of bullying, harassment and racism, with Aboriginal and Torres Strait Islander trainees being particularly affected,” Dr Szewczyk said.

Dr Szewczyk said the survey found that where trainees had experienced bullying, harassment, discrimination and/or racism, 70% did not report it. 55% of these said they were concerned about the repercussions, and 51% said nothing would be done if they did make a report.

AMA believes needs to be addressed through legislative change and strengthening the National Safety and Quality Health Service Standards.

“We have seen South Australia and Queensland move to make hospital boards more accountable for providing a safe psychosocial work environment and this needs to happen in all states and territories,” Dr Szewczyk said.

### **2022 survey snapshot**

- 7 per cent increase (to 53 per cent) in the number of trainees who have rated their workload as heavy/very heavy since the COVID-19 pandemic started in 2020.
- Two thirds (67 per cent) of doctors in training reported working more than 40 hours on average per week, including one in 10 (10 per cent) who worked more than 60 hours per week on average.
- 20 per cent of trainees are considering leaving medicine. This is up from 18 per cent in 2021. The rate is higher for Aboriginal and Torres Strait Islander trainees, with 29 per cent considering leaving.
- One in three doctors in training (34 per cent) had either experienced and/or witnessed bullying, harassment, discrimination and/or racism in their workplace.
- 55 per cent of Aboriginal and Torres Strait Islander trainees experienced and/or witnessed bullying, harassment, discrimination and racism.
- The most common type of behaviour experienced or witnessed was bullying (experienced: 12 per cent, witnessed: 19 per cent). In a sign of greater pressure on our health system, patients and/or family members/carers of the patients were also responsible for the bullying, harassment, discrimination and/or racism experienced or witnessed by two in five doctors in training

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## **Answers to Questions in Quora (Internet) - 8**

### **By Dr Mal Mohanlal**

#### **How can you tell if your subconscious mind is listening to your conscious mind when it speaks to it?**

Do you know that all your vital functions are under sub-conscious control, and your subconscious mind works 24 hours a day to keep you alive? When you are thinking, you are talking directly to your subconscious mind. It listens to you all the time, but you are the one not listening. Shouldn't you learn and find out more about your subconscious mind? Please read my articles to help you understand better.

#### **When a person has been hypnotised, do you remember what was spoken about while you were in that state? Why do some people consider hypnosis to be a bad thing?**

Most people do not realize that the ego in mind is a product of self-hypnosis. So you are already hypnotized. When they get 'hypnotized' by someone else, all they are doing is following the suggestions given to them. They cannot be further hypnotized if they do not follow the suggestions. They remain the same. Yes, one is aware of what one is doing even though one gives the appearance that someone outside is controlling you. We live in a hypnotic world. It is a matter of waking up from our self-hypnosis. Please read my article on hypnosis to learn more.

#### **Can a person live without a mind? (Brain keeps you alive, but you have no conscious, thoughts, emotions, mind's eye, etc)**

I am afraid most people do not realize that the body and mind are one unit. The body cannot survive without the mind. The mind carries our intelligence. This intelligence permeates from the brain right down to the cellular level. Every cell in our body has intelligence that guides its function. The ego in our conscious mind thinks it is separate from the body, but that is a false perception. All our vital functions are under the control of our subconscious mind, which contains the energy that sustains us. The body and mind are separated only at death. It is not the brain that keeps you alive, but it is the subconscious mind. So that when the brain is damaged, the person can still live in a vegetated state. Please read what I write about the ego and the subconscious mind, and discover the magic inside you.

#### **How do you know you're not being deluded or hypnotized by an idea that you think is great or you think has great potential?**

Please understand that whenever we are thinking, we are hypnotizing ourselves. The ego in our mind is a product of self-hypnosis. Words hypnotize us. Without words, we cannot appear in our conscious minds. So essentially, we are delusional thinkers who create a world of delusion around us and think we aren't delusional. Please read my article on hypnosis to learn more.

