



June 2024

Newsletter

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RDMA's President Report Dr Kimberley Bondeson

We have some real winter chill happening at the moment, with night time temperatures on the Redcliffe Peninsular and Brisbane areas in single digits. This is associated with beautiful blue skies and bright sunshine during the day.

And yes, flu season has begun, along with Covid 19 infections and RSV. School holidays are also about to start, so we should see an increase in the weekend travel and quieter times during the week.

It seems that General Practitioners are quieter during these times, and the public hospitals are overflowing. Why this happens around school holidays I have never worked out.

The MyMedicare Scheme has gotten off with barely a blink. The reality of the scheme is it has little to offer except more paperwork in my opinion, particularly for doctors who attend residents in Aged Care Facilities.

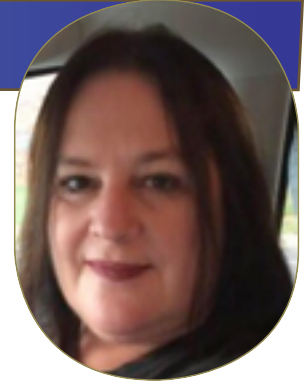
Many of these residents do not have the ability to give consent to register with one practitioner, and then begins the long and often complex process of obtaining consent from their Next of Kin, or Power of Attorney.

For many practices, particularly smaller practices, there is absolutely no benefit from enrollment in MyMedicare.

And is it the beginning of Capitation by Stealth? Block funding to practices? I guess we will have to wait and see.

Payroll tax in Queensland – the State

Government announcing it is bringing an end to an 18 month payroll tax battle. "The RACGP has welcomed the change, which will see normal business arrangements, patient fees including Medicare benefits and out-of-pocket fees, not subject to payroll tax when they are paid directly by a patient to a General Practitioners



Treasurer Cameron Dick made the announcement in State Parliament on Thursday morning, with the reform to be officially issued by the state's Revenue office next week." (News GP 21/6/24.)

The NSW payroll tax announcement is different. It states that there will be no retrospectivity application which will ensure practices won't close because they have to backpay five years of payroll tax.

The bad news is rebates are tied to bulk billing. (RACGP President's Update – 21 June 2024). So, the fight is ongoing.

The Dinner for the Profession was an enjoyable evening, held recently. The next major AMAQ event is the AMAQ Conference in Greece, which should be an interesting, informative event.

Kimberley Bondeson

**Free RDMA
Membership For
Doctors in Training**
RDMA Meeting Dates

 **qml**
pathology

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

RDMA 2024 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: **The Komo, WaterView Room 1, 99 Marine Parade Redcliffe**

Time: **7.00 pm for 7.30 pm**

Next meeting date is

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

Newsletter Publisher.
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www.redcliffedoctorsmedicalassociation.org/

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Advertising & Contribution

Due 15th of each Month 2024

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W: www.redcliffedoctorsmedicalassociation.org

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Half page A5: \$330.00

Qtr page A6: \$260.00

Business Card size (new): \$70.00

Advertorials: \$260.00

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

Please note the following discounts:

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

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

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

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Lumus Imaging North Lakes has exciting news!

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

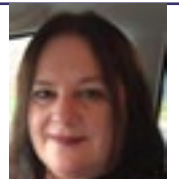
For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



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CONFERENCE PARTNERS

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'BEHIND THE CLINIC DOOR' 2024 ANNUAL CONFERENCE IS A SELL OUT!

Due to the overwhelming demand for this years event, We are now taking expressions of interest for delegates, sponsors and attendees for 2025.

Email conference@sportsandspinalphysio.com.au to register your interest for 2025. We look forward to seeing you there!

CONFERENCE SUPPORTERS



RDMA MEETING 29TH MAY 2024

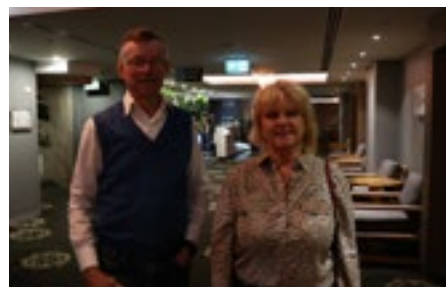
RDMA Meeting 29th May

Kimberley Bondeson
RDMA President introduced
Sponsor **Viatrix**

Representatives: Melinda Toraya, Samantha Frizzell, Leslie Nagy, Jessica Rekke.

