



RDMA's Newsletter

Newsletter June 2022

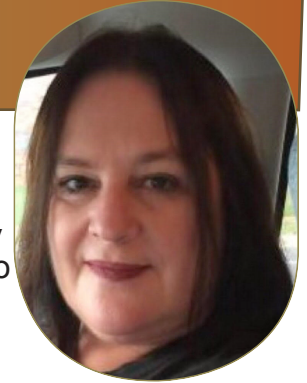
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RDMA's President Report Dr Kimberley Bondeson



We currently have beautiful blue skies and cold days, ranging from 12-22 degrees Celsius. I don't recall such a cold winter for many years. At least the ocean is flat most mornings over the last 2 weeks, which is great for paddleboarding and kayaks.

The Federal election has come and gone, and we now have a new Prime Minister, Anthony Albanese, and along with this a new Federal Health Minister, Mark Butler (Minister for Health & Aged Care). It will be with great interest that we watch and see what plans are made and how they unfold. There is discussion most recently about telehealth rebates, with the current extensions, which was put in place in response to the Omicron variant, set to expire at the end of June 2022. Other changes rolling in on July 1 include the 30/20 rule, which will flag doctors who render more than 30 phone appointments per day on 20 days in a 12-month period. I am sure this will seriously impact regional areas, where internet connections are poor, and phone consultations are preferred over telehealth, and some of the after-hours services. (The Medical Republic, 17th June 2022). It will also affect some of the low socio-economic areas as well as the elderly, who simply do not have a smart phone, let alone are able to use them. Mix this with the ongoing Covid 19 infections, and Influenzae A infections in the community, there is still a need for ongoing telephone consultations, rather than face to face, which would spread the disease to other patients in the waiting rooms, doctors, nurses and reception staff. Now patients are telling our receptionists that their RAT test for Covid 19 are negative, but they are still extremely sick with Upper Respiratory Tract Infections, which is turning out to be influenzae A infection.

Voluntary Patient Enrolment in General Practice also appears to be part of Labor's commitment

of almost \$1 billion in the late stages of the election campaign to General Practice grants and primary care reform. Personally, I do not agree with this, I do not think this will be successful, and feel it suggests the beginning of implementation of managed care, as seen in the United Kingdom. However, how this pans out will need to be seen.

On a positive note, extra health funding that was handed to the states during the height of the COVID pandemic will continue until the end of the year. (ABC Health, 1th June 2022)

And congratulations are due to Dr Maria Bolton, who is our new AMAQ President, and Dr Nick Yim, who is the AMAQ Vice-President. This year there is also an election coming up for President and Vice-President of the AMA Federal, which is at the end of July.

I would also like to congratulate Dr Steven Hambleton, one of our Brisbane GP's, who was awarded an AM on the recent Queens Honor's List, for significant service to medical governance, professional associations and community.

The pharmacy trial for pharmacist initiated prescriptions of antibiotics *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.

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RDMA 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

Tuesday	February	22nd
Wednesday	March	30th
Tuesday	April	26th
Wednesday	May	25th
Tuesday	June	21st
✓ Wednesday	July	27th
ANNUAL GENERAL MEETING AGM		
Tuesday	August	23rd
Wednesday	September	28th
Tuesday	October	25th
NETWORKING MEETING		
Friday	November	18th

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Newsletter Publisher.

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Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

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CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

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Email: qml_rdma@qml.com.au

Ms Kym James &
Anna Woznaik
M: 0466480315



RDMA President's Report *Continued from page 1*

is still not published. According to AusDoc, 3rd June 2022, a report written by Profession Lisa Nissen from QUT for the State Government found the following: "6750 patients had paid pharmacists \$19.95 a consult to diagnose uncomplicated UTI's. However, only 2409 (36%) were contacted for follow up, leaving the outcomes for 4300 (64%) of the women unaccounted for. Of the women followed up, 4 ended up in ED. Of those successfully contacted, 87% told their pharmacist their symptoms had resolved. Another 187 patients said their symptoms had not resolved, and had sought care elsewhere, while 86 were referred to their GP by the pharmacist." The conclusions of the draft evaluation were "overwhelmingly supportive of the trial". I am not sure how

they worked this out, with 64% of the women unaccounted for. Siobhan Calafiore, who wrote the article for AusDoc entitled it "UTI trial outcomes a mystery" – which I personally feel is very appropriate.

