



Find Us On  
**facebook** 

*Vietnam War 1962-75 | <https://anzacportal.dva.gov.au/resources/arthur-lay-australian-army-partners-allies>*

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

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

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

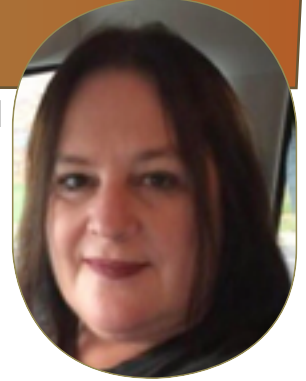
Welcome to 2024! And what a busy year it has been to date. We are having an incredibly hot summer, the hottest that I can remember in many years.

There are changes that have been made in the medical arena, the biggest one is the increase in the bulk billing incentives which has been rolled out for General Practice. This started in November 2023, and whilst it has certainly made it easier for pensioners to be bulk billed, it has not made the impact that I suspect the government was hoping for. On the 9 o'clock news recently, the newsreader made a comment that building workers hourly wages were being increased from \$40 an hour to \$70 an hour, which has had the roll-on effect of increasing the building price to the consumer by \$20,000 for a studio apartment. (9 News, 14th February, 2024).

This is, I feel, indicative of the rise in costs generally. So, is the new bulk billing incentive enough to allow General Practice to still keep bulk billing pensioners, children and health care card holders? Only time will tell.

Most Australians are facing cost-of-living pressures, and this is being reflected in their approach to health care. We are seeing patients, who should be seen in a General Practice, turn up at the hospital with minor complaints. Urgent Care Clinics do not seem to be as beneficial

as the Government had hoped, with several of my patients waiting hours to be seen, then seen by a nurse, and referred back to their GP.



Artificial Intelligence seems to be the flavor of the month, with The Medical Republic reporting a nice summary and critique of "The Digital Health Blueprint", a planning summary document from DoHAC. It is written by Jeremy Knibbs, and he has done a wonderful summary of the document. (The Medical Republic, 5th February, 2024). In one sentence, it is a planning summary document which is designed to "focus for now should almost entirely be on sharing meaningful data seamlessly in real time between technology, providers and patients."

Details, in a mixed manner, are outlined, and suggested – some realistically, and some seemingly impossible. For example, it would require all the pathology providers to have cloud-based interoperability. Sound difficult? I suspect this is, but am not an IT person by any means.

*Continued Page 4*

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

**RDMA Meeting Dates  
Page 2.**



*The Redcliffe & District  
Local Medical Association  
sincerely thanks QML  
Pathology for the distribution  
of the monthly newsletter.*

## RDMA 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

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

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

M: 0408 714 984

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

Advertising information is on  
RDMA's website

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

## NEXT NEWSLETTER DEADLINE

Advertising & Contribution

Due by the 15th of each Month 2023

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

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

### Competitive Advertising Rates:

Full page A4: \$560.00

Half page A5: \$330.00

Qtr page A6: \$260.00

Business Card size (new): \$70.00

Advertorials: \$260.00

Inserts: \$260.00

The preferred A5 size is Landscape Format and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

### CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

If you would like to advertise in the next month's newsletter please email [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page in Word with approximately 800 words.

**INSIDE THIS ISSUE:**

- P 01: RDMA President's Report**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: Contents and Classifieds**
- P 05: RDMA's Meeting Invitation**
- P 06: GPLO Update James Collins**
- P 08: AMAQ Report**
- P 13 Redcliffe Consumers to Benefit from New Approach to Complex Care Coordination PHN Update**
- P 14 Self Knowledge and Meditation by Dr Mal Mohanlal**
- P 16 Travel Article by Cheryl Ryan**
- P 17 Pooles Group Report**
- P 18: Media: Patients missing out on private health benefits, new report card shows**
- P 19: Where We Work and Live: An Overview of the Vietnam War**
- P 20: Members Subscription Form**

# Lumus Imaging North Lakes has exciting news!

Our new Siemens MRI  
will be operational  
from the end of October.

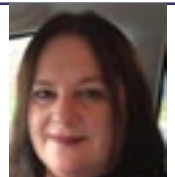
For Bookings  
please call our lovely staff on  
07 3142 1611  
[lumusimaging.com.au](http://lumusimaging.com.au)



## **RDMA Executive Contacts:**

President:

Dr Kimberley Bondeson  
Ph: 3284 9777



Vice President :

Dr Geoff Hawson  
Ph:0418 870 140



Email: [geoffrey@hawson.org](mailto:geoffrey@hawson.org)

Secretary:

Dr Alka Kothari  
Ph: 3883 7777



Treasurer: Vacant

Email: [rdma.treasurer@gmail.com](mailto:rdma.treasurer@gmail.com)



Committee Member

Dr Peter Stephenson  
Ph: 3886 6889

Committee Member:

Dr Wayne Herdy  
Ph: 5491 5666



Meeting Conveners Ph:3049 4444

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

Anna Woznaik  
M: 0466480315



## Continued from Page 1

It also raises concerns about privacy, and the financial viability of these big companies, which includes private practitioners, public and private hospitals. And what will the patients do with this information, which most will not be able to interpret?

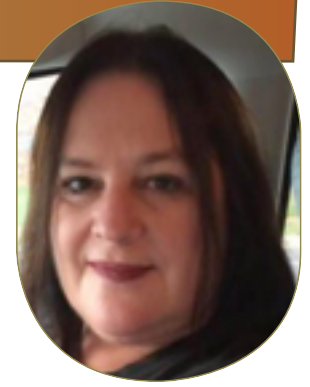
There is also another AI program being utilized in some practices, called Lyrebird, which is incorporated by Best Practice. It is a note taking AI assistant to desktop software. Apparently, it records the consultation, and is able to delete any chat and write only the medical component of the consultation. Apparently, the doctor then only has to check the record, and accept it, or make any amendments to it.

On the 9 o'clock news on 19th February, 2024, the Limbic App was discussed. This is a mental health app that has

been developed by a psychologist. It is designed as a ChatGP, where the patient puts in their details and their mental health issue, and the ChatGP Limbic App responds to them, and gives them advice. A psychologist on the program was promoting this app, saying that it was an ideal solution to patients with mental health problems, particularly in the middle of the night or the early hours of the morning, when they needed advice.