Speaker: Dr Adrian Swaine
Topic: Iron Deficiency & Pancreatic Exocrine Insufficiency - A General Practice Perspective

1. Dr Adrian Swaine & Samantha Frizzell.
2. Eugene Lim & Pravan Kasan.
3. Peter Stephensen & Salli McBride
4. Reps Mel, Sam & Leslie
5. Paul Angle & Geoff Hawson
6. Wayne McDonald, Matt Talkovic



RDMA MEETING 25TH JUNE 2024



Monthly Meeting

Date	Tuesday 25 th June
Time	7pm for a 7:30pm start
Venue	Waterview Room, The Komo 99 Marine Pd Redcliffe
Cost	Financial members, interns, doctors in training and medical students FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

7:00pm Arrival & Registration

7:30pm Be seated – Entrée served.
Welcome by Dr Kimberley Bondeson –
President RDMA Inc
Sponsors: Redcliffe District Medical Association

Agenda
7:40pm **Speaker: Dr Darshit Thaker, Oncologist.**
Topic: Older Patients with cancer: How should we manage?
Main Meal served (during presentation)

8:20pm Q&A

Guest Speaker: Prof. John Pearn
Topic: Commemorative Medallion Presented to Group

8:30pm

General Business - Dessert served.
Tea & Coffee served.

RSVP

By Friday 14th June

RDMA@qml.com.au or 0466 453 806

Brisbane North GP Liaison Update

The Brisbane North General Practice Liaison Team would like to share a selection of key updates they would like to share with our local GPs. More updates can be read if you [subscribe to our Weekly Brisbane North PHN "GP Link" e-newsletter](#) at <https://brisbanenorthphn.org.au/news-events/newsletters>. We provide many links which can be clicked on the RDMA website newsletter.

- Metro North Refer Your Patient GP Hub https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient
- Health Pathways <https://brisbanenorth.communityhealthpathways.org>
- Local GP education <https://brisbanenorthphn.org.au/events>
- [Email us at mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)

Bribie Island Satellite Hospital (Yarun) – information for GPs

Minor Injury and Illness Clinic

The Minor Injury and Illness Clinic accepts patients from 8.00am to 10.00pm 7 days a week and provides walk-in urgent care for common injuries and illnesses such as strains and sprains, simple closed fractures, minor head injuries (with no loss of consciousness), infections, rashes, minor cuts and burns.

The Minor Injury and Illness Clinic will not provide complex emergency care or be a substitute for General Practice. The scope of services provided by the clinics is defined by the following patient factors:

- ambulant or able to stand transfer with one assist
- patients arriving via Queensland Ambulance Service (QAS) with minor injuries and illnesses
- the mechanism of injury is not high risk
- does not require complex investigations and work up does not require prolonged periods of observation.

We encourage GPs to view this [link https://metronorth.health.qld.gov.au/wp-content/uploads/2023/06/miic-service-inclusions-exclusions.pdf](https://metronorth.health.qld.gov.au/wp-content/uploads/2023/06/miic-service-inclusions-exclusions.pdf) on the Minor Injury & Illness Clinic webpage for details of the types of patients in the inclusion & exclusion criteria for the clinic

Kidney Health Service

The Royal Brisbane and Women's Hospital Kidney Health Services team will provide 12 renal dialysis chairs with capacity to treat approximately 24 patients each week at Bribie Island.

The service will be available three days per week with a focus on providing care for existing Kidney Health Service clients.

The Bribie Island Kidney Health Service will work in conjunction with other kidney health satellites sites such as the Redcliffe Dialysis unit, the North Lakes Dialysis unit and the 12-chair service recently opened at the Kallangur Satellite Hospital.



Please follow this [link https://metronorth.health.qld.gov.au/rbwh/healthcare-services/kidney-health](https://metronorth.health.qld.gov.au/rbwh/healthcare-services/kidney-health) for information about the referral process.

Day Medical Treatment Unit

The new Day Medical Treatment Unit (DMTU) will share space with the Kidney Health Service. The DMTU will provide a range of diagnostic and therapeutic medical interventions for ambulatory day patients with offsite medical oversight and telehealth contact where required.