There is the upcoming AMAQ National Conference coming up at the end of June, which is been held in the Northern Territory, at Uluru (Ayres Rock), and Alice Springs. It is the first one in 3 years, and the first one in Australia. I will be attending, of course, and am looking forward to it, and of course, will report back to RDMA.

Kimberley Bondeson,
RDMA President

RDMA Meeting 26th May 2022

RDMA's April Meeting Chaired by Dr Kimberley Bondeson who introduced tonight's speakers.

Sponsor: Moreton Eye Group,
Sponsor's Representative Dr Graham Hay Smith

Tonight's Speaker Dr Gurmit Uppal

Topic: Next Generation Cataract Lenses and Next Generation Surgery.

AMAQ Election Results from the recent AGM Meeting are President Maria Bolton, Vice President Nick Yim and New Councillor Alka

Kothari and Geoffrey Hawson new board member and re-elected Senior Doctor Rep on Council

Photos below clockwise right to the left.

1. Nick Yim, Alka Kothari & Geoff Hawson.

2. Kimberly Bondeson, Paul Angel & Graham Hay Smith, sponsor.

3. Speaker Dr Gurmit Uppal and RDMA Member Dr Steve Kettle.



NEXT MEETING DATE 21ST JUNE 2022

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 21st June 2022

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: Genesis Care Representative/s: Beverley Blakeway Ali McIntyre
7:30pm	Speakers: Dr David Schlect - Radiation Oncologist Topic: Updates in Radiation Therapy
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 17th June 2022

(e)qml_rdma@qml.com.au or 0413 760 961 0466 480 315

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DATE Friday 15 July 2022

TIME 6.30pm

VENUE Waters Edge – Portside
39 Hercules St, Hamilton QLD 4007

COST Member – Table of 10: \$1,300
Member – Individual Ticket: \$145
Member – Doctors in Training (DiT): \$99
Non-member – Individual Ticket: \$180
Non-member – Table of 10: \$1,740

- ▶ Black tie gala event
- ▶ Three-course dinner
- ▶ Awards of distinction
- ▶ Network with friends old and new

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qld.ama.com.au/events/Women-in-Medicine-2022



2022 PRIVATE PRACTICE SEMINAR SERIES

AMA Queensland's Workplace Relations Team has created a **Private Practice Series** that will cover **Risky Business topics** when running a private practice. Our team is working with Corporate Partners and Local Medical Association (LMAs) all over Queensland to find out what local issues you are facing.

Agenda: We will be talking about payroll tax, setting up for practice success, service agreements and much more.

TOOWOOMBA: Saturday 20 August

SUNSHINE COAST: Saturday 10 September

GOLD COAST: Saturday 22 October

qld.ama.com.au/events/private-practice-seminar-series

REGISTER NOW



SAVE THE DATE

Sports & Spinal Evolution of Pain Conference 2022

Application submitted for RACGP accreditation

DATE:

Saturday 20th August 2022
8:00am – 3:30pm

LOCATION:

Pier 33, 33/45 Parkyn Parade,
Mooloolaba Qld 4557



PANEL MEMBERS:

Dr Paul Frank, Dr Peter Georgius, Stephen Byrne,
Dr Daevyd Rodda, Dr Mark Young,
Dr Mat Bateman, Dr Rob Park, Travis Schultz

RSVP:

Friday 12th August to
conference@sportsandspinalphysio.com.au

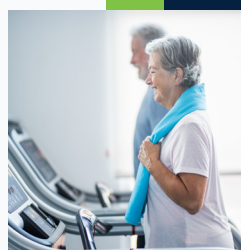
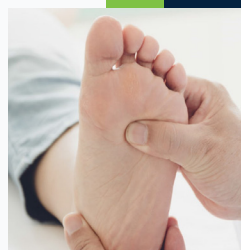


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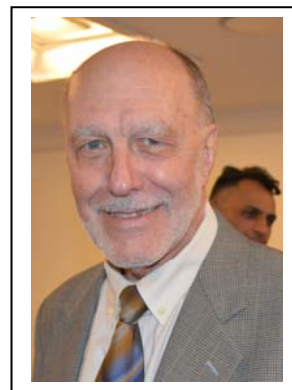
OUR DIABETIC FOOT ASSESSMENTS INCLUDE:

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- Dermatological Observation
- Peripheral Nerve Testing
- Musculoskeletal & Physical Activity Assessment
- Footwear Assessment

Associate Professor Geoffrey Hawson's Biography Snapshot

RDMA member, Associate Professor Geoffrey Hawson, who has been appointed to AMA Qld Board reflects on his career.