The world of AI is rapidly changing, and the practice of medicine with it. The concern is, can we keep up with it. Welcome to 2024!

Kimberley Bondeson



## SIJ & PHYSIOTHERAPY - OUR TEAM CAN HELP!

THE PHYSIOTHERAPY TEAM @ SPORTS & SPINAL CAN ASSIST YOUR PATIENTS WITH THEIR SIJ (SACROILIAC JOINT DYSFUNCTION) CONCERNS.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



SCAN THE QR CODE FOR MORE INFORMATION OR TO REFER TO OUR TEAM TODAY

### RESEARCH SHOWS:

- ✓ SIJ is a significant source of pain in 15% to 30% of people with mechanical lower back pain (O'Sullivan P, et al. 2018).
- ✓ SIJ is usually caused by abnormal motion (i.e. hyper- or hypo-mobile) or malalignment of the sacroiliac joint.
- ✓ 88% of cases of SIJ injury are due to either repetitive microtrauma or acute trauma. There is a high prevalence of SIJ injury in athletes, and 20% of cases are pregnancy-related (Foster NE, et al. 2018).

### HOW PHYSIO CAN HELP:

- ✓ Early intervention can prevent the escalation of minor problems into chronic conditions, ultimately reducing the burden on healthcare resources and improving patient outcomes (Briggs AM, et al. 2019).
- ✓ Chronic SIJ pain is a pervasive issue that requires a multifaceted approach. Physiotherapists employ techniques such as manual therapy, exercise prescription, and patient education to address pain at its roots (O'Sullivan P, et al. 2018).
- ✓ By collaborating with Sports & Spinal, you can ensure that your patients receive clear guidance on self-care, injury prevention, and the importance of adhering to prescribed exercise regimens.

# RDMA MEETING 27<sup>TH</sup> FEBRUARY 2024



## Monthly Meeting

<b>Date</b>	Tuesday 27 <sup>th</sup> February 2024
<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: RDMA**

7:40pm **Speakers: Dr Peter Stephenson**  
**Lisa Blyth, BNurs, PostGradCertPallCare, Clinical Nurse Consultant**  
**Topic: Voluntary Assisted Dying: a personal perspective**  
Main Meal served (during presentation)

8:20pm Q&A

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

## Agenda

**RSVP**

**By Friday 23<sup>rd</sup> February 2024**

**[RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0466 480 315**

Welcome to 2024! We hope you and your families had a good Christmas and New Year break. Here are selection of key updates from your local General Practice Liaison Team. We provide many links which can be clicked on the [online PDF RDMA newsletter](#). More updates can be read if you subscribe to our Weekly local GP e-newsletter <https://brisbanenorthphn.org.au/news-events/newsletters/gp-link>.

- Metro North Health GP Hub [https://metronorth.health.qld.gov.au/specialist\\_service/refer-your-patient](https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient)
- Health Pathways <https://brisbanenorth.communityhealthpathways.org>
- Local GP education <https://brisbanenorthphn.org.au/events>
- Clinical Advice Line for GPs <https://metronorth.health.qld.gov.au/refer-your-patient/clinic-advice-line>
- Rapid Access Clinics <https://metronorth.health.qld.gov.au/refer-your-patient-page/rapid-access-services>
- Email us: [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

## Hear about new services & supports for local GPs at our “Virtual Tea Room” Tuesdays 12:00 – 1:00pm & Wednesdays 1.00 – 2.00pm

We invite GPs, Practice Managers and Practice Nurses to join via Zoom on your computer or mobile to our informal “virtual tea room catch up” each Tuesday and Wednesday from 13 February. It aims to provide brief snippets about new services and patient pathways as well as other tips and tricks but also your chance to ask questions to the GPOs. Simply listen in or join in the discussion whilst you eat your lunch. No registration is required just click on the link. You are welcome to pop in and out as you please and aim to tailor the sessions to those joining us. We look forward to seeing you online. At above times click on the links in our flyer - <https://metronorth.health.qld.gov.au/wp-content/uploads/2024/01/qplo-virtual-t-room.pdf>

## New Urgent Care Services for patients in the region

There are a range of new bulk billed urgent care services in the region patients can self refer themselves to when the patient is unable to get an urgent appointment with a GP during the day or after hours.

1. [Medicare Urgent Care Centres](#) & [Morayfield Accident & Illness Centre](#) – open 7 days a week 0800-2000.
2. [Minor Injury & Illness Clinics](#) within Caboolture & Kallangur Satellite Hospitals – open 7 days a week 0800-2200.

Note these services are for minor injury & illnesses and so may have limited access to pathology & imaging.

Don't forget [Virtual ED](#) (ED specialist available 7 days a week 0800-2000), [13 Health](#) (call 13432584 open 24/7) & [after hours GP services](#) are also available in the region. [A range of urgent care services can be found on PHN webpage.](#)

## Concerning rise in syphilis notifications in Queensland

There is a current syphilis outbreak in Queensland and a sustained increase in syphilis cases in south east Queensland. The most recent notifiable conditions report shows a 30% increase in infectious syphilis cases compared with the previous 5-year average, and most concerning is a 35% increase in women of reproductive age. Of the 220 cases in women of reproductive age in 2023, 32 were pregnant, and 4 cases of congenital syphilis were reported [BBVSTI quarterly surveillance report](#)

The Queensland Clinical Guideline *Syphilis in Pregnancy* <https://www.health.qld.gov.au/qcg> recommends all pregnant women have antenatal screening for syphilis including:

- Serology at first antenatal visit (preferably <10 weeks gestation)
- Repeat serology at:
  - 26-28 weeks gestation
  - 36 weeks gestation
- Dry swab (PCR) if lesions/chancres present
- Repeat of change in risk status

Serological screening for syphilis as part of a sexually transmitted disease check-up should be offered to all sexually active people. Further information regarding syphilis testing and treatment can be found at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/syphilis>

For advice regarding positive syphilis results, GPs can call the Queensland Syphilis Surveillance Service (QSSS) on 1800 032 238. Please consult the [Syphilis - Community Health Pathways Brisbane North](#) and [MN Antenatal Shared Care \(health.qld.gov.au\)](#) for more information.

