REDCLIFFE & DISTRICT and BRISBANE LOCAL MEDICAL ASSOCIATION

RDMA & BLMA's Joint Newsletter

Newsletter
June 2021

A Sailor's Story - John Gilfellon: https://vietnamvetsmuseum.org/node/soldiers-stories-John Gilfellon

See Where We Work & Live P19. A Sailor's Story J Gilfellon.

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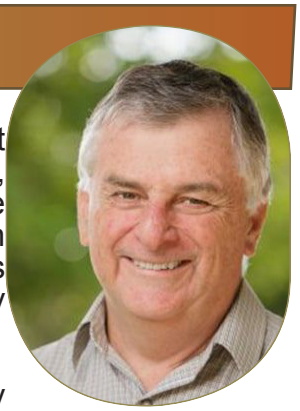
BLMA President's Report Dr Robert (Bob) Brown



Exciting days for the Brisbane Local Medical Association. Since reforming as the BLMA from the Northside Local Medical Association we have had our first dinner meeting on the "Southside"!

We believe that this is a seminal moment within the Local Medical Association in Queensland.

We had our dinner and the Queensland Cricketers Club in the Platinum members dining room. My first visit there! The venue, staff and food were excellent. Our thanks to the AMAQ, especially Chris Perry and Katherine Gonzales-Cork for facilitating this!

Also, the Cricketers Club with many thanks to the CEO Lachlan Furnell and its Manager of Function and Events, Chelsen Audrey.

We also had in excess of fifty doctors' members and prospective members. It was very much a 'business dinner" to emphasise how important was the occasion to the BLMA.

Our next meeting is at the Victoria Park Golf Club and is sponsored by Genesis Oncology. A return to the usual format of clinical presentations and fine food.

As readers would be aware I joined RDMA in 1982 and was President in the late 80s moving onto the AMAQ Council and eventually President in 1998.

The BLMA and its committee are dedicated to the success of all LMAs within Queensland, and through Chris Perry, and the AMAQ, I would suggest that we strive towards "Bigger and Better".

Not of course, that Local Medical Associations are directly linked with the AMA, but I have known that in the past, and in the present that LMAs accept all registered Medical Practitioner to their membership. Its just that the AMA is the singular, significant representative of the Medical Profession throughout Australia; and its foolhardy, not to be closely linked

We hope to remain closely linked to the Redcliffe (and district) LMA as for many of us old fogies it was the beginning of a journey in forming the Northside LMA and now the BLMA.

We gave close links in the Sunshine Coast LMA and the Gold Coast LMA as well as the Hervey Bay LMA. I believe that we need to strengthen these ties.

Our thanks to Kimberley Bondeson and the RDMA Committee for their continuing support.

BLMA President
Dr Bob Brown

RDMA & BLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Brisbane Local Medical Association

Note: Doctors in Training
RDMA Membership is Free
RDMA & BLMA Meeting Dates Page 2.

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

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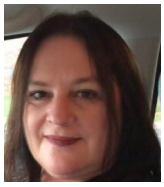

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RDMA 2021 MEETING DATES:

For all queries contact Anna or Angela our Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

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

NEXT NEWSLETTER DEADLINE

Advertising & Contribution 15th July 2021

Email: **RDMANews@gmail.com**

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2021 MEETING DATES:

Next Meeting: Victoria Park Golf Club

W:**https://www.brisbanelma.org/**

CPD Points Attendance Certificate Available

Usual Venue: Riverview Restaurant, Brisbane. Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

ANNUAL GENERAL MEETING - AGM		
Tuesday	February	9th
Tuesday	April	13th
Tuesday	June	8th
Tuesday	August	10th
Tuesday	October	12th
NETWORKING MEETING		
Friday	November	26th TBC

INSIDE THIS ISSUE:

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- Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

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

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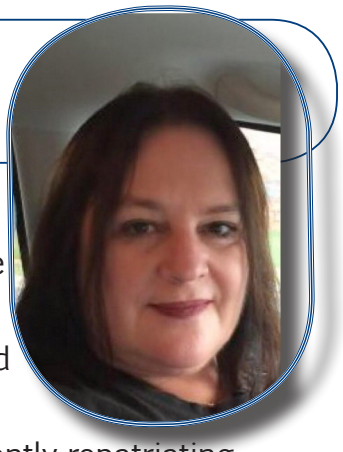
RDMA PRESIDENT'S REPORT
Dr Kimberley Bondeson,



It has been the coldest winter in many years, with 8 degrees in the early am and up to 22 degrees during the day. And it looks like we are back having winter storms during the day. Again, we have not had that for many years. General Practitioners around the country are facing a choice at the moment, whether to stay as a financial member of the the RACGP, and continue to have the RACGP log their CPD points, or to do it themselves, or use one of the other CPD tracking portals that are becoming available. In the past, a GP had to be a member of the RACGP College, paying around $1500 a year, to be eligible to access medicare rebates. If they did not pay the full membership fee of $1500, they could pay a fee of around $945 a year for the CPD program. Either one required the GP to upload certificates and data onto the RACGP portal themselves to help maintain their record. Well, this has changed.

GP's can now submit their CPD data directly to AHPRA each year, they no longer need the RACGP college to do this. When the dust settles, it will be interesting to see how many members chose to submit their CPD data directly to AHPRA. Part time GP's will particularly benefit from the financial savings if they do it themselves. I went through the process of working out financial viability of working as a part time GP, say one who worked 2 and a half days a week, several years ago. Once you add medical registration fees, indemnity insurance, income protection insurance, unpaid leave of 4 weeks a year, a college membership fee, and any other membership fees and expenses for CPD, you really have to think carefully about what you are doing, as the numbers did not pan out well. Effectively, for a 48 working week year, you were working 12 weeks to pay these fees. And that did not include consumables, car costs, any family day care costs and so forth.

I understand that for specialists, one of their greatest expenses, is their medical indemnity insurance. In many cases, eg. Surgeons and Obstetricians, from discussions with colleagues and friends, it is not feasible for them to work part-time at all. And definitely the Covid 19 pandemic has made an impact on elective surgery, Australia-wide, particularly during the early days of 2020. It is good to see that in Queensland and most of Australia, we are back to some form of the new normal. However, Melbourne is again in the middle of snap lockdown.

However, Australia is still the lucky country.