Please follow this [link https://metronorth.health.qld.gov.au/hospitals-services/satellite-hospitals](https://metronorth.health.qld.gov.au/hospitals-services/satellite-hospitals) for more information about the service.

Job opportunities for GPs

Bribie Island Satellite Hospital

<https://smartjobs.qld.gov.au/jobs/QLD-BSH564842>

Caboolture Satellite Hospital

<https://smartjobs.qld.gov.au/jobs/QLD-CSH567646>



Antibiotic Allergy Delabelling Service, RBWH & Redcliffe Hospitals

Redcliffe and the Royal Brisbane and Women's Hospital (RBWH) both offer an antibiotic allergy delabelling service for patients 16 years and over through the Infectious Disease Outpatient Clinic. Many patients are diagnosed with an antibiotic allergy after a variety of symptoms across different ages, however testing the antibiotic allergy shows that many of these patients can tolerate these antibiotics.

Any patient with an antibiotic allergy label is a good candidate for this service. Removal of antibiotic allergy labels can change an individual's future healthcare, improve patient outcomes, and reduce antimicrobial resistance. The RBWH see all antibiotic allergy labels, Redcliffe Hospital see penicillin allergies only. GPs can direct referrals for the Antibiotic Allergy Delabelling Service to the Infectious Disease Outpatient Clinic at the RBWH and Redcliffe Hospital. Referral by GP Smart Referrals is preferred.

Pulmonary Rehabilitation Services

Research shows that pulmonary rehabilitation is one of the best things patients with chronic lung diseases can do to improve their breathing and wellbeing [1]

Brisbane North GPs can now use GP Smart Referrals (GPSR) to help their patients access pulmonary rehab even more easily with new telerehabilitation programs removing geographical barriers and reducing wait times.

GPSR is the preferred referral method:

- In the **"* Condition and Specialty"** box, search for **"Rehabilitation"**.
- Then, in the **"* Service/Location"** menu, select your patient's nearest service:
 - **"ROYAL BRISBANE & WOMEN'S HOSPITAL"**
 - **"THE PRINCE CHARLES HOSPITAL"** (patients can also attend at ACU, Banyo)
 - **"NORTH LAKES HEALTH PRECINCT"** (patients can also attend at Burpengary Regional Aquatic and Leisure Centre)(Telerehabilitation can be accessed via all the above)
- Please then note exclusion criteria in GPSR before proceeding.
- GPSR will add essential information from practice software but do make sure this includes the relevant chronic lung condition.
- Whilst not essential, including any available spirometry results is very helpful.
- Quickly attaching other relevant investigations or specialist letters confirming the diagnosis will also assist.

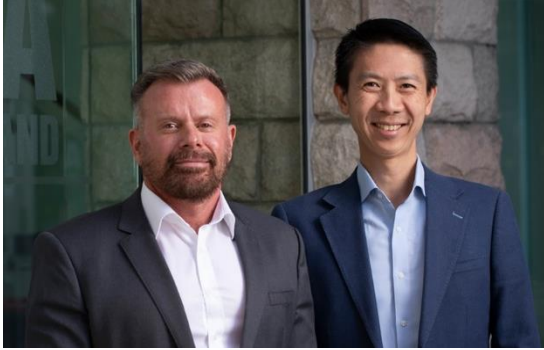
Though all patients will need to have an initial face-to-face assessment, they can then choose to complete their course in person or online. Technical assistance with virtual participation can be provided if required.

Cardiac rehab can now also be accessed via GPSR. Hospitals usually refer directly after cardiac events but this is suitable for people with stable heart failure too. Referrals should be directed to **"north lakes health precinct"** and patients will be seen at their local community facility.

1. Lung Foundation Australia & The Thoracic Society of Australia and New Zealand, 2017. Australia and New Zealand Pulmonary Rehabilitation Clinical Practice Guidelines, I.: Wiley.

AMA QUEENSLAND UPDATE JUNE 2024

The past month has been a critical one for AMA Queensland advocacy on workforce, elective surgery waitlists and the state budget.



Dr Brett Dale and Dr Nick Yim

As the first half of the year quickly comes to a close, we reflect on what AMA Queensland and our members have achieved for the health of Queensland. Notably, the recently announced \$40,000 incentive for GPs to train in Queensland is a direct result of our advocacy that will guarantee all Queenslanders have access to best practice primary care and preventative health.