I trained in medicine at the University of Queensland graduating in 1969. After my first-year residency I commenced training in pathology, no doubt prompted by the fact that my dad was a lab technician in New Guinea in WWII and left his textbooks lying around for a young me to devour.



After training as a laboratory haematologist and spending a year in private practice, I went to the PAH, completing physician training as a clinical haematologist. My 15 years at TPCCH as Director of Laboratory Haematology and Pathology and, later, Medical Oncology and Palliative Care are highlights of my career. A special interest was coagulation for CABG surgery resulting in numerous publications with colleagues and at one stage, I provided the only public physician-directed chemotherapy on the northside, treating mainly lung cancer patients. In 1981, Dr Paul Zimmerman and I established one of the first oncology MDTs in Australia. I'm often amazed by the number of GPs and specialists who spent time with me as registrars, including a young doctor by the name of Keith McNeil.

In 1995, I was invited to expand and oversee the medical oncology and palliative care service at Redcliffe and Caboolture as director. By 2001, Nambour was calling and I became their first Director of Cancer Services. Once a fortnight I provided a clinic at Gympie Hospital. After a long day at Nambour and a late drive-up, I had a long-standing arrangement with a Gympie motel for two red wines and steak and chips to greet me on arrival!

A medical event in 2005 saw me reduce to 2-3 days per week until my retirement from the public system in 2017. I left Qld Health having been awarded the title of Eminent Specialist some 9 years before. Since then, I've continued my private practice in non-malignant haematology on the northside. I've been fortunate to be involved in clinical trials and research and honoured to be awarded clinical/academic titles from UQ and Griffith Uni since 1993. I recall many memorable annual trips overseas, such as the IASLC in Interlaken where I watched the clouds rise up over the Eiger. Younger colleagues might be amazed to learn that PDP allowances in those days included two alcoholic beverages per day!

Impediments to senior doctors maintaining registration (CPD rules and definition of practice) have led to my involvement in policy and advocacy. Six years ago, I became the Retired Doctor, now Senior Doctor, Representative on AMA Qld Council to ensure our concerns are heard and incorporated in policy. I'm currently President of the Australian Senior Active Doctors Association and in both roles, I've advocated on behalf of members for a step-down category of AHPRA registration. I'm pleased to report that this is now AMA Qld policy, and a joint AMA Qld/ASADA submission was forwarded to the Queensland Health Minister.

In 2021, I was invited on to the Board of The Compass Institute on the Sunshine Coast. The institute provides training opportunities for young people with varying disabilities. A number of their trainees also do a martial art, Aikido, that I trained in for many years to black belt level. Currently my stress relief is Jodo (a stick-based martial art) which I still practice after 19 years.

Recently I was successful in becoming a member-elected Director on the AMA Queensland Board. I believe strong leadership is needed to ensure members are at the forefront of the association's strategic direction. I welcome input from RDMA members on any matters that concern them.

A Message from the Clinical Director of Surgery at Caboolture

Dear Colleagues,

I wish to take this opportunity, following lessons learnt from a surgical patient whose condition rapidly deteriorated whilst waiting on a wait list, to request that if any primary care practitioner is not satisfied with the urgency or categorisation allocated to their patient, that they re-refer with pertinent details as to why they should be up-triaged.

Could I also remind you to call the on-call specialist registrar or consultant of the day or the clinical director and discuss your concerns in real time, and thus get safer, more appropriate, and timely care for your patient.

You are most welcome to speak to any of my consultant colleagues or to contact me directly at any time.

**Sincerely,
Dr Dinesh Ratnapala
Clinical Director of Surgery.
Caboolture hospital.
07 54338889**



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PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

Dr Maria Boulton and Dr Nick Yim are the new AMA Queensland President and Vice President, succeeding Professor Chris Perry and Dr Bav Manoharan.

Both are committed to working for all members, regardless of where they live, which specialty they are in or what career stage they are at.

Dr Eleanor Chew has been re-elected as Chair of Board and Dr Yim becomes Chair of Council.

You can find the full list of AMA Queensland [Board](#) and [Council](#) representatives at amaq.com.au.