#### **How long does it take to know you have a permanent hypnotic suggestion?**

If you have not changed your perceptions, it is not permanent.

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

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

***Continued Page 15***

### **Can we remove the feeling of hatred by removing a piece of our brain?**

If you remove a piece of your brain, it might turn you into a zombie. Why not use your brain to find out why you hate and what hate does to you?

### **What does "subconsciousness" mean to you? Share only your own opinion. No need to share someone else's definition from Google, Wikipedia, etc.**

Look at the picture in front of you. Whatever you consciously cannot control physically and mentally is your subconscious.

### **What age do you personally consider someone to be old/a senior citizen?**

There is no age limit. As one gets older, when one reaches a stage where your spirit is willing, but your body does not want to do what one wishes to, one knows old age is catching or has caught up on you.

### **What is the definition of consciousness? How does it relate to the self?**

Consciousness is a state of wakefulness as opposed to sleep. There are levels of consciousness. One can be half asleep or half awake etc. However, consciousness is a property of the mind. One needs a brain to express consciousness.

Awareness is another property of the mind which is separate from consciousness. One can be conscious and not aware. So consciousness relates to the self through awareness. Please read my article on the brain, the ego and the mind to understand the relationship.

### **How do emotions affect our perception of reality?**

Emotions distort our perception of reality, therefore, prevent any rational thinking. To indulge in emotionalism and sentimentality is pursuing unnecessary mental anguish and suffering. It is terrible for good mental health.

Do you know that the words we use in our minds are hypnotic? They give form to our feelings and emotions. If we watch the feelings without saying any words, our feelings and emotions have no substance. Please acquire some self-knowledge and improve your mental health. You will suffer less.

### **Can you really learn in a hypnotic state?**

What would you say if I told you that we live in a hypnotic world and you are always learning in a hypnotic state? The ego in your mind is a product of self-hypnosis. You are constantly hypnotizing yourself when you are thinking. So your learning will depend on your negative or positive thinking. Please read my article on hypnosis to learn more.

### **Is your intelligence thinking thoughts into existence?**

From my observations, not intelligent thinking but one's perceptions create thoughts. And if one looks at the world, most people suffer from distorted perceptions yet have no intention or inclination to correct them.

### **What is the best way to get in touch with your higher self or universal consciousness?**

There is no such thing as a higher or lower self. However, we live in a timeless dimension that is just as real as the time dimension we live in. One experiences this timeless dimension when one is out in the outback or on the mountaintop when the observer in your mind and the observed become one phenomenon. However, the ego fails to recognise it for fear it might disappear from the mind. Here you become part of the universe or the Universal Mind. Please acquire some self-knowledge to discover the magic inside you by acquiring self-knowledge. Read my articles on the ego's modus operandi and meditation to help you understand the right way and the wrong way to meditate. If you meditate in the thinker and the thought (the thinker thinking) mode, you can only create a world of delusions.

# Lord Howe 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 glamorous 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!

123Travel – Cheryl Ryan







## Medical Students commend the new Tasmanian single-employer rural GP training model to increase healthcare access for rural Australians

The Australian Medical Students' Association (AMSA) wholeheartedly commends the new single-employer GP training pilot model in Tasmania as a critical step toward alleviating the alarming shortage of doctors throughout rural Australia.

“The single-employer model is a crucial reform that can help draw junior doctors towards rural areas currently in dire need of better access to healthcare,” said Tish Sivagnanan, President of AMSA.

Currently, only 15% of graduating medical students are interested in a career in general practice. Modelling suggests that by 2032, Australia will have a shortfall of over 10,000 GPs with rural and regional areas being most adversely affected.

“Increasing interest in rural healthcare amongst medical students and junior doctors is the cornerstone of bolstering Australia’s rural workforce,” said Ms Sivagnanan.

Established research indicates poor employment benefits as a key deterrent to junior doctors pursuing general practice. Thus, AMSA welcomes the proposed single-employer model as it parallels the security and flexibility of other medical training programs by ensuring GP registrars have access to accrued leave entitlement such as sick leave, paid parental leave and long-service leave.