Free online antenatal sexual health training can be accessed at [Antenatal Sexual Health Kit \(ASK\) training for antenatal clinicians](#)

### **Benzathine benzylpenicillin is not 'BenPen' for Syphilis.**

There is a current syphilis outbreak in Queensland, with a sustained increase in cases in south east Queensland. The correct first line treatment of uncomplicated syphilis is long-acting

**Benzathine benzylpenicillin (trade name Bicillin L-A).** Benzathine benzylpenicillin is also used for Rheumatic Heart Disease (RHD) prevention. Long-acting Benzathine benzylpenicillin (trade name Bicillin L-A) and short-acting Aqueous benzylpenicillin (trade name BenPen) are not therapeutically interchangeable. For more information about the important differences, please see factsheet: [Benzathine benzylpenicillin is not 'BenPen'](#)

Australia is currently experiencing a shortage of prefilled Bicillin L-A syringes. More information can be found in this [Antimicrobial Stewardship Clinical Care Alert](#)

For further information about syphilis can be found at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/syphilis> & [Brisbane North Health Pathways](#)

For advice regarding positive syphilis results, GPs can call the Queensland Syphilis Surveillance Service (QSSS) on 1800 032 238. Further information about Rheumatic Heart Disease can be found at:

<https://www.health.qld.gov.au/disease-control/conditions/rheumatic-heart-disease>

<https://www.rhdaustralia.org.au/arf-rhd-guidelines> & [Brisbane North Health Pathways](#)

### **Queensland Preterm Birth Prevention Program GP Forum - March 9<sup>th</sup> 2024**

The rates of both preterm birth and stillbirth in Queensland are higher than the national rates. The rates of preterm birth and stillbirth are higher in Aboriginal and Torres Strait Islander populations than in the non-Aboriginal population.

The 'Every Week Counts: Preterm Birth Prevention Collaborative', in partnership with the Australian Preterm Birth Prevention Alliance and the Stillbirth Centre of Research Excellence (CRE), are working with health services, maternity care providers, consumers and researchers to reduce the rates of preterm birth and stillbirth. [Joint Position Statement on Timing of Birth](#)

One of the key practice points in preterm birth prevention is routine transabdominal (TA) cervical length measurement at the 20 week morphology scan in low-risk women with singleton pregnancies. If cervical length is < 35mm (TA) or cannot be clearly seen TA, transvaginal (TV) assessment is recommended. If cervical length is < 25mm TV, it is recommended women commence natural vaginal progesterone pessaries 200mg nocte and continue this until 36 weeks gestation. <https://www.health.qld.gov.au/qcqc> Clinical Excellence Queensland invites GPs to register for the [Queensland Preterm Birth Prevention Program \(QPTBPP\) GP Forum](#) 08:00 AM – 12:30 PM Saturday 9th March 2024 at the Royal Brisbane and Women's Hospital Education Centre or Virtually Online (1.5 EA and 2 RP hours, pending RACGP CPD accreditation).

### **Heart Outreach Program for Health Equity (HOPE)**

The [Heart Outreach Program for Health Equity](#) (HOPE) is a specialist outpatient cardiology clinic held at MATSICHS Caboolture on Wednesday's and MATSICHS Margate on Thursday. All Aboriginal and Torres Strait Islander patients from 16 years of age and above with a cardiac condition are eligible to access this service for care closer to home in a culturally safe environment. These clinics offer on site telecardiac investigations including ECHO and Holter Monitors. GPs can refer via usual outpatient referral pathways clearly marking the referral for the HOPE Program.

### **Metro North Health facilities now sending patient SMS appointment offers, confirmation and reminders**

All Metro North hospital facilities will now be sending patient's outpatient clinic appointment offers, confirmation and appointment reminders via SMS. The SMS notifications will include the patient's full name, time, date and location of the appointment and facility contact details with instructions to confirm the appointment or reschedule if unable to attend. All patients with a mobile phone number listed in their hospital patient record will now receive these appointment notifications via SMS unless the patient has previously declined SMS communication. Patients can opt out of SMS communication at any time by contacting the hospital facility. It is important your patient keeps their contact details up to date with the hospital including any changes to their GP.

## AMA QUEENSLAND UPDATE FEBRUARY 2024

Less than two months into the year, AMA Queensland is already seeing the effects of its advocacy efforts with recent State and Federal Government interventions to fund more of our ambulance ramping roundtable initiatives, crack down on vaping, improve COVID infection controls and fight silica dust. We have also seen the rollout of the Meningococcal B vaccine in our high schools.

This year marks our 130th anniversary working for communities, patients and doctors and we will continue this work focussing on the changing healthcare needs of Queenslanders.

We thank all of our members who have already renewed their memberships and look forward to working with you in 2024.



*Dr Maria Boulton and Dr Brett Dale*

### ADVOCACY PRIORITIES

AMA Queensland has released its advocacy priorities for the next three years, prioritising regional workforce, support for general practice and making hospitals more environmentally sustainable.

The past few years have been dominated by COVID-19 but the stresses on our system were there long before the pandemic, particularly the many challenges impacting workforce, infrastructure and primary care.



*Health Minister Shannon Fentiman and Dr Maria Boulton*

Workforce is our number one priority, as we cannot open new hospital beds without staff to operate them, solve our regional workforce crisis without recruiting and supporting healthcare workers, or watch our healthcare system continue to crumble.

We are also aware that some hospitals are experiencing vacancies in their intern positions for the first time. AMA Queensland will advocate for interns to be included in appropriate workforce attraction incentive programs in coming Budgets.

Our Advocacy Priorities 2024-26 will inform our submissions to government and other consultations over the next three years.

Read more at <https://www.ama.com.au/qld/news/Workforce-prevention-and-sustainability-key-to-next-three-years>

### COVID INFECTION CONTROLS

In November 2023 and again in January 2024, AMA Queensland wrote to the Chief Health Officer (CHO) with members' concerns about inadequate infection control measures amid a rise in hospital acquired COVID cases.

Our members were concerned for their patients and colleagues as the eighth wave of COVID hit.