You can also read a transcript of Dr Boulton outlining her vision for the next 12 months at gld.ama.com.au/news/ABCBrisbaneTranscript

STATE BUDGET

We have called for an urgent injection of more than \$2.34 billion into the health system in the state budget to deliver five priority actions:

- Implement the Ramping Roundtable Action Plan, starting with 1,500 more hospital beds across the state (>1.2 billion).
- Fill fundamental gaps in mental health (\$700 million).
- Address unmet need in palliative care (\$120.35 million).
- Make medical workplaces safe and healthy (\$1.67 million).
- Fix digital healthcare technologies (\$313 million).



This will not be cheap, but you cannot put a price on good healthcare. The long-term benefits of a healthier population will pay for themselves over time, with fewer hospitalisations, reduced pressure on our ambulances and emergency departments, and better mental health.

Our budget submission is all too familiar with many common themes showing the lack of investment and forward planning by the government to give Queenslanders the healthcare they need and deserve.

Each additional year without fundamental improvements in key areas has led to further entrenching of problems in the health system. You can read our budget submission at gld.ama.com.au/all/news

MENTAL HEALTH AND WELLNESS SUMMIT

We have called on the State Government to convene a Mental Health and Wellness Summit to bring together experts, government, academics, health leaders and doctors to work on practical solutions to ease pressures in the community, particularly on the medical workforce. The Queensland Parliament recently released the report of its inquiry into opportunities to improve mental health outcomes for Queenslanders.

The report found that Queensland's per capita spend on mental health services has been below the national average over the past decade. In 2019-20, Queensland had the lowest per capita expenditure on mental health services in Australia.

The report made 57 recommendations, including improving workplace mental health, particularly in healthcare workplaces, and expanding GP mental health and alcohol and other drugs services.

It also recommends increasing funding and expenditure for mental health and alcohol and other drugs services in the state and strengthening illicit drug diversion initiatives.

We recently met with the Health Minister who made a commitment to hold a mental health summit for the health workforce in the third quarter of this year. We welcome this agreement and look forward to collaborating on ways to address the issues facing medical professionals, particularly medical students and doctors in training.

Read our media release at qld.ama.com.au/news/mentalhealthsummit

QUEEN'S BIRTHDAY HONOURS

AMA Queensland congratulates all doctors and healthcare workers who were recognised in the Queen's Birthday Honours list.

Past AMA Queensland and AMA President Dr Steve Hambleton and Emerald GP Dr Ewen McPhee were both made Members of the Order of Australia (AM).

Townsville surgeon and humanitarian Professor Ajay Rane OAM was awarded a Public Service Medal.

We also congratulate Her Excellency the Hon Jeannette Young, who has been made a Companion of the Order of Australia (AC) and inducted on the COVID-19 Honour Roll for her efforts in battling the pandemic.



You can read more about the Honours at qld.ama.com.au/news/QueensBirthdayHonours

TOWN HALL ON NQ PHARMACY TRIAL

AMA President Dr Omar Khorshid will join AMA Queensland President Dr Maria Boulton and Vice President Dr Nick Yim at a virtual Town Hall to discuss the North Queensland pharmacy trial on Thursday 23 June from 7pm.

We continue to oppose this trial, which has major ramifications for patient safety. We have already seen an unacceptably high level of harm from the urinary tract infection prescribing trial, on which the North Queensland pilot is modelled.

More than 1,300 doctors responded to our survey in March, reporting at least 240 cases of complications, ranging from misdiagnosed sexually transmitted infections, but also cancerous conditions and pregnancies.

At the time of writing, our calls for the Queensland Government to publicly release the evaluation report of the UTI trial have gone unheeded and our Right To Information application for the report has so far been denied, as have similar RTI applications from other peak groups and media.

The virtual Town Hall is open to all doctors. Details of how to take part are available from ama@amaq.com.au

FREE FLU JABS

The Queensland Government's decision to become the first jurisdiction to make flu jabs free to everyone was welcome but came without consultation with GPs, leading to confusion and frustration for patients and practices.

AMA Queensland worked hard with Queensland Health to clarify which vaccines could be used, how patients and general practices would be reimbursed, and to get an appropriate level of payment, with regular member updates provided as information came to hand

We supported the initiative, which led to 30,000 people getting an influenza vaccination in the first week after the announcement with latest figures now reporting more than 331,000 people have come forward for a flu jab

We reiterated our frustration that yet again another major announcement was made through the media without any consultation with GPs beforehand to work out the details.