Despite the wins, our advocacy efforts remain at full speed as we closely examine the state budget and continue to tackle the ongoing issue that is elective surgery wait lists.

STATE BUDGET HEALTH INVESTMENT

On Tuesday 11 June the state budget was handed down and it is clear the government has listened to our calls.

The budget includes a significant investment in the health workforce – the No.1 challenge currently facing our healthcare system.

We have been urging our government to follow the lead of Tasmania and Victoria and offer financial incentives for doctors to train as GPs for the past two years and are pleased to see it has been adopted as part of the new Health Workforce Strategy.

We are also pleased to see a first-time investment into primary care and general practice as, despite the importance of GPs in keeping people well and out of hospitals, funding has traditionally been a federal responsibility under Medicare.

Another notable win was the continued rollout of our Ramping Roundtable recommendations, particularly measures to help patients move through hospitals faster and be discharged after hours and on weekends.

Our first response to this year's budget is certainly a positive one, but we will continue closely examining the strategy, policies and promises from both sides of politics over the coming months.

Read more



QUEENSLAND GOVERNMENT HOSPITAL DATA HOSPITAL

The Queensland Government's latest hospital data shows a slight improvement in elective surgery wait times, but we know this doesn't tell the whole story.

This slight improvement is largely attributed to the performance in metropolitan areas, as when you look at the regions, wait times remain high.

In Mackay, nearly 40 per cent of patients were forced to wait longer than recommended time according to the government's latest data. Central Queensland and Townsville also continued to experience longer wait times than their metropolitan counterparts during this period.

Currently, regional patients remain more likely to experience adverse health outcomes or end up in emergency departments due to the continued inequity in elective surgery access.

This is why we are convening a Surgical Wait List Roundtable to identify practical, affordable actions the Government can take to address inequities in access and change this trajectory.

The Roundtable commenced on 11 June.

Read more



SUPPORT NEEDED FOR LGBTQIASB+ COMMUNITIES

Prior to the state budget announcement, we called on the Queensland Government to fund a voluntary register to allow bereaved family and friends to notify fatal suicides in the lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy (LGBTQIASB+) community in our Budget Submission.



Members of the LGBTQIASB+ community face unique barriers and challenges in accessing healthcare that is culturally safe and appropriate for their needs.

AMA Queensland Council and LGBTQIASB+ working group member Dr James Allen spoke to this disparity from personal experiences as a GP who predominantly sees LGBTQIASB+ patients.

"When you're working in a community in which you belong, and people feel safe and accepted, there's sometimes an increased concentration on the number of patients who will see you to discuss mental health issues," Dr Allen told ABC News.

"Every doctor and every general practitioner really deserve a pathway towards becoming both culturally and technically competent when it comes to queer health."

We are calling for funding and reform to enable a voluntary register to allow surviving partners, family, friends, and clinicians to notify suicides to a suitable body, so we can work with the community and government to effectively develop measures to enhance mental health outcomes and keep people healthy and alive.

Read more



Read the
ABC story



DR BOULTON WRAPS UP HER TERM AS PRESIDENT

At our Annual General Meeting and Dinner for the Profession in May, Dr Maria Boulton officially concluded her two-year tenure as AMA Queensland President.

While it would be impossible to summarise the impact she made over her time, we must acknowledge her successful efforts to protect our healthcare workers during COVID-19 and possibly her greatest achievement as President – winning an amnesty from payroll tax for GPs.

Dr Boulton’s leadership maintained AMA Queensland’s position as the state’s peak medical body, and we seek to continue this legacy with the support of our members and new leadership team.

Read more



NEW BOARD AND COUNCIL

Following AMA Queensland’s Annual General Meeting we also announced our new Board and Council for 2024-25.

In addition to our newly elected President and Vice President, Dr Eleanor Chew OAM was re-elected as Chair of the Board. Doctors from various specialties throughout the state have been elected as part of Council.

Read more



AMA QUEENSLAND AWARDS

Dinner for the Profession was also an opportunity to honour some outstanding members for their commitment and dedication to medicine and the community.

Prof Chris Perry OAM RFD was admitted to the *Role of Fellows*, Dr Peter Isdale AM was appointed as this year’s *Distinguished Supporter Member* and Dr Nikhil Dwivedi was awarded the inaugural AMA Queensland *Doctor-in-Training Medal*.