The CHO's response was that COVID was no longer a communicable disease incident of national significance and responses to continuing outbreaks must be 'balanced and proportionate'.

After The Courier-Mail published Right to Information (RTI) figures showing hundreds of Queenslanders had died of hospital-acquired COVID since 2022, the CHO sent a second letter acknowledging the seriousness of the issue and promising to visit hospitals to work on suitable solutions.



We thank him for taking our members' concerns seriously and consider his intentions to revisit hospital infection controls a good opportunity to assure healthcare workers they can raise concerns without risk to their jobs.

Most importantly, we must protect patients attending hospitals for emergency care, planned surgeries or outpatient treatment, as well as and our hard-working doctors and nurses, from catching other infections while in hospital.

Read more at <https://www.ama.com.au/qld/correspondence/CHOCovid>

## AMA QUEENSLAND FOUNDATION

The AMA Queensland Foundation has again delivered on its fundraising goals – this time to support people experiencing homelessness and disadvantaged medical students.

Each year the Foundation selects a major charity partner. Beddown, a charity supporting the increasing number of people experiencing homelessness, was the selected beneficiary for 2023.

In December, AMA Queensland Foundation Chair Dr Dilip Dhupelia presented Beddown with a cheque for \$173,780 to help it continue its work connecting clients with vital outreach medical, healthcare, counselling and hygiene services.



*Dr Dilip Dhupelia and Beddown Deputy CEO Nerissa Wade*

The Foundation's annual Christmas Appeal also raised \$14,010 for its Medical Students Scholarship, which will help support up to three medical students experiencing financial hardship pursue their dreams of becoming a doctor.

The AMA Queensland Foundation has worked tirelessly to achieve these donations and looks forward to seeing the funds improve people's lives.

Read more at <https://www.ama.com.au/qld/news/Beddowncheque> and <https://www.ama.com.au/qld/news/AMA-Queensland-Foundation-Christmas-Appeal>

## VAPING

AMA Queensland has persistently called for tighter regulations and interventions to address the public health battle against vapes and were pleased to see the Federal Government take action by banning the import of disposable vapes from 1 January.

Vaping is now extremely prevalent in our society with more than 1.72 million people over 18 using vapes, but we are even more concerned by the rising use among our children.



The new laws mean nicotine vapes are prescription-only. Even then, they should be used as a last resort considering the little to no evidence available regarding their safety and effectiveness as a smoking cessation aid.

While we're already seeing the ban's effects prompt public health education campaigns and police raids on retailers, broader intervention is needed to prevent the next generation from becoming addicted to nicotine.

We will continue to call for enforcements to protect consumers while retailers are still selling non-therapeutic and flavoured vapes.

Read more at <https://www.ama.com.au/qld/news/New-vaping-laws-will-protect-children>

## BULK BILLING AND MEDICARE

AMA Queensland continues to call for urgent reform of Medicare to meet the evolving health needs of patients and prevent GPs from having to make the difficult decision between charging a gap or closing their doors.

The Federal Government claimed its tripling of the incentive paid to GPs to bulk bill children and concession card holders from 1 November meant 11 million Australians could now be bulk billed.

While their data showing a 2.2 per cent increase in the bulk billing rate in Queensland late last year is encouraging, it highlights the need for more investment into primary care and general practice.

Tripling the incentive has helped some practices, particularly in regional and remote communities, continue to bulk bill vulnerable patients, but it has made little difference for many practices as Medicare rebates are too low to combat cost-of-living pressures and the increased complexity of Australia's healthcare needs.

The bulk billing incentive cannot solely address the decades of neglect of the Medicare system, and we will continue to call for reform in the interests of patients, GPs and primary care.

Read more at <https://www.ama.com.au/qld/news/Bulk-billing-figures-show-need-for-investment>



## FLOOD, CYCLONES, NATURAL DISASTERS

As ex-Tropical Cyclone Jasper and associated floods swept through Far North Queensland (FNQ), we saw a powerful display of community strength and generosity amid the tragedy.

Many local practices were left with no choice but to temporarily close, and those who were able to remain open worked under very challenging and unique circumstances.

In support of FNQ doctors, we requested urgent State Government support to help practices get back on their feet, offered advice around telehealth requirements and contacted members and raised their concerns in meetings with local stakeholders. We also spoke with the CHO to ensure the government enacted effective measures to prevent and mitigate the risk of disease and infection.

Unfortunately, extreme weather events are becoming more frequent, and our concerns for community health remain. AMA Queensland's Committee of General Practice is working on advocacy to ensure medical practitioners, patients and the community can access health care, especially during and after natural disasters.

We have raised the need for more funding for private practices to help respond to these events with the Queensland Health Minister, and will be co-writing a letter to the Federal Government requesting assistance.

Read more at <https://www.ama.com.au/qld/news/updates-on-the-far-north-queensland-natural-disasters>

## AUSTRALIA DAY HONOURS

Four AMA Queensland members have been recognised in this year's Australia Day Honours for their outstanding service to medicine and the community.



Drs Matthew Young, Christine McConnell and David Stabler were awarded Medals of the Order of Australia (OAM), and Dr Robin Cooke was made a Member of the Order of Australia (AM).

We are incredibly proud of all our members and their efforts to improve the standard of health in Queensland. Queensland doctors work tirelessly to protect and ensure the health of all communities, and these four have certainly been a standout.

## RESPIRATORY ILLNESSES

With an unusual surge in respiratory illnesses including mycoplasma pneumonia, RSV, COVID, and the expected February rise in asthma cases, we have urged people to stay up to date with vaccines and for parents to review their children's asthma plan.

The Therapeutic Goods Administration (TGA) recently approved Australia's first vaccine for respiratory syncytial virus (RSV), and it is important all eligible patients see their GP for a prescription once it becomes available.

Last year our advocacy efforts saw the Queensland Government announce the meningococcal B strain vaccine would be free for eligible infants and older teenagers.

We're pleased to see the rollout of this vaccine has now commenced for year 10 students as part of the Queensland School Immunisation Program. From mid-March, all other eligible cohorts can access the free vaccine via registered Vaccination Service Providers under the Queensland Health Immunisation Program.