You can read more at qld.ama.com.au/news/fluseason

AMA QUEENSLAND FOUNDATION

The AMA Queensland Foundation has donated \$10,000 to The VacSeen Project, a volunteer organisation run by medical students to provide free influenza and COVID vaccinations to people experiencing homelessness and other disadvantage.

VacSeen runs GP-led pop-up outreach health clinics in places vulnerable people feel most comfortable, such as homeless shelters, hostels and social housing.

Foundation Chair Dr Dilip Dhupelia and VacSeen CFO Lili Wackwitz recently spoke to Rebecca Levingston on ABC Brisbane Mornings. You can read the transcript at qld.ama.com.au/news/VacSeenTranscript

DINNER FOR THE PROFESSION



Tickets are selling fast for this year's Dinner for the Profession on Friday 15 July at Waters Edge Portside.

This black tie gala event celebrates the incredible work of doctors throughout Queensland. Dr Boulton and Dr Yim will be officially inaugurated and awards of distinction will be presented.

We hope to see you all there for a three-course meal and an evening of networking with colleagues old and new.

Book your table at qld.ama.com.au/events/dinner-for-the-profession

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We are proud to lead Queensland doctors and create better health outcomes for our community. Join AMA Queensland and receive a \$50 Prezzy gift card. Scan this QR code to join now and enjoy the myriad of member benefits. Be sure to email us at membership@amaq.com.au with the subject Prezzy to claim your voucher.



Will Sanity Prevail? – Revisited

By Dr Mal Mohanlal

Has the world gone crazy? Have we lost all our common sense and ethical approach in our social dealings? Have our perceptions become so distorted that we cannot think rationally?

There is a war going on between Russia and Ukraine. It can only mean death, destruction and devastation in Ukraine. No country in the world wants to fight World War III. So the rest of the world is playing a spectator role. We know that Russia is a big powerful country. It is beating the daylights out of its little brother. Since the rest of the world is not prepared to defend Ukraine physically, what advice should we be giving its leaders?

It is clear Russia has got the tiger by the tail. Right or wrong, I cannot see it back down. I fear for the people of Ukraine. Common sense tells us they should stop fighting and negotiate a peace deal. One has to face reality. It is not a perfect world, and we have to learn to compromise on living in peace and harmony. There is no point in trying to be a hero. If this fight continues, it will only destroy a beautiful country and its people, where there will be no country left to defend. A dead hero is no use to anyone, but a live hero may live to fight another day.

So what advice we should be giving its leaders? Should we encourage its leaders to continue the fight by supplying more arms and ammunition? Please do not get distracted by the rights and wrongs of this issue. It can only become a pretext to fight a war. War is the result of an ultimate breakdown in communication. If we are not careful and do not become aware of how we think, it can quickly become our path to self-destruction.

Recently in Quora on the Internet, I answered the following two questions related to the topic above.

1. "Explain sacrifice, why would anyone die in the sake of someone else how does it work when someone puts the life of others above his own, and why would the brain do that beside survival instinct?"

Answer: Most people do not realize that our thinking process is hypnotic. In my mind, the ego is a product of self-hypnosis; it appears in our conscious mind by using words. We live in a very superficial world of words. We use words to express our feelings. So the way we think can make us feel and act in whatever direction we want. Be aware of rhetorics and philosophies that create feelings of nobleness and sacrifice. One can easily talk oneself into a path of self-destruction. Please read my recent articles on the Internet regarding the ego and its operation. Please do not take yourself very seriously. The ego is a con artist.

2. "Can the human brain control another human?"

Answer: When you see people walking around you like zombies, what do you think that is? When people are influenced to fight and kill each other, what do you think that is? I hope it answers your question.

All the above brings me to raise the question of the medical profession's role. We are the ones who have to deal with the physical and mental wrecks of any war. What is our eminent psychiatrists and psychologists have to say about the direction we are heading? Do they have any social conscience about what is happening in society today? Where do they stand, and what advice should they be giving?

I want our readers to understand that we live in a hypnotic world. When we think we are hypnotizing ourselves. The words, not their meaning, directly affect our subconscious mind. I want people to become aware that we do not talk ourselves into fighting another war. Please read "The Enchanted Time Traveller — A Book of Self-Knowledge and The Subconscious Mind" to discover how to manipulate your subconscious mind and make yourself happy. Website: <https://theenchantedtimetraveller.com.au>. EBook is available at Amazon.com.

