



RDMA's Newsletter

Newsletter March 2022

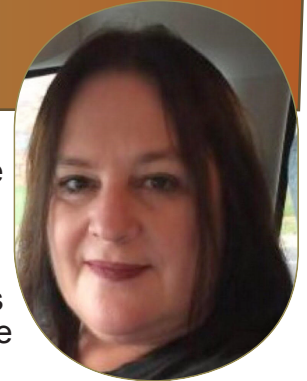
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Snapshot

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RDMA's President Report Dr Kimberley Bondeson



Floods. The Brisbane floods have been quite dramatic, with flash flooding, home, animals and stock lost, and 9 deaths in Brisbane alone, and then the unrelenting rain travelling down to New South to cause flooding.

I thought I would be grateful to see the end of the media constantly talking about Covid 19, but not to be replaced with the flooding that we have seen. And now there is a war in Ukraine, which has taken over on the new media as well. The world certainly appears to be a sad state of affairs.

The financial cost to the country and economy of covid 19, and the resultant recent floods is certainly taking its toll. What I am seeing with patients is certainly that the most significant impact is homelessness, as a result of increase in rental properties and properties to purchase, which started with Covid 19, and now has been made worse by the shortage of accommodation with the flooding in Queensland, and New South Wales.

Young people trying to access mental health care has increased, but there is not one single bulk billing psychologist on the Redcliffe Peninsular. The psychologists that are available are booked out months in advance. Psychiatric care is just as difficult to access. I have had patients admitted into hospital in extreme distress, and discharged back to me with a request for a mental health care plan to a bulk billing psychologist. I see at least 3-4 each week. A 45 year old patient wanted to go to Headspace, and was disappointed when I told them that the age cut off for headspace was 25yo.

One of the other incredibly topical issues is that of "Pharmacist Prescribing" – a "trial" of pharmacists to allow pharmacists to diagnose, as well and prescribe and dispense up to 150 different S4 drugs. It is unknown who makes up the "trials" expert steering committee. Last

month, the AMA, RACGP and ACCRM, along with the Queensland Aboriginal and Islander Health Council all quit, putting the the future of the "pilot" in doubt. It was meant to commence in June in Far North Queensland.

It is meant to run in 180 pharmacies and cover a population of 670,000 – from Mackay across to Mt Isa, and Queensland Western border and north to the Torres Strait. (AusDoc, 4 March 2022). It appears that these "consultations" by pharmacists would not attract a medicare subsidy, so patients would be out of pocket. It appears that "the confidential draft report being circulated among stake-holders envisages a future where pharmacists are tasked with diagnosis, independently prescribing, dispensing and then managing patients across 23 clinical conditions – from diabetes and acne to COPD and hypertension".

There is currently a petition online launched by Brisbane GP Dr Stephanie Dawson-Smith, calling for it to be scrapped. (AusDoc, 4 March 2022).

To those of you who were flooded out (and I was one of them), I hope that your homes, families and practices are up and running again as best as they are able.

Kimberley Bondeson,
RDMA President

**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

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

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Advertising information is on
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www.redcliffedoctorsmedicalassociation.org/

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Classifieds subject to the Editor's discretion.

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

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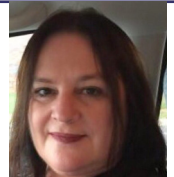
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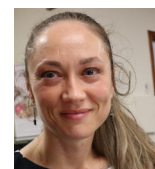


Meetings' Conveners

Ph:3049 4444

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(left) Ms Aime Hall and (right) Angela Paten
M: 0466480315



RDMA VICE PRESIDENT'S REPORT

DR WAYNE HERDY

THE NEW FACE OF HOMELESSNESS

Try to get almost anything done these days, and it is going to be more expensive and delivery will be delayed – everything gets blamed on COVID. Phone the HIC authority prescription line and you spend the first minute getting a lecture that this call will be delayed because “they” are helping others affected by COVID (a recorded message that must have been there almost a year by now).

Although COVID is now officially responsible for almost everything, and unofficially the vaccine is responsible for everything else that can't be directly blamed on the virus itself, there is a dark and insidious decline in Australia's social standards that is increasingly demanding a direct government response.

The homeless have been with us since before there was writing. The numbers have ebbed and flowed with the country's economic fortunes and with the rise and fall of whichever drug of addiction is most readily available. But we are witnessing a silent and secondary pandemic of homelessness that results from the COVID pandemic.