Whilst the Covid 19 vaccine roll out is still stumbling along, we see media clips of what is happening in India, and the UK. Australia closed its border to India for a short period, and has reopened it and is currently repatriating Australian Citizens from India, and placing them in quarantine. The quarantine hotels are not without difficulties and problems, and according to the news, the latest outbreak in Melbourne is attributed to a Quarantine hotel worker.

Sadly, it seems that this group of workers are still not vaccinated against Covid 19. And still in my own GP practice, I am seeing aged care workers looking to be vaccinated. Still.

And now to comment about the Public Relations Disaster around the AstraZeneca vaccine. On National Television, 2 days ago, the Federal Health Minister, Greg Hunt, announced that Australia will have enough Pfizer and Moderna vaccines for all Australians by the end of the year. Ummm. Now what do I do with my anxious patients, who want a vaccine, but are only eligible for the AstraZeneca vaccine, which is the only one my practice has?

And finally, we have plenty of stock of?

Then this morning I woke up to the Health Minister, Greg Hunt, informing the Australian People as well as doctors, that the AstraZeneca vaccination is no longer recommended for people under 60yo. This is creating even more difficulties. Vaccine hesitancy is even greater than before. We had to cancel a large number of our daily clinics of Covid 19 Vaccination Clinics, and even people who are due for their 2nd AstraZeneca vaccination booster are questioning it. And we have no idea when, and if, we are going to get any Pfizer stock.

This makes it harder than ever to recommend the AstraZeneca vaccine to our patients. And what about the extra nursing staff and reception staff we have had to put on to help run our vaccination clinics, which are suddenly shrinking in size? Many GP practices and respiratory practices are going to have to rethink their ability to continue their involvement in the vaccine rollout.

Presidents Report – June 2021
Dr Kimberley Bondeson

Next Meeting Date 22nd June 2021

RDMA Meeting 26/05/21
Dr Kimberley Bondeson introduced tonight's speakers. Sponsor Peninsula Private Hospital.

Tonight's 3 Speakers
1. Dr Liz Hodge, ENT Surgeon
2. Dr Lydia Mowlem, Respiratory PHysician
3. Dr Ron Morris, Speech Pathologist
Topic: Chronic Cough, A Thoracic Perspective.

Photos below clock wise to the right.
1. Speakers: Lydia Mowlem, Liz Hodge, Ron Morris
2. New Members: Jeremy Williams and Xu Beixi

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 22nd June 2021**

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Lundbeck Australia Pty Ltd Represented by: Barbara Wheldon & Fiona Hart
7:40pm	Speaker: Dr Ashim Majumdar, Psychiatrist Topic: Supporting Mental health Treatment in Primary Care; the role of Brintellix (vortioxetine) in treating MDD, the role of Rexulti (brexpiprazole) in treating schizophrenia. Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 18th of June 2021
(e) RDMA@qml.com.au or 0466 480 315 or 0413 760 961

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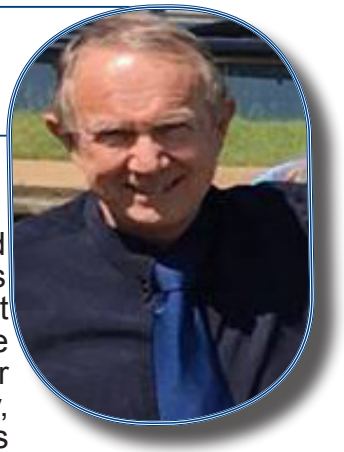
RDMA VICE PRESIDENT'S REPORT
Dr Wayne Herdy,



BUREAUCRACY WASTES YOUR TIME – AGAIN and AGAIN.

Last year, the PBS rules underwent an interesting change. Suddenly, prescribers of opiates were required to satisfy a whole new set of criteria before prescribing long-acting opioids. We had to verify (and repeat the verification for every prescription) that the patient has a chronic disabling pain. That progressed to having to verify that the patient has had an approval since 1st June 2020. And then the added requirement that the patient was going to have, or had had, a second opinion from another prescriber.

I preface my remarks by acknowledging the noble intent behind this bureaucratic disaster, being to make prescribers reflect on patients' continuing needs for long-term opioid analgesics. OK, I get it, this is a safety issue. We know that a number of patients die each year from pharmacological incidents, and that opioids (and benzos) are involved in a significant and disproportionate number of those deaths. But this plan was dumped on us (regrettably, with some AMA input) without enough thought of the practical application. I also know that oxycodone has attracted some very bad press in the last few years (but the bad press did not give enough weight to co-prescribing of benzos and pregabalin and phenothiazines, the dangerous magic cocktail so favoured among abusers).

Opioid scripts now take a significantly longer time to write. Prescribers hate it. The queues to get onto the authority approval lines are getting longer. I feel that we are now dealing with increasing numbers of inadequately trained and experienced operators who seem to have been put on the payroll in a manpower rush to meet the increased demand for phone authorities. I cannot even conjecture at the cost to the taxpayer of implementing the added authority applications alone. Listening to the voices at the other end of the line, it is obvious that the HIC operators hate it as much as we do.

Fortunately, we can still streamline the authorities - if we are prepared to settle for a two-week re-writing of the scripts. Fortnightly prescribing doubles the number of consultations for opioid scripts, which expands my bank balance but has a negative impact on my appointment schedule. Worse, it doubles the number of times our poor ever-suffering patients have to attend just for a regular script, not a good outcome if they are a genuine pain patient with the attendant mobility transport restrictions. (Thankfully, we can still do telephone consultations – at added cost to the taxpayer.)

I used to send in mailed requests for authorities – which means I can get away with prescribing once every 3 months if I ask for 2 repeats. Unfortunately, the sheer volume of words required does not fit on an A4 script page, and even though I hand-wrote the added criteria in the margin, I had every one of those applications rejected. Back to the telephone authorities, or fortnightly streamlines.

Why do I have to tell the operator that the patient has had the medication for over 12 months, or that the patient has had an authority since 1st June, or even that the patient has had a review in the past 12 months. Why is that information not already on the screen before they ask?

Now let's look at the medical manpower waste involved in the review process.