Brisbane North PHN & Metro North HHS GP Liaison Officer Update -Dr James Collins

Continued Page 17

Email: mngplo@health.qld.gov.au or [GPLO webpage](#)

June 2022 Newsletter

With the [flu season](#) upon us, it is important GPs make patients aware of the options to access health advice & support especially after hours including:

- 13 Health (13 43 25 84) - 24/7 nurse advice incl child health nurses
- [GP Respiratory clinics](#) who can see patients with flu like or viral illnesses
- [after hours health providers](#)

Thank you for your continued support of patients in your local communities.

Metro North Health [Virtual Emergency](#) can assist GPs with patients living in the Metro North Health catchment area with advice & support from an ED consultant. Its hours have been extended to support after hours GPs to Monday to Friday 8am-10pm, Saturday & Sunday to 8am to 6pm.

Upcoming GP education

Sat 26 July - [RBWH Cancer Preceptorship for GPs](#) - half day webinar

Don't forget the following useful pages for GPs:

- [Metro North Health Refer your Patient resource](#)
- [Brisbane North Health Pathways](#)
- [Brisbane North PHN Network Link - Latest Hospital & Health News](#)

My Health Record - benefits for both GPs & Hospital Specialists

Over 90% of your patients in Queensland now have a My Health Record. My Health Record is a central secure online summary of an individual's health information.

Both specialists and GPs can easily see numerous clinical documents and results in one place to help better manage their patients. This information can be accessed directly from several clinical practice softwares available to both private specialists and GPs such as Genie (CSP), Best Practice, Medical Director, Zed Med. Unlike The Viewer/Health Provider Portal, GPs & private specialists should be able to see information from both hospitals, GPs and more importantly community pathology and radiology as shown below (depending on your software) .

There are numerous documents are now being uploaded including from:

1. **Queensland Health Hospitals** including
 - discharge summaries,
 - pathology results
 - radiology results & more

<https://www.health.qld.gov.au/system-governance/records-privacy/my-health-record>

2. **Some Community Pathology & radiology providers -**

QML, Mater Pathology & Queensland Pathology are currently automatically uploading results

S&N Pathology can arrange this when you order with their e-pathology ordering - ideally indicate the patient wants results uploaded to share with their health professionals

[Pathology & diagnostic imaging providers uploading to My Health Record](#)

3. GPs and specialists can also upload documents such as health summaries, medication records etc.

An example of how a private O&G specialist is [Using My Health Record in a private obstetrics and gynaecology clinic](#) can be seen by clicking on the link and this was before it has been made easier.

These can be helpful in managing the patient if you don't have information that has been sent to you and may prevent need for retesting or sharing clinical information and may prevent needing to chase all these results from multiple services and locations as it is all in one place

[My Health Record: Information for Specialists](#)

Assistance can be provided to private specialists and GPs to get set up or for more information by calling Brisbane North PHN on 07 3630 7389 or emailing myhr@brisbanenorthphn.org.au

GP Smart Referrals - help with your outpatient referrals

GP Smart Referrals (GPSR) is the latest and preferred way to send outpatient referrals to Queensland Public Hospital Outpatients. The benefits are that GPSR can now be integrated with your GP practice software such as Best Practice or Medical Director.

When making a referral to outpatients it can:

- Tell you where outpatient clinics are located and usefully show **approximate outpatient waiting times** for each department
- **Save time** - advises what essential information specialists need to assess a referral with the GPSR speciality specific referral templates. If all the listed information is provided, referrals should not need to be returned for more information. (remember if you are unable to provide any information please explain why you can't provide it in the referral) This is in place so that the specialist has all community results at the patient's first appointment and prevents the patient from needing to return again with this information.
- **attach an image or document** directly into the referral reducing the need to fax it separately.
- soon you will be able to see where your referral is in the referral process.

If you don't use BP or MD, you can still send referrals via securing messaging on Medical Objects, Health Link etc.

For an in practice demonstration or for support sending your referrals electronically via GP Smart Referrals or electronically, contact Brisbane North PHN GPSR@brisbanenorthphn.org.au or go to [Digital health - Brisbane North PHN](#)

To find out more go to www.bit.ly/sreferrals

Is Your Family Trust In Order:

Recently the ATO has released draft guidance in relation to the treatment of Family Trusts and Trust Distributions, this is a warning for Tax Payers who currently utilise these vehicles to take note and make sure your house is in order.

How will the crackdown operate?