You do not need to be deeply entrenched in the real estate market to know that housing prices are rising rapidly, somewhere between 5 and 10 times the CPI. Amateur economists like me know vaguely why this is so. Low interest rates drew lots of investors and would-be investors out of the woodwork, away from the share market, and into housing. Whole populations wanted to get out of cities and into less densely populated peripheral centres of population. Tens of thousands of ex-patriates returned from overseas and wanted their homes back out of the rental market. Many pressures came to bear. The immediate outcome was increased housing prices and rental charges. Landlords started issuing notices that they would not be renewing leases, either because they were selling on the ever-ballooning market or because they wanted to re-rent to new tenants and a very substantially increased price.

A year ago we started to see a trend. I had an elderly couple come to me, lease not renewed, nowhere to go even at unaffordable prices. The first couple that I saw with this now-familiar story had been renting the same house for 30 years, must have paid off the landlord's mortgage and then some, now literally homeless and on the streets at the age of 84.

I was seeing this sort of story about once a month early last year. I now see it once a week or more.

I could regale you with dozens of horror stories. A disabled couple, dispossessed with nowhere to go, found a caravan in a caravan park but couldn't inspect it because it was tenanted. It was also not available until a week after the termination of their home rental. They expected to be on the streets for a week. The landlord, at the last minute, allowed them to stay an extra week. But they had paid for their bond clean, ready for inspection on the due date for them to leave. A week later, with the heat and the flooding rains, another inspection before they actually vacated the premises, and mould had grown everywhere; another \$1,000 for another bond clean. Then when they reached their caravan, it was almost unliveable, no bed, windows cracked, roof and walls leaking. But nowhere else to go, and now paying almost as much for a van as they had been paying for a small house.

An employee of an agency supposed to assist disadvantaged tenants told me another tale. Clients who came in were asked “do you have a car?” If the answer was yes, they had temporary accommodation. This was not just a 20-year-old fit young male being told to sleep in the back of his ute, this was Mum Dad and two kids sleeping in a 4-seater sedan.

What, I ask myself, has my country come to? The government has, belatedly, recognized the problem. The remedy so far has been too little too late. Much much more is needed.

Historically, most homeless folk were, with due respect, homeless because of lifestyle choices. They would rather spend their Centrelink incomes on something other than rent. But the new wave of homeless are a different demographic – they are prepared to pay a fair rent for reasonable accommodation, if only they could find it.

Watch this space. It is growing larger every day. Until decent affordable housing is planned, we can expect to see more ordinary grandmothers sleeping under shop fronts.

Wayne Herdy



NEXT MEETING DATE 30TH MARCH 2022

RDMA Meeting 22/02/22
Dr Wayne Herdy introduced tonight's speakers.

Sponsor: Vitaris
Sponsor Representative
Leslie Nagy, Nikki
Alexandra Qld Mgr,
Larissa Grining,

Tonight's Speakers
Dr Sharon Kelly
Topic: Allergic Rhinitis in
Clinical Practice

Photos below and left to
the right.

1. Drs Wayne Herdy and
Sharon Kelly

2. Sharon Kelly

3. Leslie Nagy, Nikki
Alexandra, Larissa
Grining

4. New Members Amelia
Benard, Austine Tyle

5. Praven Kasan, Sharon
Kelly, New Member
Kathryn Bird

6. New Member Robert
de Wit

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 30th March 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: Caboolture Private Hospital
	Represented by: Lizelle Adams
7:40pm	Speaker: Dr Dolly Mittal
	Topic: Managing the side effects of Endocrine Therapy in Breast Cancer,
	Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served
	Tea & Coffee served

RSVP: By Friday 25th March 2022
(e) RDMA@qml.com.au or 0466 480 315 or 0413 760 961

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USC trial: Can muscle stimulation reduce pain in people with leg artery disease?

University of the Sunshine Coast researchers are testing the effectiveness of a home-based therapy for peripheral artery disease, also known as PAD, which causes blockages in the arteries of the legs leading to leg pain when walking.

Funded through an industry partnership, the research team is seeking participants diagnosed with peripheral artery disease to participate in the randomised controlled study to test the effectiveness of a footplate muscle stimulation device as a treatment option.

They are also working with vascular surgeons and general practitioners to identify patients who might benefit from the study.



Associate Professor Chris Askew is Principal Investigator of the FootPAD trial being conducted at USC

As part of the trial, participants will use a footplate muscle stimulation device for 60 minutes each day for 12 weeks. The device is designed to deliver electrical impulses to the muscles of the feet and legs.

More than 200 participants are being sought for the trial which aims to verify the findings from a preliminary pilot study by Imperial College London.

Participants will complete the footplate program at home and take part in leg blood flow assessments, walking tests and questionnaires about leg pain and quality of life during study visits at USC's Sunshine Coast campus.