Again, I recognize why Big Brother would think that a review by a second prescriber is a great idea. We all know that there are a few cowboys out there who are pretty generous (or careless) with their prescribing, opioids or benzos or otherwise. I have an addiction practice – I inherit their blunders. But there are not all that many careless prescribers, and there are other ways of identifying the outliers and calling individuals to account without imposing a wasteful and frustrating burden on every prescriber.

The review requires that a second set of eyes look at the clinical picture. In reality, how many of us, often seeing a pain patient as a once-off encounter, are really going to criticize and disapprove what our fellows have done after a longer course of knowing the patient better than we ever will? Especially if we have to maintain a working relationship with our colleagues?

And the manpower wastage is phenomenal! Pluck a figure, and I guess that there are maybe half a million patients around the country who are prescribed long-term opioids. That means that, before 1st June last year, over a period of about a month, Australian doctors had to find an extra half-million consultations just for a second opinion.

And this month we have to go through the same process and find another half-million spare appointments. On top of our usual workload. On top of the flu vaccine season. ***Continued Page 7***

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On top of vaccinating the entire country for COVID and/or sitting counselling worried patients extensively about the risks and benefits of COVID vaccination. And heading into winter with all the added respiratory consultations that happen at this time of the year.

Even as we struggle with our over-crammed appointment books, the taxpayer has to struggle with an added $25 million or so for the additional consultations alone.
I love quoting the line that a camel is a horse put together by a committee. This whole opioid approval system is without a doubt at least a three-humped camel.

And at the end of the day, is there any evidence that this nonsensical bureaucratic burden has saved any lives? I challenge the HIC to show me the money.

Wayne Herdy

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 28th July 2021**

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsor: Seqirus Represented by: Sandy James
7:40pm	Speaker: Dr Elizabeth Hodge Topic: Paediatric ENT Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 23rd of July 2021
(e) RDMA@qml.com.au or 0466 480 315 or 0413 760 961

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SPECIALIST NON-MALIGNANT HAEMATOLOGY SERVICE


Dr Geoff Hawson

Are you time poor when it comes to explaining "simple" haematological results to your patients? Or unsure which follow-up diagnostic tests are best suited to your patients' conditions? Ongoing management of haematological conditions can sometimes be tricky.

Services. I would like to update you on the services I offer your patients at North Lakes Day Hospital and The Hub Medical Centre, Burpengary. I have a special interest in **haemochromatosis** (lived family experience), and cover the entire range of **non-malignant haematology including anaemia and other cytopenias, macro/micro-cytosis, and investigation of raised cell counts**. Out of pocket expenses for patients are kept to a minimum.

About me. I'm registered as a Clinical Haematologist, Medical Oncologist and Palliative Care Physician, and bring my experience in these areas to my current specialist practice in **Non-Malignant Haematology**. I started out as a Laboratory Haematologist and ran the haematology laboratory at S&N for a year, and then trained as a Clinical Haematologist. Over the years I have held Directorships at The Prince Charles Hospital (15 years, where I oversaw the Lab and blood crossmatching for Open Heart Surgery), The Redcliffe and District Hospital (4 years), and The Nambour Hospital (my last 16 years there as a Haematologist/Medical Oncologist). My private practices have been in haematology and medical oncology. I'm Secretary of the Redcliffe and District Local Medical Association, AMAQ Senior Doctor Representative on Council, and President of the Australian Senior Active Doctors Association (ASADA).

Referrals. I take referrals via Medical Objects (preferred), by contacting North Lakes (07 3859 0690), or by fax directly to me (07 3177 7378). If you need advice, I can be contacted on 0418 870 140 (not for patients). **I hope to be of assistance to you and your patients.** **Regards, *Geoff***

Dr Geoffrey A T Hawson

MBBS FRACP FAChPM

Associate Professor (Griffith)

SPECIALIST NON-MALIGNANT HAEMATOLOGY SERVICES

- Haemochromatosis diagnosis and management
- Abnormal blood counts (high or low: platelets, red or white blood cells)
- Abnormal lymph nodes for investigation
- Abnormal paraproteins/light chains
- Investigations for diagnosis of Multiple Myeloma
- Monoclonal Gammopathy of Undetermined Significance (MGUS)
- Myelodysplasia
- Haemostasis and thrombosis (bleeding and clotting problems)
- Investigation and monitoring of DVTs/PEs
- Abnormal red blood cells: Thalassaemia and Haemoglobinopathies
- Iron deficiency
- Immunoglobulin infusions
- Chronic Lymphocytic Leukaemia (CLL)
- Myelodysplastic Syndrome (MDS)
- Myeloproliferative disorders including Polycythaemia
- Myelofibrosis and Essential Thrombocythaemia (ET)

North Lakes Haematology & Oncology Clinic Ph 07 3859 0690 (appointments)

The Hub Medical Centre Burpengary Ph 07 5433 1500 (appointments)

Referrals by Medical Objects (preferred) or Fax 07 3177 7378

Brisbane North PHN & Metro North HHS GP Liaison Update June 2021-

Dr James Collins - Email: mngplo@health.qld.gov.au

I would like to share with our local Brisbane North GPs, a few resources that you may find helpful.

Specialist Support & Advice for local GPs

With both general practice and local emergency departments in Brisbane North and Moreton Bay region experiencing significant demand especially in the evenings and weekends, I wanted to make GPs aware of the support available to you.

Metro North HHS Virtual ED - ED Specialist Advice & Support Service - Call 1300 847 833 (Monday – Friday 8am-5pm)

A Metro North emergency specialist (FAECM) is available to take calls from local GPs to provide advice that can help avoid your patient waiting in an emergency department. It provides access services that in the past may have required the patient to be seen in the emergency department. These services can include hospital in the home, interpretation of investigations, rapid access to outpatient clinics, direct access to inpatients and much more. Many local GPs have already called the service and **91% of GPs surveyed found it useful or very useful**. Go to https://bnphn.org/virtual-ED for more information.

Residential Aged Care District Assessment & Referral Service (RADAR) 1300 072 327 (7 days a week 0900-1730)

Helps with providing the best co-ordinated care for acutely unwell or deteriorating people living in Residential Aged Care Facilities (RACFs) in Metro North HHS catchment area.

RACFs should continue to discuss the care with the patient's usual GP in the first instance. RADAR can provide specialist emergency, geriatric medicine or palliative care advice or outreach visits to the RACF if required.