Married Mount Isa medical stalwarts Dr Ulrich Orda and Sabine Orda were also recognised with two of AMA Queensland’s highest honours. Dr Orda received the *Rural Health Medal* and Mrs Orda the *Excellence in Health Care Medal*.

Read more



MEDISECURE DATA BREACH

We attended an early briefing on Friday 17 May from the National Office of Cyber Security in response to the recent MediSecure data breach.

The most important message is that patients should not hesitate to get their medications dispensed as the current prescription delivery service is not affected by the breach.

The Australian Government is continuing to work with MediSecure to respond to the incident, and we will continue to communicate the necessary information to our members.

Read more



KING'S BIRTHDAY HONOURS

Three AMA Queensland members have been recognised in this year's King's Birthday honours for their significant service to medicine, their profession and the community.

Associate Professor Anthony Holley, Professor Glen Gole and Past President Dr Beres Wenck (Woodhead) were all appointed Members of the Order of Australia (AM).



It is an honour to represent and advocate on behalf of the countless hardworking doctors in Queensland, and we are incredibly proud of everything they have achieved.



DISCOVER 130 YEARS OF AMA QUEENSLAND HISTORY

This year AMA Queensland celebrates its 130th anniversary.

To celebrate, we have compiled a historical timeline to acknowledge our history, triumphs and member achievements.



Dr Chris Argent and Emeritus Professor Teresa Rita O'Rourke Cramond (Brophy) AO OBE

We feature public health breakthroughs, advocacy achievements and most importantly, our members' many milestones which have helped shape our organisation into what it is today.

As the state's peak medical body, we extend a special thank you to all Past Presidents and Vice Presidents, Councillors, Directors, and above all, our members.

Read more



AHPRA PARENTAL LEAVE REGISTRATION FEES

AMA Queensland has joined with AMA Victoria in calling on Ahpra for equity in registration fees for practitioners taking parental leave.

Currently, Ahpra and the 15 National Boards don't lower fees or provide any proper mechanism or registration fee category to assist healthcare workers who take parental leave.



ANNUAL CONFERENCE
Athens
GREECE

15 - 21 SEPTEMBER
2024

REGISTER NOW



This affects over 877,000 diverse and predominantly female Australian healthcare workers.

We encourage you to consider signing the petition as, together, our advocacy can gain more ground and improve equity in health care.

Read more



FOUNDATION CHAIR

Dr Dilip Dhupelia has been re-elected to serve his fourth term as Chair of the AMA Queensland Foundation.



Since joining AMA Queensland 41 years ago, he has been actively involved in supporting doctors, patients and communities, going on to serve as AMA Queensland President in 2018-20 before joining the Foundation leadership team.

We look forward to continuing to work closely with Dr Dhupelia and the Foundation to support charity partners, flood affected patients and

Read more



doctors, disadvantaged medical students, and GP Registrars and Trainees.

Q1 SCORECARD

Our 2024 Q1 scorecard shows we gained 256 new members, had 1,660 member engagements, delivered 14 government submissions, and reached an accumulated media audience of more than 24.3 million.

We are proud to work with Queensland doctors to create better outcomes for our communities.

Read more





AMA QUEENSLAND FOUNDATION

CHARITY Gala

JAPANESE-INSPIRED COCKTAIL EVENT

SATURDAY 17 AUGUST 2024, 7PM
BOOM BOOM ROOM, BRISBANE

[REGISTER NOW](#)



MEDIA RELEASE

AMA welcomes National Rural Health Commissioner

19 June 2024

The Australian Medical Association welcomes the appointment of Professor Jenny May AM as Australia's incoming National Rural Health Commissioner.

AMA President Professor Steve Robson said Professor May was well qualified and experienced to promote better access to healthcare for Australians living in regional and rural areas.

"We know people living in regional, rural and remote areas experience health challenges including access to workforce," he said.

"A career in rural health can be an incredibly rewarding experience.

"Professor May brings more than 35 years as a rural GP in rural, regional and remote Australia as well as overseas' experience."

Professor May has a deep commitment to rural communities, with extensive experience in education, training and policy development and is highly respected by all stakeholders involved in rural health care.

Professor Robson said: "We congratulate Professor May and look forward to working closely with her to provide better access to health care for people living in rural Australia.