Read more at <https://www.ama.com.au/qld/news/Transcript-ABC-RSV-Vaccine> and <https://www.ama.com.au/qld/correspondence/Queensland/Health/update/on/Meningococcal/B/Vaccination/Program>

## PATIENT CARE FACILITATORS

In November 2023, Health Minister Shannon Fentiman announced five initiatives to improve patient flow, accompanied by an initial investment of \$20 million, to be progressed immediately.

We welcome any investment in healthcare and are particularly pleased many of these initiatives are recommendations from the AMA Queensland Ramping Roundtable, specifically, measures to ensure acute hospitals are fully operational and function seven days a week with extended hours.

Our Patient Care Facilitators initiative in general practice has been allocated approximately \$2.4 million over two financial years for a pilot on care coordination for patients post discharge from hospital. The program will fund nurses and other health care workers working in General Practices with the aim of reducing patients returning to hospital after discharge.

This is a simple measure that will reduce emergency department presentations and re-admissions, improve bed block in hospitals by freeing up beds for ED patients and the overall functionality of our health system.

It can be difficult to source state funding for general practice, which is traditionally funded by the Federal Government through Medicare, and we commend the State Government for listening and responding to our members.

Read more at <https://www.ama.com.au/qld/campaigns/ramping-roundtable-action-plan>

## CDT SURVEY ON WARD CALL

The Committee of Doctors in Training (CDT) recently released a survey aiming to identify the current state of ward call in Queensland in response to concerns raised by junior doctors.

The survey has now closed, and we look forward to incorporating the CDT's results and suggestions into our next meetings with the Health Minister, Queensland Health and Hospital and Health Services (HHS).



## QSCRIPT

AMA Queensland has long advocated for changes to QScript to address members' concerns about unnecessary red tape that wastes clinicians' valuable time.

Queensland Health has now acted, proposing welcome amendments including exempting look-up requirements for inpatients and Residential Aged Care Facility residents.

They have also proposed to reduce the scope of the Monitored Medical Standard (MMS) to the existing, minimum requirements applicable to patients currently registered on the Queensland Opioid Treatment Program.

We anticipate this will significantly alleviate the regulatory burden on our healthcare workers.

Read more at <https://www.ama.com.au/qld/news/QScriptadvocacy>



## ENGINEERED STONE BAN

The Federal Government has implemented a national ban on engineered stone to protect workers exposed to silica dust.

The ban follows a Safe Work Australia report on the associated dangers, including silicosis. We commend the Government for acting to ensure the health and safety of workers.

No day at work should include potential exposure to toxic, dangerous products and it is a tragedy that people have suffered avoidable and irreversible respiratory conditions simply from doing their jobs.



We continue to encourage all measures to prevent future patients suffering from silicosis and related diseases and support for those who have been diagnosed.

Read more at

<https://www.ama.com.au/qld/news/National-ban-on-engineered-stone-will-protect-lives>

## JOIN AMA QUEENSLAND

As the peak medical professional body, AMA Queensland represents all doctors no matter your craft group or career stage. We support you and your colleagues in advocating for the strongest health system in Queensland while also offering exclusive member benefits, expert workplace relations support and representation on issues that affect you in the workplace.

Sign up or renew now at <https://www.ama.com.au/qld/join>



CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com) with the details.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.

# Redcliffe Consumers to Benefit from New Approach to Complex Care Coordination

## Care Collective launches in the Redcliffe region

Following a successful pilot in the Caboolture region and the subsequent securing of additional funding through the Queensland Health Reform Office and the Commonwealth Primary Care Pilots Program, the Health Alliance Care Collective program has now expanded to the Redcliffe region.

The Health Alliance represents the unique, cornerstone partnership between Brisbane North PHN and Metro North Health, working strategically to break down barriers in healthcare for communities across the North Brisbane and Moreton Bay region.

A key initiative of the Alliance is the Care Collective, which supports people living with chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and conditions leading to emergency department (ED) presentations for debility (e.g. dementia, frailty, and falls) to access more holistic and patient-centred care.

By integrating and enhancing existing Health and Hospital Service (HHS) and Primary Health Network (PHN) pathways with new proactive, nurse-led care coordination roles in general practice, the program can help to lower unnecessary health service usage and support better health outcomes for clients with these conditions.

Nine general practices in the Redcliffe region have registered to participate in the program – seven commenced service in December 2023, with the remaining two practices scheduled to commence in February.

Capestone Village Family Practice at Mango Hill joined the Collective in December after seeing an opportunity to expand their practice nurse capacity and improve the care coordination of their patients with chronic health conditions.

Key stakeholders, including Brisbane North PHN CEO Libby Dunstan and Metro North Health Executive Director Vivienne Hassed, visited the multidisciplinary general practice in January to officially launch the program in the region and meet the GPs and nurses who will be involved in its execution.

“Metro North Health is proud to be working alongside Brisbane North PHN through the Health Alliance to support practices like Capestone Village Family Practice. Visiting the practice and hearing how the Care Collective program is benefiting patients like Lorraine, reinforced Metro North Health’s commitment to continue to support capacity building of general practices in the region,” said Ms Hassed.

Capestone Village Family Practice’s general practitioner owners Dr Jayne Ingham, Dr Rebecca Tattersall and Dr Megan Appleton are committed to delivering on the practice’s motto of Better Health Care is Our Promise. The practice’s eight GPs, four nurses and six reception staff look after the primary healthcare needs of over 8,000 people in their local area.

The Care Collective specifically enables capacity building in general practice by funding the upskilling of practice nurses to Complex Care Coordinators (CCCs), able to support clients with chronic health conditions at no additional cost to the consumer.

Tracey Johnson, Capestone’s dedicated Complex Care Coordinator, said she was looking forward to spending more time with their patients.

“General practice is not currently adequately funded to coordinate complex care conditions for patients. The Care Collective program provides an opportunity for Tracey to spend time ringing services and coordinating care options for the patients of our practice who need it most,” said Dr Ingham.