Easier access to hospital results and discharge summaries

Did you know 90% of your patients have a My Health Record (MyHR) and that each day hundreds of records are getting uploaded to MyHR including pathology, radiology & discharge summaries from Queensland Health Hospitals? These results are easily available in your GP practice software.
www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/clinical-software-simulators-and-demonstrations

GPs can attend 1 hour webinars showing how to use it effectively in your practice -
Best Practice https://attendee.gotowebinar.com/rt/385 7636958320592911?source=Bulletin
MedicalDirector https://attendee.gotowebinar.com/rt/680 9952122708877838?source=Bulletin
Genie https://attendee.gotowebinar.com/rt/845 7278926377506063?source=Bulletin
Zedmed https://attendee.gotowebinar.com/rt/156 372955971182863?source=Bulletin

We also encourage GPs to support uploading of your patient's health summaries and pathology and radiology reports up to My Health Record. This helps continuity of care with specialists providing ongoing follow up in outpatient clinics. Sullivan & Nicolades Pathology has the e-pathology ordering system that can enable your patients results to be uploaded www.snp.com.au/media/12137/my-health-record-pathology-results-upload-202011.pdf Mater Pathology also offers uploading and apparently QML is due to offer this within the next month.

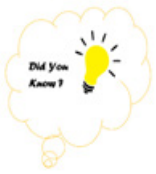
COVID-19 Vaccine rollout

Over 5.8 million COVID-19 vaccine doses have now been delivered in Australia as of mid June.
Details of how to refer your patients in 1a & 1b cohort of patients, those with significant allergies and those between 40-50 years can be found at https://metronorth.health.qld.gov.au/refer-your-patient/vaccination-referrals
Brisbane North PHN continues to offer the latest news and resources available -
https://brisbanenorthphn.org.au/covid-19
Thanks to all doctors and nurses who continue to roll out the COVID-19 vaccination.

GP Smart Referrals - an improved way to refer your patient

GP Smart Referrals is a new way for GPs to refer their patients to public hospital outpatient clinics if you are using Best Practice or Medical Director. It allows you to see the latest outpatient wait times, upload images or reports and will prompt you to pull data required for your referral to be accepted. For more information go to https://brisbanenorthphn.org.au/practice-support/digital-health

Redcliffe Hospital GP education event – 20 July 630-8 pm on Zoom – ED specialists
Information coming soon at https://brisbanenorthphn.org.au/events



Senior Doctors' Contributions during the Global Pandemic

Associate Professor Geoffrey Hawson and Dr Kym Irving

Did you know that there is an increasing global trend for governments to support and encourage Senior Doctors to continue their contributions to their communities as they step down from full active practice? Retired and Senior Doctors have played a crucial role in many countries' responses to the COVID-19 pandemic and governments are developing mechanisms by which these doctors can be retained as highly valued, reserve medical staff.

Did You Know No 1. In France, retired doctors can volunteer as part of the **'medical/health care reserve'.** The care reserve was established in 2007 under law (Law 2007-294 of March 5) to help deal with disasters, emergencies, and serious health threats and incorporated into the Health Code. Reservists are mobilized through a joint decree from the Ministries of Health and Interior. The corps is divided into two sets of reservists, one comprising health professionals called up swiftly for intervention on national territory or abroad (the contract to serve may incorporate international assignments), the second including **retired health professionals** and medical and paramedical students for reinforcement in case of a long-term serious health threat. The characteristics of the reserve corps appear to make it somewhat akin to an army reserve system (such as in Australia) in terms of contractual roles, service, training and employment. During the pandemic, the French government launched large-scale testing for residents and staff in nursing homes and institutions for disabled individuals using biomedical laboratories, the **medical-care reserve,** and mobile testing buses and **volunteers from the national medical care reserve were brought in to help overwhelmed hospitals**.

Did You Know No 2. In various states in the United States, Senior Doctors have access to a range of flexible registration options including **Emeritus, Active-Retired and Volunteer Licenses. Senior Doctors can step down from full active practice** and provide voluntary services in primary health care and public health-focused activities. Their expertise is used to assist in areas of **unmet and underserved medical and health needs** (e.g., through free clinics), and **during emergencies, natural disasters, and pandemics**. Senior Doctors can sign up to the **Medical Reserve Corps (MRC)** which was established after the September 11 attacks when it was recognised that a more organized approach to using medical and health volunteers during emergencies was needed. You can read about the services offered by a retired endocrinologist across the course of the pandemic through her MRC in Virginia in this article (https://www.npr.org/sections/health-shots/2021/01/28/961333809/medical-reserve-corps-volunteers-deployed-to-help-with-vaccination) . It illustrates the ways in which coordinated and trained groups of volunteers including Senior and Retired doctors were ready to assist from early in the pandemic. To obtain a Volunteer License in Virginia, a doctor must have held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive and undertake approx. 15 hours of CPD per annum. MRC doctors were introduced to vaccination training as the pandemic emerged in Jan 2020 and then, in early 2021, engaged in zoom-based training in preparation for the vaccine roll out. The Biden administration supported the deployment of the Medical Reserve Corps to roll out COVID vaccinations this year.

Did You Know No 3. The UK government encourages Senior Doctors to continue working for the benefit of patients and supports transitioning to retirement through flexible work practices such as winding down (working fewer days, or hours, in their existing post), stepping down (into a less demanding and lower graded post, which still makes use of their skills and experience), and retiring and returning to practice in flexible and part-time roles. For more details, you can read the Royal College of Physicians' "Working flexibly: A toolkit" (https://www.rcplondon.ac.uk/projects/working-flexibly-toolkit) .

Under "Retire and Return" Senior Doctors can apply to access their pensions and then return to practice. The underlying principles of "retire and return" include: ensuring older staff who have valuable skills, knowledge and experience, can continue working for the benefit of patients; ensuring older staff can be supported in prioritising their health and wellbeing at the same time as working longer / staying in work; and supporting staff in

Continued Page 11

making the transition from work to final retirement through, for example, "stepping down" (reducing their level of responsibility) and/or "winding down" (reducing their number of hours worked).