"The AMA has a strong rural health policy platform, covering all aspects of rural health care delivery and we look forward to discussing these with Professor May when she takes over this role in September. "

Professor Robson also paid tribute to the outgoing National Rural Health Commissioner Adjunct Professor Ruth Stewart.

"Adjunct Professor Ruth Stewart has been a real champion for change, putting the needs of rural Australians front and centre in health policy development," he said.

Contact: AMA Media: +61 427 209 753 media@ama.com.au

CPD reflects the Medical Profession's Mental Health

By Dr Mal Mohanlal

In the Medical Observer on the Internet, on 15 May 2024, the following article by Dr Craig Lienthal, with headlines, **"I have been 'self-reflecting' on how I became a good Doctor- the answer isn't CPD"**, was published.

Dr Craig Lienthal is a GP and medicolegal adviser in Sydney, NSW

The following is the summary of the article by ChatGPT:

In this article, Dr. Craig Lienthal reflects on his journey to becoming a good doctor, emphasizing that formal education and Continuing Professional Development (CPD) programs were not the primary contributors to his professional development. He critiques the medical board's reliance on CPD requirements, arguing that they are unproven and ineffective. Instead, he attributes his growth as a doctor to practical experience, workload, and mentorship, particularly in rural practice. Lienthal highlights various sources from which he learned essential skills, including communication with patients, personal experiences such as parenthood, and reflection on clinical practice. He concludes that clinical experience, rather than structured educational activities, is the key to becoming a proficient doctor.

This prompted me to make the following comment:

Dr Mal Mohanlal

General Practitioner MARGATE, QLD

"Hi Craig – Your articles are always insightful, full of common sense and wisdom. Instead of earning your CPD points by reflecting, why don't you ask the authorities to scrap this system?"

Everyone knows it is a political con designed to hoodwink the public to think we are practicing a higher standard of medicine because of it. By participating in this scheme, we are involved in fraudulent behaviour as a profession. It is all ethically and morally wrong. What are our medical leaders in the AMA and the Royal Colleges doing? Haven't they any sense of direction?

Instead of warming their bums, they should be taking the Medical Board to court and demanding freedom from this fraudulent behaviour. Our job as doctors is to clear up perceptions, not help distort them. I will always question the mental health of the medical profession if they keep supporting CPD. It is not a path to sanity and credibility. "

Do you agree with my observations? What should the medical profession be doing about the CPD? It is an archaic puerile system that reflects the mental health of our profession. Are you still going to the kindergarten? Does the profession have any self-respect? Please think and take action. To me, CPD makes us a laughingstock.



MEDIA RELEASE

AMA warns over vapes' toxic threat to our health, environment and future Media Release

Thursday 20 June 2024

With the Senate soon to consider the government vaping reforms, the AMA is urging all members of parliament to consider the health of the community and the environmental impact of vaping.

“If you care about the health of our children, and the health of our environment, then the choice is clear on vaping – support the reforms before the parliament,” AMA President Professor Steve Robson said.

“Anything less is a betrayal of a healthier, safer and cleaner future for our kids.”

Vaping in Australia has tripled since 2019, with a rise from 2.5 per cent to 7 per cent in 2022-2023, according to the National Drug Strategy Household Survey.

Professor Robson said vapes are an “environmental triple-threat” with plastic waste in the device body and pod, electronic waste in the form of lithium-ion batteries and a heating element, and hazardous waste due to the heavy metals in the vape and nicotine in the e-juice.

“Vapes are classified as hazardous waste around the country but most vapes are being thrown away in the garbage, or worse – dumped as litter – which is terrible for the environment,” Professor Robson said.

“The plastic waste from the device body and pod never fully decomposes.

“Rather than decomposing, plastic turns into microplastics, or tiny pieces of plastic, which continue to pollute the environment and pollute our food and drinking water.

“The electronic waste or lithium-ion battery waste can corrode and the metals and chemicals – like lithium – leak into the ground, polluting the soil and water long into the future.

“Incorrectly disposed batteries can also cause fires in garbage trucks and landfills, which can harm people, animals and the land.

“We know liquid nicotine is also an acute hazardous waste that is toxic to humans if consumed.”

The AMA said material used to make vapes also comes at a cost to the environment with deforestation and destruction of habitats from mining for materials and carbon emissions from their manufacture and transport.

The National Drug Strategy Household Survey also found the use of e-cigarettes is more likely than smoking in areas more socioeconomically advantaged.