“The Health Alliance recognises the critical role general practice can play in reducing the impact of unnecessary presentations at local emergency departments. The Care Collective is building the capacity of general practices to increase the coordination of care for patients of their practice with chronic health conditions. We are delighted to have Capestone participating in the Care Collective program,” said Ms Dunstan at the launch. For more information about the Health Alliance and the Care Collective program please visit: <https://healthalliance.org.au/>



***Pictured L–R by full name and title: Annie Hemms, Clinical Project Lead, Brisbane North Health Alliance, Libby Dunstan, Chief Executive Officer, Brisbane North PHN,***

***Dr Jayne Ingham, GP, Capestone Village Family Practice, their patient and consumer advocate Lorraine, Rachel Milnes, Practice Manager, Tracey Johnson, Complex Care Coordinator, Vivienne Hassed, Executive Director, Office of the Chief Executive and Communications, Metro North Hospital and Health Service, and Rohie Marshall, Project Lead, Brisbane North Health Alliance officially launch the Care Collective – Redcliffe program at Capestone Village Family Practice.***



***Complex Care Coordinator (CCC), Tracey, is looking forward to providing more patient-centred and dedicated support to Capestone Village Family Practice patients like Lorraine.***



***PHN Project Lead Rohie Mars hall, Dr Jayne Ingham | GP, Tracey Johnson | CCC, PHN CEO Libby Dunstan, PHN Clinical Project Lead Annie Hemms and Metro North Health Executive Director Vivienne Hassed visit Capestone Village Family Practice to officially launch the Care Collective program in the Redcliffe region.***

# Self-knowledge and Meditation

By Dr Mal Mohanlal

Continued Page 15

Do you know we live in a hypnotic world? We are delusional thinkers and live in a fantasy world of words. However, there is a world beyond words called reality that you see right before your eyes in the present, which is timeless and eternal, and people have no idea how they are related to it. To understand reality, one requires self-knowledge.

What is self-knowledge? When you stand in front of a mirror, you see an image of yourself that you recognize as “I” and associate with “me” and “mine.”. The “I” is your ego, the thinker in your mind, which is the self. Knowing how your ego operates in your mind will give you great insight into your mind and help you overcome heartbreaks and other emotional problems. It will allow you to become the master of your destiny. Anyone with an intelligent mind needs to acquire self-knowledge. Without self-knowledge, one keeps chasing their shadow for the rest of their lives.

The nature of the ego is to be possessive and territorial. It is a part of our mind with our survival instinct. It wants to control everything and considers itself the world’s centre. It is not interested in searching for the truth. It is only interested in self-satisfaction and self-gratification. It wants to live forever and never wants to die. It is a time-traveller and creates a fantasy world through the imaginative power of the mind.

As I see it, the ego in my mind is a product of self-hypnosis. It means the ego cannot appear in our conscious mind without words. The ego uses words for thinking without realizing that the words hypnotize us. So whenever we are thinking, we are hypnotizing ourselves. Words have a hypnotic power over us. The ego creates words to express thoughts, feelings, and emotions. Our words also make us travel in time: the past, the present, and the future. We live in a superficial world of words and time. It is why the ego cannot stop thinking. We are obsessed with thinking. Our thinking process goes on and on like a squirrel in a cage. The ego fears that it might disappear from the mind if it stops thinking. It is why the ego surrounds itself with endless chatter of words and music twenty-four hours a day on TV, radio, and other entertainment media.

This thinking process becomes so overwhelming and distressing that the clever ego has devised systems of meditation to calm the mind. It has developed meditation techniques to manage the mind without realizing it uses the same technique in its thinking process (the thinker and the thought). Thus, meditation, as taught by gurus and sages of the past and present in the thinker and the thought mode, is all self-hypnosis, which is what creates a world of delusions. However, meditation is not just to calm the mind. It is also a means of gaining insight into your mind and acquiring self-knowledge.

So, how does self-hypnosis create a world of delusions for us? For instance, we use the word “spirit” or “spiritual” to describe a world beyond the present in our imagination. It becomes a delusion if we start believing that such a world exists because we want to think about and believe in it. So, if anyone thinks spirituality exists, shouldn’t one also believe Santa Claus exists?

The (thinker and the thought) mode is our usual thinking mode. It hypnotizes us when we think. So, what is the right way to dehypnotize us so that we can hypnotize ourselves correctly without suffering delusions? It is the observer and the observed mode. When you stop thinking, you do not disappear from your mind. Your ego becomes an observer in the mind, a passive role it does not like. As an observer, you can become aware of what is happening inside and outside of you. You can watch your thoughts and emotions and how

they affect you. Here, you can harmonize your inner and outer worlds. Meditation thus becomes a pathway to self-knowledge.

There is, therefore, only one right way to meditate: in the observer and the observed mode. Any other method becomes self-hypnosis, which leads to delusions. Wherever you are, please understand that there is a picture of a timeless dimension called reality before you. Your whole purpose is to understand your relationship to this picture in the present. Look into the distance, become aware of the present, and take in everything in your field of vision except the back of you without saying a single word in your mind. Now, you will see a panoramic view of the picture of the present moment, recognizing every single object without naming it. You are aware of the present and you have not disappeared from your mind. It is the mode you use for meditation or contemplation. In this mode, you can become aware and hypnotize yourself positively by rearranging the words. For instance, if you habitually say, "I hope I will be OK," you can replace it with "I am fine."

So, when thoughts or emotions arise in your mind, as they will, become aware and do not try to control or reject them; accept them and see how words affect them. When you do not verbalize your thoughts and feelings, what happens to them? You will find they have no substance when you do not use words (verbalize). When you use words, you activate them. Thus, you can learn how to manipulate your feelings by using words correctly. For instance, when you find your thoughts have a lot of negative words, replace them with positive words and see how you feel. Our subconscious mind responds to words, not their meaning. Positive words create positive feelings, and negative words create negative emotions.

In this mode, you can also resolve the conflicts you carry from the past. Do not try to forget a person or anything from the past. Accept the person or situation as a part of your learning experience, and thank the person for giving you such an experience. You are a better and wiser person because of it. As you resolve the conflicts and contradictions within you, your perceptions will change, and your mind will automatically become peaceful.