Did You Know No 4. During the pandemic (March 2020), the UK General Medical Council used its emergency powers to give temporary registration or a licence to practise to doctors who were not currently in practice but who were fully qualified and experienced, of good standing, and who had given up their registration or licence to practise within the last three years. In April, 2020, this was extended to six years. Around 28,000 doctors are currently on the register. The UK Government is now looking to maintain this cohort of doctors in the health system by establishing the NHS Reserve Staff and is currently piloting models for how the reserve would work. A National Health Service Reserve Staff Bill was introduced (first reading) to the UK parliament in November 2020. Alan Mak (Member introducing the Bill), noted that **"the NHS is the only one of the major emergency services not to have a formal national reservist structure"** He described its operation in the following way:

"One lesson we must learn from the coronavirus outbreak, and an opportunity we must seize, is **ensuring that we retain the skills, experience and commitments of both our existing base of volunteers, and those people who have come forward since the pandemic began.** To achieve those goals, we should create **the NHS reserves**—a new, but recognisable and trusted NHS brand that will fit effectively into the existing NHS family… **standing reserve of clinical and non-clinical volunteers, who can be called up to support our hospitals, GP surgeries, pharmacies and other healthcare providers whenever more help is needed. That might be during public health emergencies, seasonal increases in demand, or critical incidents such as terrorist attacks or major accidents.** The NHS reserves brand will also help to formalise and give greater status and recognition to the many existing health service volunteers, and provide a way to retain and use the skills of recently departed or retired staff."

Did You Know No 5. In Australia, doctors who had retired in the previous 3 years had their registration reactivated to provide a surge workforce. Both Australia's relatively fortunate position, in comparison to other countries facing the pandemic, and a lack of preparedness in how to utilise doctors, saw little deployment of practitioners on the pandemic sub-register. In April 2021, the scope of practice for doctors on the sub-register was reduced to 'vaccinations only' to potentially assist with the current rollout. These doctors are likely to be dropped from the register in the next 12 months. There has been no consideration of the value of maintaining a register of experienced Senior Doctors nor consideration of how medical reservists and coordinated programs of training in pandemic and disaster preparedness might benefit the Australian community into the future. This is despite the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (Australian Government Dept of Health, 2020) identifying scenarios (moderate and high clinical severity) in which a surge health workforce is a central strategy. Unlike the countries cited above, **state and federal governments in Australia have failed to realise that surge staffing is easier to facilitate in the presence of an active reserve of highly experienced Senior Doctors and that there are many benefits, beyond pandemics, in maintaining a medical reserve.**

The Australian Senior Active Doctor Association (ASADA) (http://www.asada.net.au) , AMA Qld, and RDMA are championing a step-down registration category to enable Senior Doctors, if they so wish, to continue contributing their services and expertise to their communities, for example, during times of emergency, disaster, and pandemic, and assisting with the provision of health services to vulnerable and underserved Queenslanders (e.g., remote, rural, indigenous, elderly). The AMA Qld Senior Doctor Working Group (chaired by the first author) is currently developing a model of how this can be achieved.

Dr Geoffrey Hawson ASADA President
Dr Kym Irving ASADA Research Consultant

WORKING FOR QUEENSLAND DOCTORS

We continue to advocate for doctors across key issues such as Voluntary Assisted Dying (VAD), COVID-19, hospital emergency departments and business support for private practice. In this update we outline our extensive work to advance and improve the medical profession in Queensland and support you in delivering exemplary health care for our community.

VOLUNTARY ASSISTED DYING

The Queensland Law Reform Commission has delivered the draft VAD legislation to the State Government and stakeholders. It has been referred to the health committee for 12 weeks of consultation before the conscience vote in September. The legislation predominantly reflects our submission and member views. It provides the ability for doctors to conscientiously object but also information and choice to patients through the proposed care navigator. Good protections are also in place for the vulnerable in our community as well as clear guidelines on eligibility and assessments. Potential applicants for VAD must be18 years and over, have a 12 months' prognosis, experiencing intolerable suffering and be assessed by two independent doctors. The draft law also allows doctors to initiate a conversation on VAD with patients as long as a range of options are also provided which will of course also include palliative care.

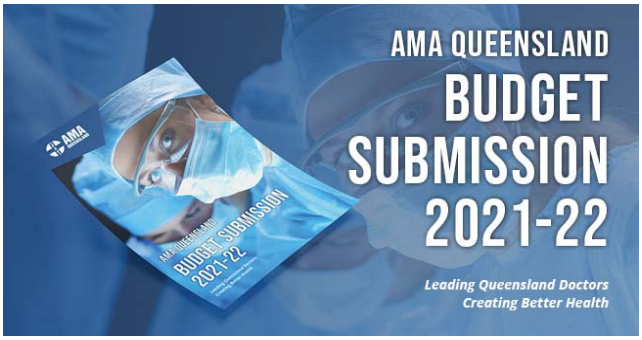
In our member survey on VAD, 98 per cent of respondents said that palliative care should be offered prior to or at the same time as VAD. Right now, specialist palliative care in Queensland is only available to those with three months to live which is a major gap in patient choice if VAD is passed. This must be rectified so patients have true choice of palliative care and VAD as options at the same time if they are facing such hard decisions at the end of life.

Another key issue will be the use of telehealth. In our survey, 61 per cent of respondents said that telehealth should be available for a VAD discussion. However, it is currently illegal to do so under federal legislation. Telehealth is now widely used by patients and doctors and while it does not replace face-to-face consults, it does allow patients equitable and accessible options to speak with a doctor about end-of-life choices. This will require lobbying of the Federal Government to change the relevant laws and allow all Queenslanders equitable access to advice and information on VAD, should it pass in Queensland.

We will be providing a submission on the draft legislation and participate in public hearings where we will continue to ensure our member views are reflected in the legislation.

BUDGET SUBMISSION

The AMA Queensland budget submission is seeking an additional $1.65 billion health funding across a range of initiatives. Announced in conjunction with the launch of Palliative Care Week, a key feature of the submission is the call for $275 million funding per year for palliative care services in Queensland. It is important that palliative care services are funded appropriately so patients have a true choice when it comes to end-of-life care. This is of particular significance as the VAD legislation undergoes consultation over the coming months. Read our full budget submission on our website.



COVID-19 VACCINATION PROGRAM

Pfizer developments

The Federal Government has opened expressions of interest to general practices currently approved to deliver AstraZenica, to also administer the Pfizer vaccine. It is anticipated that all participating general practices will have the opportunity to administer Pfizer by October this year. We are delighted to see that our advocacy has secured this change. We have been strongly advocating for GPs to be able to administer Pfizer ever since the Therapeutic Goods Administration updated the advice allowing fridge storage of the vaccine for one month.