“Anyone in parliament who is serious about looking after the environment cannot turn a blind eye to the environmental menace that vapes have become,” Professor Robson said.

Contact: AMA Media: +61 427 209 753 media@ama.com.au

Kerala Backwaters INDIA By Cheryl Ryan



Situated on the southwestern end of India and popularly known as God's territory, Kerala is one of the most sought-after tourist places in South Asia. Kerala is known all over for its rich heritage, exceptional hospitality, and exotic destinations. Tourists come from all over the globe to see the panoramic view of the backwaters of Kerala which is a series of lagoons, canals and lakes running parallel to the Arabian sea.

Like a patty in a burger, this scenic beauty is in between the sea and the hills which is like icing on the cake. The dense landscape, tall palm trees, coconut farmsteads and the village houses make you experience the rawness of nature, and the visitors get swayed away by its natural richness.

Discover the magnificence of the backwaters

If you are visiting the backwaters and not planning to hire a Kettuvallam which is a Kerala style houseboat that the journey won't be complete. This quintessential experience is one of the most calming and tranquil things you can do in India. You can even hire a local guide who can make your ride educative and intriguing while you can enjoy having fresh Indian food and chilled beer.

Kayaking to heal your soul

Kayaking in the Alleppey backwater is the heart of all those adventure enthusiasts who want to experience the intimacy of the narrow channels that the houseboats can never even dream of going through. Paddle through the undisturbed waters, filled with the most vibrant birds moving in their winding airways.

Learn the beauty of magic boats The

kettuvallam is bestowed with magnificence to give rise to majestic boats for everyone visiting the serene backwaters in Alummkadavu.

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Federal Budget 2024/2025 Highlights For Individuals and Small Businesses

Personal Income Tax

The changes to the personal income tax rates for individual taxpayers will commence on 1 July 2024.

Taxable Income	Tax on Taxable Income
\$0 - \$18,200	Nil
\$18,201 - \$45,000	16c for each \$1 over \$18,200
\$45,001 - \$135,000	\$4,288 plus 30c for each \$1 over \$45,000
\$135,001 - \$190,000	\$31,288 plus 37c for each \$1 over \$135,000
\$190,001 and above	\$51,638 plus 45c for each \$1 over \$190,000

Instant Asset Write-Off for Small Businesses

The Instant Asset Write-off will increase to \$20,000 for assets first used or installed ready for use between 1 July 2024 and 30 June 2025 instead of the \$1,000 limit. In addition, the “lock-out” rules for small businesses opting out of the simplified depreciation rules will remain suspended until 30 June 2025. The proposed increase to \$30,000 for the 2025 financial year has still not been passed by the legislature.

Energy Bill Relief Fund

From 1 July 2024 to 30 June 2025, all households, including individuals and families, will receive a \$300 rebate, and eligible small businesses will receive a \$325 rebate for cost-of-living relief.

Commissioner of Taxation’s Discretion for Resurrected Tax Debts

The Australian Tax Office (ATO) was recently criticised for resurrecting old tax debts that had previously been placed on hold as being ‘uneconomical to pursue.’ The Commissioner is given the discretion not to use a taxpayer’s refund to offset old tax debts where the Commissioner had put that old tax debt on hold prior to 1 January 2017.

Superannuation of Paid Parental Leave

Superannuation will be paid on Commonwealth Government-funded Paid Parental Leave for births and adoptions after 1 July 2025 at the prevailing Superannuation Guarantee Rate. The Government will provide support to Small business employers administering Paid Parental Leave with \$10 million allocated over two years commencing 1 July 2024.

Foreign Resident Capital Gains Tax (CGT) Changes

Amendments will apply to CGT events commencing on or after 1 July 2025 to clarify and broaden the types of assets that foreign residents are subject to CGT, amend the point-in-time principal asset test to a 365-day testing period and require foreign residents disposing of shares and other membership interests greater than \$20 million in value to notify the ATO, prior to the transaction being executed.

Extending and Funding Compliance Programs

The Government will extend Personal Income Tax Compliance, Shadow Economy Compliance, and the Tax Avoidance Task Force and fund the new ATO Counterfraud Strategy, which will affect taxpayers and tax agents.

Digital ID

The Government has committed \$288 million to support the delivery and expansion of Australia’s Digital ID System so more Australians can realise the economic, security and privacy benefits of Digital ID.