You are mainly in the thinker and the thought (the thinker thinking) mode whenever you are awake. So, when you are praying, you are hypnotizing yourself. When you are singing, you are hypnotizing yourself. When you are reading, you are hypnotizing yourself. Whatever activities you are involved in, hypnotize you. Only the observer and the observed mode dehypnotize you. As you become enlightened, your mind will reset spontaneously into (the observer and the observed) mode, which will now become your normal thinking mode. There is nothing spiritual about enlightenment. It is merely a process of waking up from self-hypnosis and realizing that we live in a delusional world and must not take ourselves too seriously. When you experience the spontaneous phenomenon where the observer in your mind and what is being observed become one, you will understand that a timeless dimension exists in the present and that you are one with it. You will experience Nirvana while you are alive, not after you die.

Acquiring self-knowledge requires you to use your brain power: perception, insight, and awareness. Without self-knowledge, you are just a ship without an engine in the rough ocean of life, tossed around like flotsam and jetsam. With self-knowledge, you are a ship with an engine that can cut across the roughest seas anytime without hassle. Acquire a thirst for self-knowledge and become the master of your destiny. Nirvana is always here in the present. Life becomes an eternal meditation when one wakes up from self-hypnosis. One will never need to pray again. Please read my online articles to enlighten you further.

# HOI AN VIETNAM

By  
Cheryl Ryan



The ancient city of Hoi An, is located on the South China Sea Coast and is the centre point of the J-shaped country.

Vietnam's coastal stretch which is a UNESCO World Heritage Site and has been for the past two decades.

The city is a classic example of an Asian trading port of the erstwhile centuries and an amalgamation of local and foreign architecture. A melting pot of the Chinese, Vietnamese, Japanese, French and thereby enriched with a diverse culture the city is bound to leave you awestruck.

## Must-Try Dishes in Hoi An

You will find a wide array of restaurants and street stalls offering delectable Vietnamese cuisine which go beyond the customary noodles and rice. Try their Banh Bao Vac (White Rose shrimp and pork dumplings), Banh Xeo (crispy pancake), Banh Mi (Vietnamese Baguette), Ca Phe (sweetened condensed milk coffee), Mot Tea (an iced herbal tea), Tube Popsicle and Vietnamese Donut to enjoy the fresh finger-licking goodness of their delicacies!

## What Have We Planned For You

- Glide down the region's most important river – The Thu Bon River – in a kayak or a motorboat and admire the pristine waters and natural surroundings.
- Be sure to take your vacation around a full moon so you could witness the popular Hoi An Lantern Full Moon Festival. It is a celebration by the local people meant to honor their ancestors. Observe how the locals exchange candles, lanterns, flowers and fruits to bring in prosperity.
- Take a walking tour to soak in the old

world charm the city exudes and marvel at the traditional wooden buildings alongside French colonial architecture. Stop by at local restaurants to sample the authentic Vietnamese fare or shop for souvenirs, fabrics, lanterns and handicrafts at the night bazaars or the street hawkers.

- Visit the famous Japanese Bridge built over the river to connect the Japanese settlement with the Chinese living across the river back then. It is a hallmark of traditional Japanese architecture and connects two separate shopping areas in the present day.
- Enroll for a half-day, full-day or evening cooking course conducted by local restaurants. The reasonably priced course will teach you to toss up the most exotic Vietnamese dishes in a jiffy. Some courses also include a visit to the local market for buying fresh produce for your dishes.

This colorful and peaceful city lives up to its name Hoi An meaning – peaceful meeting place!

123 Travel Phone: 07 5476 9368 |  
Email: [cheryl@123travel.com.au](mailto:cheryl@123travel.com.au)  
Mobile: +61 438 003 759 | Website:  
[www.123travel.com.au](http://www.123travel.com.au)  
Shop 5, 56 Burnett Street, Buderim Q





## The Proposed Changes to the Stage 3 Tax Cuts

The Australian Government Treasury reports that the upcoming Stage 3 tax cuts were designed and legislated when dramatically different circumstances were expected to prevail. Treasury provides that “since the cuts were legislated, the global economy has been impacted by several significant, unanticipated shocks”. “Low and middle-income households have been under significant pressure from unanticipated cost-of-living increases”. The redesign of the Stage 3 tax cuts is estimated to provide cost-of-living relief to 13.6 million taxpayers. Treasury suggests that this option is broadly revenue neutral, will not add to inflationary pressures and will support labour supply.

Under the proposed new Stage 3 package, all taxpayers would receive a reduction in their tax liability. Across all income deciles, the tax cut is between 1.5 and 2.5 per cent of taxable income on average. All resident taxpayers with taxable income under \$146,486 will get a large tax cut relative to the original Stage 3 tax cuts.

From 1 July 2024, the proposed Stage 3 tax cuts will:

- Reduce the 19 per cent tax rate to 16 per cent
- Reduce the 32.5 per cent tax rate to 30 per cent
- Increase the threshold above which the 37 per cent rate applies from \$120,000 to \$135,000
- Increase the threshold above which the 45 per cent rate applies from \$180,000 to \$190,000

An individual with \$40,000 would receive a tax cut of \$654, in contrast to receiving no tax cut under the original Stage 3. Where an individual with a taxable income of \$100,000 would receive a tax cut of \$2,179, \$804 more than under the original Stage 3. An individual with a taxable income of \$190,000 would receive a tax cut of \$4,529, which is less than the original Stage 3.

### Change in Household Tax Paid – Single Person Household

Taxable Income (\$)	Tax Liability in 2023-24 Original (\$)	Tax Liability Under New Tax Cuts (\$)	New Tax Cut (\$)
30,000	1,942	1,588	354
40,000	4,367	3,713	654
50,000	7,467	6,538	929
60,000	11,067	9,888	1,179
70,000	14,617	13,188	1,429
80,000	18,067	16,388	1,679
90,000	21,517	19,588	1,929
100,000	24,967	22,788	2,179
110,000	28,417	25,988	2,429
120,000	31,867	29,188	2,679
130,000	35,767	32,388	3,379
140,000	39,667	35,938	3,729
150,000	43,567	39,838	3,729
160,000	47,467	43,738	3,729
170,000	51,367	47,638	3,729
180,000	55,267	51,538	3,729
190,000	59,967	55,438	4,529
200,000	64,667	60,138	4,529

\* The Table provides stylised cameos based on the tax payable for these households, excluding transfer payments. The tax liability and reduction in tax are calculated only by taking into account the basic tax scales, low-income offset and the Medicare Levy. Actual outcomes for many individuals and households would differ.