“This is a critical step that directly addresses both the geographical and specialty-based maldistribution across our nation by acknowledging and directly alleviating significant barriers faced by junior doctors in choosing to pursue general practice,” said Ms Sivagnanan.

Whilst AMSA commends the Federal and Tasmanian Governments for their innovative step toward drawing more junior doctors to rural general practice, it is vital that immediate changes must be enacted at every stage of the medical education and training pipeline, including and especially at the medical school level.

“Without a focus on ensuring quality rural and general practice placements throughout medical school, as well as increased recruitment and retention of rural-origin students, the Government

cannot expect to effectively and holistically address the growing challenges being faced by Australia’s primary healthcare system,” claimed Gabrielle Dewsbury, Vice President of AMSA, and a rural-origin and trained medical student in Tasmania.

In 2023, AMSA has continued to call upon the Federal Government and stakeholders in medical education to:

- Commit funding to teaching primary care centres to improve their educational capacity and the appeal of a career in General Practice.
- Increase medical student placements and curriculum in general practice and rural settings with an aim for each student to be exposed to some general practice in every year of their degree.
- Prioritise rural-origin medical students in recruitment and retention throughout medical school.

“It’s about enabling medical students to go out rural and engage in that lifestyle from a clinical and non-clinical perspective. It’s about ensuring students have the chance to fall in love with, connect with and understand rural Australia. This ensures that when the time comes to make a decision regarding specialist training, pursuing rural medicine and general practice is seen as an exciting and inviting opportunity,” said Ms Dewsbury.

AMSA is the peak representative body for Australia’s 18,000 medical students. AMSA will continue to advocate for stronger, evidence-based, and sustainable reforms to Australia’s rural and primary healthcare systems at all stages of the medical training pipeline.

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## Medicare report encouraging but significantly more investment needed to save general practice

The federal government's Strengthening Medicare Taskforce report outlines broad reform directions that are generally welcome, but time is ticking for a primary care system in desperate need of action and more investment.

Australian Medical Association President Professor Steve Robson said the report included a welcome focus on proposals identified in the AMA's Modernise Medicare campaign including improving funding:

- for the Workforce Incentive Program,
- support for after-hours GP services and
- the introduction of voluntary patient enrolment to strengthen the relationship between a patient and their GP.

"This is a timely acknowledgement of the key role of general practitioners and moves us towards the medical home model that will better support patients with more coordinated care — delivering a more sustainable health system in the long term," Professor Robson said.

"The report is high level vision document with little detail, and potentially sets primary care on a pathway to long term reform. However, patients can't wait that long and need more immediate support.

"While the report and last year's \$750 million investment are welcome, we know that patients are increasingly struggling to access care and facing growing out of pocket costs.

"While this is due to the failure of successive governments to deliver the support general practice has been crying out for, the reality is that it is playing out on the current government's watch, and the government needs to take urgent action to turn this trend around.

"We need to see a health budget delivered in May, with the kind of funding that will make a real difference to the system and the health of all Australians.

"The kind of issues we are seeing across the system, including in primary care aren't going to be fixed with this investment.

We must see a far greater investment that

will address current problems and establish a sound platform for long term reform to ensure Australians can access affordable care when they need it."

Professor Robson said immediate action could be taken to index Medicare appropriately. "This is a problem created by successive governments and it can't be ignored anymore.

Additional funding to appropriately index the Medical Benefits Schedule (MBS) must be a priority, and we need to rebalance the MBS consultation items so patients can spend the time they need with their GP."

Professor Robson said while more action is needed urgently, the report's focus on strengthening the relationship between patients and their GP was encouraging.

"As our population ages and the number of patients with chronic conditions increases, we need to see well-coordinated models of care where GPs work with other health professionals to deliver care.

"A patient should be able to enrol with their GP of choice.

A medical home model, where patients can choose to enrol with the GP, will also provide data that demonstrates the importance of an ongoing GP-patient relationship."