Modernising Digital Assets and Payments Regulation

The Government will provide \$7.5 million over 4 years, then \$1.5 million ongoing, to improve competition and consumer protections for services enabled by new technology, develop legislation to regulate platforms that hold digital assets and introduce a new regulatory framework for payment service providers, including digital wallets.

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

AMA members recognised in King's Birthday 2024 Honours List

The Australian Medical Association acknowledges the outstanding service of its members who have been recognised in the King's Birthday 2024 Honours List.

The members have been honoured for their first-class contribution to Australia's medical services, ranging from areas such as ophthalmology and anaesthesiology to GPs and medical services delivered to local communities.

AMA President Professor Steve Robson said the AMA congratulated its members for being recognised for their service, dedication and skill.

"All are worthy recipients and Australia has one of the best trained medical workforces in the world and continues to achieve outstanding health outcomes for the community," he said.

"These Honours recognise doctors' outstanding contributions to go above and beyond to serve their communities."

Professor Robson noted that Dr John Gault, who was awarded an OAM for service to the community of Bendigo, had been an AMA member for 67 years.

Member of the Order of Australia (AM)

Dr Amanda Baric (Vic) – Significant service to anaesthesiology, pain medicine and tertiary education.

Professor Jacqueline Curtis (NSW) – Service to medicine, particularly mental health.

Professor Glen Anthony Gole (QLD) – Significant service to ophthalmology, to tertiary education, and to professional organisations.

Associate Professor Anthony Holley (Qld) Significant service to intensive care and emergency medicine.

Associate Professor Carolyn Quadrio (NSW) – Significant service to psychiatry.

Associate Professor Christine Rodda (Vic) – Significant service to paediatric endocrinology and medical research.

Dr Diana Semmonds (NSW) – Service to ophthalmology and professional organisations. Professor Daryl Williams (Vic) – Significant service to anaesthesiology and pain medicine.

Dr Beres Woodhead (QLD) – Significant service to general practice medicine, particularly in board leadership roles, and to the community.

Medal of the Order of Australia (OAM)

Dr Penny Browne (NSW) – Service to medicine as a GP.

Dr James Elder (Vic) – Service to medicine as an ophthalmologist.

Dr John Gault (Vic) – Service to the Bendigo community.

Public Service Medal (PSM)

Associate Professor Rex Pais Prabhu (Vic) – Outstanding public service to regional medical service.

Monday 10 June 2024

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Where We Work and Live

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

Robert O'Neill (Australian Army), Counter-insurgency , Department of Veterans' Affairs

Bob O'Neill served as an intelligence officer in Vietnam.

His work in counter-insurgency took him out into Vietnamese villages gathering intelligence.

When Bob O'Neill went to Vietnam in 1966, counter-insurgency was an established strategy in the Australian Army.

“Counter-insurgency is a process of trying to build popular support for the government of the day or whoever the military force from outside is supporting.”

As an intelligence officer, Bob depended on Vietnamese villagers as his main source of information about the enemy.

“The local Vietnamese people let us know very quickly whether they liked us or not; we'd get groups of people coming in from particular villages bringing gifts “bringing chickens, vegetables, fruit and so on and they would stand around and have a chat with us”.

That made the gathering of intelligence so much easier because they thought about us in positive terms rather like themselves, not just a bunch of foreigners in strange uniforms speaking a different language who'd come to oppress them.

And above all, you did not want to be associated with destruction unless it was absolutely essential.

There was a tendency amongst our allies to see us as overly soft in our methods.

There's something about Americans; they're brave people “” when they get mad they really go after what is making them mad.



Robert O'Neill (Australian Army), Counter-insurgency, Department of Veterans' Affairs

We tend to be a bit cooler in our approach.”

Though the strategy was successful in Phuoc Tuy Province, by the time he left, Bob was unsure of the future.

“We went away feeling that we had accomplished something but, whether it would be good enough we just didn't know.

And of course when the Tet Offensive came along, that was just such a smack in the face to all of the foreign troops who were in Vietnam that one became very despondent thereafter.”

Bob O'Neill became Professor O'Neill, a renowned scholar of military history, but Vietnam is with him still.

“Really this was a highlight of our lives. We didn't particularly like it at the time but you come to know people so well, and that was great.”

Continued next month.

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