\*\* 1.2 million taxpayers will benefit from the 7.1 per cent increase in Medicare Levy low-income thresholds for the 2023-24 income year. This increase will apply to singles, families, seniors and pensioners.

If you require accounting, wealth and advisory assistance, please contact our experienced accountants at Poole Group on 07 5437 9900 or [poole@poolegroup.com.au](mailto:poole@poolegroup.com.au)

## Unfair Rules are Depriving Australian Prisoners of Equitable Healthcare

Australian prisoners are suffering with complex medical conditions and are unable to receive equitable healthcare due to unfair rules that must be reformed. The Australian Medical Association is calling on the federal government to update unfair rules that prevent people in custodial settings from accessing Medicare and medicines subsidised by the Pharmaceutical Benefits Scheme (PBS).

In a submission to the Pharmaceutical Benefits Advisory Committee's (PBAC) March 2024 meeting agenda item on access to medicines for people in custodial settings, the AMA raises serious concerns about inequitable healthcare for Australians in custody.

AMA President Professor Steve Robson said health services in custodial settings must be of equivalent professional, ethical and technical standards to the wider Australian community.

"It is appalling and an affront to Australia's human rights status that prisoners in this country aren't allowed to receive the same quality of healthcare as the wider community," Professor Robson said.

"Because of legislation dating back to 1973, people in custodial settings are not able to receive treatment under the country's universal health insurance scheme, Medicare, nor are they allowed to receive medicines subsidised by the PBS."

The legislation was designed to avoid duplication of services, with state and territory governments funding prison-based health services. However, as the AMA's submission notes, this exclusion has led to significant health treatment

disparities for Australian prisoners.

People in custodial settings with complex medical conditions that require high-cost drugs currently have their treatment determined by state justice health departments, while everyone else in the community has access to the PBS.

"People in custodial settings experience higher rates of chronic physical diseases, mental health conditions, communicable diseases and addiction," Professor Robson said.

"All these issues are only being exacerbated by the inequitable healthcare delivery in prisons and other custodial settings.

"However, the AMA is pleased PBAC has acknowledged barriers preventing people in custody from accessing PBS medicines, and we look forward to the PBAC meeting in March when the committee will provide an update on the advice received from jurisdictions and various submissions."

Read the submission

Read the AMA Health Care in Custodial Settings Position Statement

Tuesday, 20 February 2024

Contact:

AMA Media: +61 427 209 753

[media@ama.com.au](mailto:media@ama.com.au)

Facebook [AustralianMedicalAssociation](#)  
[@amapresident](#)

Instagram [@medicalassociation\\_au](#)  
[@medicalassociation\\_au](#)

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

## *Where We Work and Live*

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

### **Peter Jarratt (Australian Army), The Australian Army Training Team Vietnam**

Peter Jarratt served with the Australian Army Training Team Vietnam, the first Australian unit to arrive, the last to leave, and the most highly decorated of the Vietnam War.

In 1962, the first 30 Australian soldiers were sent to Vietnam. They were called the Australian Army Training Team Vietnam and they provided training and assistance to the South Vietnamese.

“They were experienced officers, or warrant officers, many with World War Two experience; certainly many of the warrant officers had fought the Communist terrorists in Malaysia so they’d had jungle experience.

We were issued a weapon, 45 automatic American pistol, a tin hat “” steel helmet which I never ever wore; some other bits and pieces of American kit, all our ID cards, the whole thing, which was plugged into the American system so that we then became a part of the American structure.

If we got wounded we went to an American hospital to be sorted out.

But the first eye-opener for me was when General Timmes stood up on our briefing, he was the head sharang of the military advisory group in Vietnam; and Timmes stood up at the front and, you know, forty years ago, but he went through ‘God is on our side, the Communist pagans,’ or whatever, ‘We will defeat them, it is our role, our mission in the world.’

And I didn’t think God was on my side at all, I didn’t think there was any God in



***Peter Jarratt (Australian Army), The Australian Army Training Team Vietnam***

any case, so I wasn’t sure that he was sitting behind me at all.

When you’re involved in a fire situation where people are actually shooting at you and you’re shooting back, and you can’t speak the language, you feel pretty vulnerable, which is why we always sent advisors out in pairs, so that one man could watch the other’s back. You look after each other.”

The Training Team were ‘first in, last out’ and became the most decorated Australian unit to serve in Vietnam.

“Looking back on it, it was a very important time in my life, a time when I had more power and control and freedom to do what I wanted to than I’ve ever had.

I was glad that I was there but I was glad to come home.

At the end of it I waved Vietnam farewell and said, ‘That’s it’.”

***Stories continued next month***

# Are You A Member? Why Aren't You? Here is What You Get!



**Get Your RDMA Membership Benefits! Socialise! Broaden Your Knowledge!**

**CPD Points Certificate Available**

Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This membership subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome. Doctors in Training and Retired Doctors are invited to join at no cost. Please complete the annual memberships subscription below and enjoy the benefits your membership brings you and your colleagues.

## RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; [rdma.treasurer@gmail.com](mailto:rdma.treasurer@gmail.com)

ABN 88 637 858 491

- 1. One Member Membership Fee (July - June) \$120.00; October - June \$90.00, Jan - June \$60.00, April-June \$30.00**
- 2. Two Family Members Membership Fee Per Annum \$180.00 pro rata (Please include each person's details), 50% Discount for Part Time Doctors working 10 hours or less per week**
- 3. Doctors in Training and Retired Doctors: FREE**

1. Dr

(First Name)

(Surname)

Email Address:

2. Dr

(First Name)

(Surname)

Email Address:

Practice Address:

Postcode:

Phone:

Fax:

**CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064122 AC: 00902422**

**1. PREFERRED PAYMENT METHOD: INTERNET BANKING**

**2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date**

**3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)**

**i) Complete Form and Return by Emailing to [rdma.treasurer@gmail.com](mailto:rdma.treasurer@gmail.com)**

**2) Or Posting C/- QML or RDMA at PO Box 223 Redcliffe 4020**