GPs having access to Pfizer is also welcome news given the new recommendation for pregnant women to be offered the Pfizer vaccine at any stage of pregnancy. This advice from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and the Australian Technical Advisory Group, is based on the high risk COVID-19 poses to pregnant women and unborn babies and international research that has not flagged safety concerns with vaccines administered at any stage of pregnancy.

Registering to be vaccinated

People aged 40-49 can now register for the COVID-19 vaccine at a Queensland Health vaccination location. While it is good to see these Queenslanders registering their interest to receive the Pfizer COVID-19 vaccine, it is also causing confusion in the community in terms of eligibility. While we are delighted to see more people being vaccinated and that no vaccines are going to waste, we are calling on greater clarity for vaccine eligibility. If we can bring forward those in the 40-49 age bracket and better harness the GP network, then we can dramatically increase the pace of the vaccine roll-out.

Moderna

The Australian Government has secured 25 million doses of the Moderna COVID-19 vaccine to diversify our vaccine portfolio and provide access to a booster or variant vaccine if needed. The agreement includes 10 million doses in 2021 and 15 million doses of Moderna's updated variant booster vaccine in 2022. In addition, local manufacturing capability for Moderna is also being pursued by the Government. We will continue to ensure GPs and our community have appropriate access to this vaccine once it is approved to ensure we achieve the fastest and safest vaccination roll-out as possible

AGED CARE REFORM

We published a summary for members on our website highlighting key sections of the recommendations from the Royal Commission into Aged Care Quality and Safety (Commission) that impact the medical profession. Our popular *In conversation* webinar series discusses this topic with Drs Ian Williams and Richard Kidd, who provide deeper insights into the challenges for GPs working in the aged care sector and the impact of recommendations from the Commission. You can watch these conversations on our YouTube channel youtube.com/AMAQLD and also read the summary on our website qld.ama.com.au.

AMA QUEENSLAND ELECTIONS RESULTS

The 2021 elections are completed and the results were announced at the AGM on 21 May. Professor Chris Perry has retained the presidency and Dr Bav Manoharan will continue his role as Vice President for 2021. Dr Sarah Coll from Cairns was re-elected to the Board and Dr Maria Boulton from Brisbane is a new Member Appointed Director to the Board. See the AMA Queensland website for full details of the 2021 Council.

Professor Chris Perry OAM and Dr Brett Dale

Answers to Questions in Quora 2 (Internet) Part 1

By Dr Mal Mohanlal *(Part 2 next month)*

How do you move on from betrayal how does one go on when you have done nothing but be true! How do you find yourself again after forgetting who you are. Lost myself while remaining to be true to the one who broke me...how do I get closure?

It is clear you fell in love with this person and are still in love. You are probably feeling like Samson, who thought Delilah was his soulmate and got betrayed. It can be a devastating experience, but it is not the end of the world.

First of all, you must realize that love can be only one-way traffic. The other person was not obviously in love with you. Also, you must recognize that when we fall in love, we fall in love with a perfect image of that person, not the actual person. So your thinking and the other persons thinking are going to be different.

What you have to do now is to recognize this fact and learn from this experience. You say, "Thank you, for giving me this experience of a lifetime. Good bye and good luck", every time the memory of that person comes to you. Now you do not have to mean what you say, but say it in your mind. You will be surprised how quickly your subconscious mind will resolve the problem for you. When you love, you never possessed the other person, so how can you lose? When you love, you are always a winner. It is the other person who is the loser. Please read what I write on the Internet and discover the magic inside you by acquiring some self-knowledge.

What can a person use to spike a drink and make them unconscious?

I wonder what useful purpose this question serves?

Can a normal person be hypnotized to be as a mentally-ill? Can a mentally-ill person be hypnotized to be as normal?

As I understand from observations of my mind, a normal person is already hypnotized. I try to wake up the person to face reality. A mentally ill person is a person who suffers from a disorder of perception. He is also already hypnotized. Most of us who think we are normal suffer from a disorder of perception. It is the degree that determines the level at which it becomes a clinical disorder of behaviour and action. Awareness is the property of the mind one uses to dehypnotize oneself. Most of us have the potential to become mentally ill if we do not acquire some self-knowledge. Please read what I write on the Internet.

How do you limit or stop self-sabotage?

There are negative habits one acquires, which are self-destructive. To break a habit, one requires a bit of self-knowledge. One has to use the power of perception to transform oneself. For example, do you need the willpower to stop going near a fire? When we acquire habits, we condition our mind as well as the body. A habit is something we do without thinking. When we become aware, we are in control and can change our habits. Please read what I write and learn how to understand your ego.

What exactly is self-hypnosis? How does it work and what are the benefits of it?

Do you know that you are already hypnotized? And you are doing hypnosis without understanding how it works. Please read my latest article on the Internet titled "Hypnosis and Self-Knowledge". It will help you understand what hypnosis is all about.

How do you undo hypnosis yourself?

Most people do not realize that they are already hypnotized. To wake up from your self-hypnosis, you have to become aware of what you are doing. Please read my article titled "Hypnosis and Self-Knowledge" on the Internet. It can help you understand what hypnosis is all about.

What is there to live for, besides keeping those who love me from sadness? I know if I relapse, there is no turning back, but why not just go on to the bitter end?

It seems you are suffering from a disorder of perception. You do not know how your ego can misinterpret the picture in front of you and make you feel miserable. I would say that if you are alive, you are doing well. If you are dead, you are dead. So while you are alive, are you not interested in discovering the secrets of the mind? Find out how your mind works? It is the subconscious mind, the way you stimulate it, that makes you happy or sad. Don't you want to find out how it works before you die? If you acquired some self-knowledge, you would not be raising this question. Please read my articles on the Internet and see if they make sense. It would be a pity if you departed this world without discovering the magic in your mind.

How can you remove someone from your subconscious permanently?

You cannot remove someone permanently from your subconscious mind. You have to come to terms with your past so that the past does not bother you anymore. That way, you learn from your past, become a wiser person, and leave the past behind. To do this requires insight into your mind and some self-knowledge. Without it, you will be chasing your own shadow for the rest of your life. Please read what I write on the Internet.