3rd February 2023

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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>*

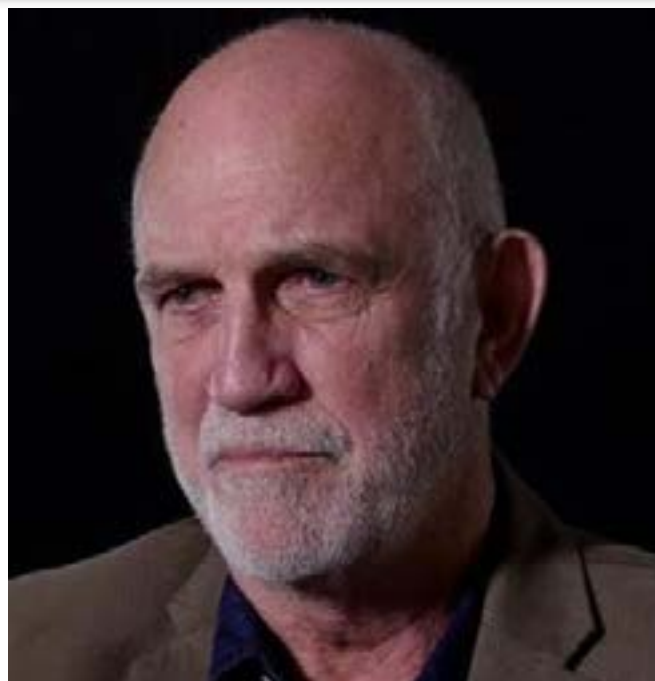
### **Graham Walker (Australian Army), Agent Orange**

Graham Walker served as an infantry commander in Vietnam. After the war he fought for recognition of Agent Orange as a cause of cancers in veterans. Graham Walker was a company commander in Vietnam. "I'd been in an infantry battalion and we'd had a lot of people killed and wounded and so on. So, I was affected and it took me quite a long time to settle down,

In 1981, Graham met Phil Thompson, the president of the Vietnam Veterans' Association of Australia. The VVA was trying to gain recognition of the effects on veterans of a herbicide sprayed on the countryside in Vietnam. It was called Agent Orange.

"There were people in there at desks, and piles of paper and I said to Phil, 'Look Phil, I don't know anything about the Vietnam Veterans' Association and I know even less about Agent Orange, but what I can see is ""you need a filing system'. And so for the next three or four weeks I set up a filing system in the office and of course, setting up a filing system you have to read every document. And what I read really troubled me. There were sixty-six million litres of herbicides sprayed over South Vietnam. And there was a significant portion of that over the Australian area of operations, Phuoc Tuy Province. What is not in doubt, is that every soldier had the potential for exposure. And under veterans' law, if you like, repatriation law, veterans are given the benefit of the doubt."

Graham and the VVA fought hard against bitter opposition to their claims. Finally, in 1983, a public inquiry in the form of a Royal Commission was established. "The Royal Commission had identified that there were cancers that under veterans' law should be accepted for compensation. And so did the Appeals Tribunals. So the Appeals Tribunals and the Royal Commission seemed to be on one side and the department on the other. And then the U.S. Academy of Science put



**Graham Walker (Australian Army), Agent Orange**

out its first mega study on the effects of Agent Orange and they came out with a list of cancers.

And that changed everything. Of course now there's a long list of cancers that are accepted for compensation. One of the reasons why the Vietnam Veterans' Association and other such organizations exist is because it's enormously stressful for somebody to put in a claim. And people are very easily put off. They say, 'I can't take it anymore.' You know, they're knocked back, 'Oh, OK, you know, I'll forget about it.'

I mean I've known several people who've committed suicide and known of a lot more. And what you're doing is desperately trying to get the system going so that such people are given hope, you know.

Vietnam veterans were seen as angry. We're probably no more angry than people from any other war, but we expressed it publicly, and didn't resile from harsh criticism of whoever we felt should be criticised and that included governments and bureaucrats and anybody."

**Stories continued next month**

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