The ATO is focusing its attention on a specific part of the tax law, known as section 100A. Where 100A applies, the trust distribution will be taxed to the trustee of the trust (at the top marginal rate) rather than the beneficiary to whom it was intending it to be taxed to. Noting it would be likely the beneficiary was taxed at a much lower rate than the top marginal rate.

Broadly, section 100A can apply where:

- A beneficiary is presently entitled to a share of the income of a trust
- There is an agreement that the beneficiary will be taxed on this distribution, although is unlikely to enjoy the economic benefit of these funds.

A purpose of the agreement is that less income tax will be paid.

Section 100A does not apply if the agreement is entered into as part of an 'ordinary family or commercial dealing'. It is this 'ordinary family or commercial dealing' aspect that the ATO is clamping down on. In particular, the ATO's view is that the carve out does not operate merely because all parties to the arrangement are family members, or that the practices are widespread.

What types of distributions are okay?

Example 2 - distribution to spouses with mixed finances (From ATO Draft Ruling)
The Rosegum Family Trust is controlled by spouses, Lisa and Matthew Rosegum, who are the primary beneficiaries of the trust. The trust has a widely-drawn objects clause which includes family members of Lisa and Matthew and their related entities.

Each year, the trust makes Lisa and Matthew presently entitled to the income of the trust in equal proportions. Lisa and Matthew have shared financial responsibilities and fund their lifestyle from a common pool of assets.

Trust distributions to spouses who have shared financial responsibilities and who ultimately enjoy the shared benefits of the distribution would usually be capable of explanation as achieving ordinary familial objects without the need for further explanation. Absent any additional factors taking the arrangement beyond those ordinarily encountered in the organisation of financial affairs between spouses, the arrangement would likely be entered into in the course of ordinary dealing.

The trustee of the Gallagher Family Trust makes Pauline, who is an adult full-time student, presently entitled to trust income for a particular year. Pauline's entitlement is determined so her taxable income will not exceed certain marginal tax rate thresholds. Pauline gifts her entitlement back to the trustee.

The creation of an entitlement and gifting back indicates there may be an agreement, arrangement or understanding between the parties which is connected to Pauline's present entitlement. An arrangement between family members where the overt acts achieve a particular favourable tax result but cannot otherwise be seen to result in the achievement of any regular familial object will not be entered into in the course of ordinary dealing simply because it is among family members.

For these reasons, the gifting back of Pauline's entitlement calls for explanation. In circumstances where Pauline gifts her entitlement back to the trustee every year, it may be reasonable to infer that the dealing is not made for the furtherance of any familial or commercial object and was instead made for the reduction of tax. The dealing appears artificial, contrived and to involve the trustee and beneficiary acting cooperatively to achieve a particular tax outcome.

The evidence may more closely exhibit tax avoidance where the arrangement is repeated in subsequent years. However, it would still be open depending on the facts to demonstrate that a reimbursement agreement existed at the time when Pauline's present entitlement arose in year one, or in the event that the arrangement did not continue after the first year.

Additional factors which may indicate the dealing more closely exhibits tax avoidance than ordinary dealing would include:

- the trustee loaned funds attributable to Pauline's entitlement to her parents on interest-free terms for an undefined period, or
- instead of gifting back to the trust, Pauline gifts her trust entitlements to her parents, or
- instead of gifting back to the trust, Pauline applies her trust entitlements to repay her parents for costs incurred by them on her maintenance, education and financial support while Pauline was a minor.

What should I do with my trust?

If you operate a Family Trust, you should review the ATO draft ruling and in discussions with your accountant to ensure our current arrangements will not raise suspicions with the ATO. Taking into account this is only a draft ruling and to date a lot of industry pushback has been received by the ATO, it may not be the end of the road for the Family Trust just yet.

Written by: Dale Trickett
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COVID Funding extension welcome but so much more to do to address Health Crisis

The AMA welcomed as a “critical first step” today’s announcement by the National Cabinet of an extension of National Partnership on Covid-19 ‘50-50 hospital funding’ until December this year, but warned without a long-term fix the nation’s hospital crisis will only worsen and avoidable deaths will result.

“The National Partnership funding is critical to dealing with COVID demand now, but this short extension will not see us through the hospital crisis, nor through COVID, nor through the additional pent-up demand from two years of lockdowns,” AMA President, Dr Omar Khorshid said.