Visit website: http://theenchantedtimetraveller.com.au. The EBook is available at Amazon.co.

Continued next month

Raise it for Redcliffe Hospital

RIDING FOR RESEARCH AT REDCLIFFE HOSPITAL

Dr Joel Dulhunty and wife Naoni... raising it for Redcliffe Hospital

The future of healthcare begins with research. Leading the way for research at Redcliffe Hospital is Dr Joel Dulhunty, who recently cycled from Cairns to Redcliffe to Raise it for Redcliffe. "Research and bike riding are two of my passions – 'research' because it gives us a blueprint to deliver the best in healthcare; and 'riding' for fun, fitness and adventure," said Dr Dulhunty, Redcliffe Hospital's Director of Research and Medical Education.

For 40 days across March to early May this year, Dr Dulhunty and his wife Naoni cycled more than 2,500 kilometres from Cairns via Cooktown down the Queensland Coast.

He pledged one dollar for every kilometre he rode to raise funds for research at Redcliffe Hospital. Along the way, they dodged trucks on long stretches of narrow roads, discovered quirky attractions in small country towns, were drenched in downpours and stood in awe in the Daintree.


Arriving at Redcliffe Hospital after cycling 2,500 from Cairns via Cooktown

"We rode beside sugarcane fields before crossing the Daintree River by ferry to the lush and majestic Daintree National Park. Our most technically challenging day was the Bloomfield Track from Cape Tribulation to Wujal Wujal. Lots of river crossings and very steep hills on a 4WD track," Dr Dulhunty said.

"This challenge is how I can give back to the hospital and raise awareness for important medical and clinical research."


Navigating river crossings and steep hills on a 4WD track from Daintree to Cooktown

Inspired by his commitment, many people also contributed to see more than $11,000 raised for research at Redcliffe Hospital. This kickstarts efforts towards funding an inaugural senior nursing researcher position. In partnership with a leading university, this priority role would champion and undertake quality research, provide dedicated support for staff in their research, and mentor early-career researchers.

This new role signals a new era for health research in the region. It will build on research already happening,


Enjoying the view at picturesque Airlie Beach

through acclaimed programs such as:

- RADAR: Redcliffe Hospital developed and was the first hospital to implement the Residential Aged Care District Assessment and Referral Service.
- Eat Walk Engage: a world-leading initiative in care for stroke, delirium/fall and aged care patients.
- Partnerships with universities in medicine and allied health.

"For us, that means working collaboratively both inside and outside the hospital, including with university partners – like Queensland University of Technology's Associate Professor Amanda Fox," said Dr Dulhunty.

An honorary nursing and midwifery research fellow at Redcliffe Hospital, A/Prof Fox has led a research program, the Cognitive Impairment Support Program, that is changing the way healthcare workers identify and communicate with patients who have a cognitive impairment. Raise it for Redcliffe seeks to extend programs like this and champion others.


A back road to Rosedale on the way to Bundaberg

Research at Redcliffe Hospital has helped to fast-track specialist assessment and care; promote greater patient activity and reduced time in bed; enhance and prioritise treatment options for frail older people; empower staff in delivering evidence-based, gold-standard care; and provide better patient experience, quality of life and peace of mind.

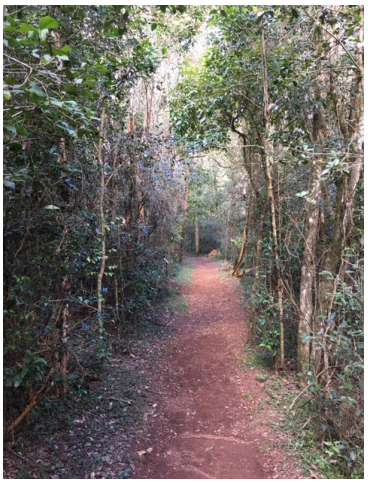
Dr Dulhunty is seeking a total of $120,000 to fund the three-year conjoint nursing professorial position. His latest challenge is to ride 75km on his penny farthing in the Tour de Brisbane, continuing to pledge one dollar for every kilometre he rides. Raise it for Redcliffe Hospital is a partnership between Redcliffe Hospital and the Royal Brisbane and Women's Hospital (RBWH) Foundation. All donations made to help Raise it for Redcliffe go toward Redcliffe Hospital initiatives and research.

To support Dr Joel Dulhunty, you can visit https://bit.ly/3bMmFuv or www.raiseitforredcliffe.com.au

BUNYA!

by

Wayne Herdy



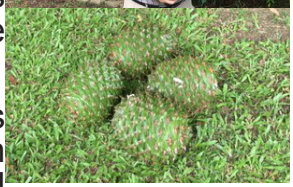
Only a few hours from our doorsteps lies one of nature's hidden treasures. The Bunya Mountains are home to a national park, North of Dalby and South of Nanango/ Kingaroy. They are close enough for a day trip, but better if you plan to stay overnight, renting one of the many private chalets, or roughing it in one of the several camping areas (which unexpectedly do have hot showers and clean toilets).

There are several walks, none particularly strenuous and all very picturesque. The keen walker can easily cover every walking track in a day. Just remember to heed the warnings that this is tick country. Take the Aerogard (or the author's preference, Bushman's insect repellant). There are cafes and a restaurant, but most visitors would be self-catered.

Bunya is home to, you guessed it, the Bunya pine, a veritable giant of the forest, an inhospitable plant with spiky leaves that don't encourage close and personal contact. The Bunya pine cone is bigger than a pineapple, and produces small nuts that are quite tasty, especially roasted. The Bunya pine produces a more prolific crop of nuts every 3 years.

For thousands of years, the aborigines would gather every 3 years at the due time, travelling from as far away what is now as the NSW border or Rockhampton. This triennial festival was a major time in the celebratory calendar, a time for doing business, arranging marriages, settling disputes, and all those functions essential to a primitive but sophisticated society.

I marvel at the feats of communication (aeons before Western society had the internet or even the telephone) and navigation (before the Chinese had invented the compass and when the English were struggling with early maps).



The horizontal scars that you can still see on the trunks of the older trees were steps cut with stone axes to assist climbers aspiring to harvest the nuts high overhead.

The interpretative signs along the tracks explain how the aborigines would come to this sacred area to renew their energy and strength from Mother Earth. It is easy to understand how they felt, once you have breathed in the spirits of the forest.

Yes, definitely put the Bunya Mountains on your bucket list for a long day trip or a few days in fresh air and back to nature.

Saving tax using the First home super saver scheme (FHSSS)

Do you want to buy your first home and save on tax at the same time?!

If yes, then you need to keep reading!

In the 2017-2018 Federal Budget, the First Home Super Saver Scheme (FHSSS) was introduced. If you haven't already heard of the FHSSS, it was a scheme introduced to help first home buyers to build a deposit within their superannuation fund whilst also giving them a tax cut at the same time.

The FHSSS allows you to make voluntary contributions to your super fund, which you can then withdraw at the time you are going to purchase your first home. In the 2020-2021 Federal budget, the cap was increased from $30,000 to $50,000. An individual can voluntarily contribute up to $15,000 per year, if you are a couple, then this can obviously increase to $30,000 per couple and you can release up to $50,000 from each superfund, totalling to potentially a joint deposit of $100,000. You will also be able to withdraw 'interest' on top of your voluntary contributions. Please keep in mind, these contributions available for withdrawal DO NOT include the superannuation contributions made your employer.

When it comes time to purchase your first home, before you sign your contract you need to have applied for and received a FHSSS determination from the ATO. You can do this online using your MyGov account and the ATO will tell you your maximum amount you are able to withdraw under the FHSSS. When you receive the amount, there will be a payment summary to include in your tax return the year you withdraw the contributions.

So, how does this save me tax?

These voluntary contributions are treated as a tax deduction in your personal tax return. If you chose to contribute $10,000 in one year, then you would be able to reduce your taxable income by this amount and save tax at your marginal tax rate. You will need to contact your superfund or completing a Notice of intent to claim tax deduction form, you can find these here: https://www.ato.gov.au/Forms/Notice-of-intent-to-claim-or-vary-a-deduction-for-personal-super-contributions/

How do I make a voluntary contribution?

You will need to contact your nominated superfund to check they will release the money under the scheme. They will be able to point you in the right direction with payment details for you to make these voluntary contributions.

As we are approaching the end of the financial year, now is the time to contact your accountant and prepare a tax plan to find out how much this will benefit you this year. Whilst finding out how much the FHSSS can reduce your tax bill this year, ask them to also run you through the FHSSS in more detail.

We are here to help if you have any questions, so please call 07 5437 9900.
Article written by Brooke Fenwick.
Please note – the above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.

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Doctors are also Patients and Entitled to the Same Natural Justice

AMA's submission urges impartial regulation and reporting of medical practitioners

The Australian Medical Association (AMA) made a submission to the Senate inquiry into administration of registration and notifications of the Australian Health Practitioner Regulation Agency (AHPRA), saying doctors have grave concerns about mandatory reporting requirements.

AMA President Dr Omar Khorshid said, "Practitioners are also patients and should have equal rights to access confidential, high-quality medical treatment – just as their patients do.

"Australia's medical practitioners desperately need legislation that does not actively discourage them from seeking medical treatment when they need it.

The release of the AMA's submission came on Friday last week as the Australian medical community raised awareness of mental health issues for medical practitioners on Crazysocks4docs day.

"It is vital that the wellbeing and state of mind of doctors should be at the forefront of any investigations by AHPRA," said Dr Khorshid.

Concerns about some of the recent developments with the National Scheme include a 2019 announcement by Health Ministers of new policy principles, including the direction that AHPRA and the National Boards must give at least equal weight to the expectations of the public, as well as professional peers.

The AMA agrees that the protection of the public is a critical role of the scheme, but this is already achieved under the current arrangements.

Dr Khorshid said, "The concept of public confidence is not always clear cut and often depends on perspectives.

We need to ensure that regulation upholds sound medical and expert advice in any decision making."

"There have been some positive changes to the National Scheme, with earlier clinical input into complaints, improved risk analysis and a vexatious complaints framework.

But there is still much more to be done.

"It is difficult to comprehend for example, that medical practitioners who are named in a tribunal procedure are offered less protection from discrimination than a person who has served a prison term."

The AMA believes that the National Scheme needs to uphold the principles of natural justice for all stakeholders and has been expressing its concerns about the potential for medical practitioners to suffer discrimination as a result of being named in a previous tribunal proceeding.

See the AMA's submission here: https://ama.com.au/articles/ama-submission-senate-inquiryadministration-registration-and-notifications-ahpra

10 June 2021

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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

A Sailor's Story - John Gilfellon: https://vietnamvets-museum.org/node/soldiers-stories-John Gilfellon

HMAS Perth - John Gilfellon

On one other occasion when we came under fire I was off watch and playing cards at a table in our sleeping quarters when the announcement came that the ship was under fire.

We sat at the table listening to the explosions as the shells hit the water, we forgot about the cards for a while and just waited to see if any of the shells hit the

Off Macquarie Island April 1967

ship and where.

When the all clear was given we looked at each other in relief and comments were passed such as "boy you certainly turned white".

All this was bravado of course as we were all just as frightened as each other.

Organisation made up packages for the troops in Vietnam and one night my Auntie Edie (she was in Darwin during the bombing in WW2) heard that all troops serving in Vietnam were receiving regular packages.

She was aware that we on the Perth were not, so she was straight on the phone to the station.

HMAS Perth

We began receiving packages soon after.

The only way to communicate with home was by mail. So I would write a letter then wait weeks for a reply. No email or facebook then.

Mum would send me packages of home-made cakes and biscuits which were really appreciated.

The families had the opportunity to send a visual message as the Navy arranged for the families to go to Leeuwin and be filmed. The movies were shown in the mess (the large dining room).

I got to see my family and hear their best wishes. My Dad being an Army man finished of his wishes by saying "keep your head down" which was applicable in the Army but meant sleep in the Navy. I got a bit of teasing over that.

It was great to see them and know that they were thinking of me.

. ***The End***

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; GJS2@internode.on.net

ABN 88 637 858 491

1. One Member **Membership Fee Per Annum** $90.00;
2. Two Family Members **Membership Fee Per Annum** $150.00 **(Please include each person's details)**
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: C/- QML or RDMA at PO Box 223 Redcliffe 4020

2) Or Emailing to GJS2@internode.on.net