Dr Khorshid said the AMA was hopeful the decision to extend the funding for a few months beyond September had been made in order to give the Government time to work on a longer-term solution for the hospital system, including through the review chaired by Professor Glyn Davis.

“We know that long term solutions take time to design and negotiate and we’re hopeful those negotiations will now start in haste so that we have a new, adequate agreement ready to commence from December. That’s because we know this pent-up demand will still be here next year, as will COVID, as will chronic disease and our ageing population — clearly we’ll need something better in place for 2023 onwards. Three months extra COVID funding will not fix a decade of hospital underfunding,” he said.

“But the review and the negotiations need not take too long. We know what is required making 50-50 funding permanent, while also scrapping the growth cap on funding, and injecting funds to help with capacity expansion, performance improvement and avoidable admissions, as outlined in the AMA’s hospital logjam campaign.”

The AMA welcomed the commitment from National Cabinet to work together address the intersecting issues of hospital demand, aged care, NDIS and primary care.

“There’s no doubt we have issues with hospital beds being taken up by those who could be better supported in aged care facilities, through

the NDIS or in the community by our GPs. These are long standing issues that can only be solved by all jurisdictions working together to overcome the silos of our federated health system.”

“And COVID hasn’t gone away, with thousands of cases still being reported every day. We need telehealth arrangements, which are due to be scaled back on July 1, to be extended for primary care. These arrangements keep people with respiratory illnesses out of the community where infection can spread.

“Governments must also better address COVID, by improving communication on the need for people to get the third dose and giving Australians the clear message that they can do their bit by wearing masks.”

“But we must also be realistic. While every dollar of investment in primary care is very welcome and can help with avoidable admissions, many people who are very ill will continue to suffer as a result of ambulance ramping and waiting times in emergency — GPs, aged care and the NDIS cannot solve that. Only additional capacity and reduced wait times in our hospital system can,” Dr Khorshid said.

“Without solutions, our hospitals will remain in crisis, pressures resulting from workforce issues will continue and the community will suffer as a result.

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Where We Work and Live

Vietnam War 1962–75 | Australian War Memorial (awm.gov.au)

Vietnam War 1962–75

The following year the Australian government felt that Australia's involvement in the conflict should be both strong and identifiable. In March 1966 the government announced the dispatch of a taskforce to replace 1RAR, consisting of two battalions and support services (including a RAAF squadron of Iroquois helicopters), to be based at Nui Dat, Phuoc Tuy province.

Unlike 1RAR, the taskforce was assigned its own area of operations and included conscripts who had been called up under the National Service Scheme, introduced in 1964.

All nine RAR battalions served in the taskforce at one time or another, before it was withdrawn in 1971; at the height of the Australian involvement it numbered some 8,500 troops.

A third RAAF squadron (of Canberra jet bombers) was also committed in 1967, and destroyers of the Royal Australian Navy (RAN) joined US patrols off the North Vietnamese coast. The RAN also contributed a clearance diving team and a helicopter detachment that operated with the US Army from October 1967.

In August 1966 a company of 6RAR was engaged in one of Australia's heaviest actions of the war, in a rubber plantation near Long Tan. The 108 soldiers of D Coy held off an enemy force, estimated at over 2000, for four hours in the middle of a tropical downpour.

They were greatly assisted by a timely ammunition resupply by RAAF helicopters, close fire support from Australian artillery, and the arrival of reinforcements in APCs as night fell.

The armoured vehicles had been delayed because they had to 'swim' across a flooded creek and fight through groups of enemy on the way. When the Viet Cong withdrew at night fall they left behind 245 dead, but



Vung Tau, Vietnam: door-gunner from No. 9 Squadron, RAAF, using twin-mounted M60 machine-guns.

carried away many more casualties. Seventeen Australians were killed and 25 wounded, with one dying of wounds several days later.

The year 1968 began with a major offensive by the Viet Cong and North Vietnamese Army, launched during the Vietnamese lunar new year holiday period, known as "Tet".

Not only the timing but the scale of the offensive came as a complete surprise, taking in cities, towns, and military installations throughout South Vietnam.

While the "Tet Offensive" ultimately ended in military defeat for the communists, it was propaganda victory.

US military planners began to question if a decisive victory could ever be achieved and the offensive stimulated US public opposition to the war.

For Australian troops, the effects of the offensive were felt around their base at Nui Dat, where a Viet Cong attack on targets around Ba Ria, the provincial capital, was repulsed with few casualties.

Continued next month.

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