People interested in enrolling in the trial or who want to learn more can email footpad@usc.edu.au or call 07 5456 5364.



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ASADA PRESIDENT'S REPORT DR GEOFFREY HAWSON

Inaugural Australian Senior Active Doctors Conference 13th- 14th August 2022



I am very pleased to announce that planning for the inaugural Senior Active Doctors Conference is underway.

The conference will be held on the weekend of Saturday 13th and Sunday 14th August this year (2022) at sunny (we hope) Redcliffe.

The venue provides members with the opportunity to enjoy great company and a short break by the sea overlooking Moreton Bay!

The conference is being organised by the Australian Senior Active Doctors Association and AMA Qld.

Our aim is to provide members with an opportunity to hear and discuss all the issues that are important to senior doctors as they plan to reduce workloads or transition to new forms of medical practice.

Themes of the conference will include:

- navigating the forthcoming Medical Board/AHPRA mandated CPD changes due in 2023
- panel discussions on our proposed registration model and encore career opportunities for senior doctors
- tips and ideas for how to maintain registration while winding down practice.

A program and details will be available soon. If you have any topics you wish to see discussed, please let me know.

Registration will be available through the AMA Qld website and I will advise when that is up and running.

As an inaugural conference, numbers will be limited so please place the date in your calendar.

You can register your interest in attending and be placed on a conference updates list by sending me an email – asada_secretary@outlook.com.

I look forward to seeing you at the Senior Active

Doctors Conference in August!

Ass Prof Geoffrey Hawson
(UQ) MBBS FRACP FACHPM

AMAQ Council Senior Doctor Craft Group
Representative

AMAQ Council Senior Active Doctor TAG Group
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DOMESTIC VIOLENCE IS JUST THE TIP OF THE ICEBERG

by Dr Alka Kothari



Alka Kothari & Leanne Linard

Domestic and family violence, a topic often discussed behind closed doors, was unlocked in an open forum last weekend at the High Tea for Domestic and Family Violence event, at the Queensland Parliament. In light of International Women's Day on the 8th of March, and the event's theme, 'Observations, Obligations and Interventions', an enlightening and informative afternoon scrutinised the nuances of family and domestic violence under the medical and legal lenses. Challenges in both medical and legal practice were discussed with the focus placed on disadvantages experienced by culturally and linguistically diverse (CALD) and immigrant women.

The sold-out event was sponsored by Auswide Bank and raised funds for Women's Legal Service (WLS) Queensland, a not-for-profit organisation. The trailblazing event was attended by dignitaries including the Queensland Police Service Commissioner Ms Katarina Carroll and the Honorable Minister for Children and Youth Justice and Multicultural Affairs, Leanne Linard.



Katarina Carroll & Alka Kothari

In her keynote speech, Associate Professor Alka Kothari, Senior Obstetrician and Gynaecologist, Redcliffe Hospital and University of Queensland presented staggering nationwide statistics and stated that what we see in our practice is only the tip of the iceberg. According to the Family,

domestic and sexual violence in Australia: continuing the national story 2019 report, one in six women and one in sixteen men have experienced physical or sexual violence since the age of 15 years. Additionally, on average, one woman per week is murdered by their current or former partner and intimate partner violence remains the most common form of homicide in Australia. Sharing her personal insights from her PhD work on 'Forgotten fathers', Prof Kothari said that pregnancy offers a unique opportunity for positive engagement of men and women allowing research into the complex nature and the dynamics of the cumulative trauma of domestic violence.

Prof Kothari also highlighted the two research reports presented by Australia's National

Research Organisation for Women's Safety, 'National Research Conference on Violence against Women' in February 2022. These reports highlighted that there is no single picture of what an intimate partner violence homicide offender looks like and no single progression of events toward a fatal consequence. However, there are a great number of warning signs prior to fatal intimate partner violence and together they address gaps in our understanding of how this data can be used to intervene before there is a homicide. A kaleidoscope of perspectives was put forward in the panel discussion (**pictured above**) by Prof Alka Kothari, Dr Maria



Dr Alka Kothari



Boulton and Dr Vikas Moudgil from the Australian Medical Association, Acting Superintendent Ben Martain and A/Inspector Jacqueline Honeywood from the Queensland Police Service. The meeting concluded with the emphasis on developing an accountable system that recognises the widespread and inter-generational effects of trauma and the requirement to provide long-term support to victims of domestic and family violence.



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PRESIDENT AND CEO REPORT



Professor Chris Perry OAM and Dr Brett Dale

For the past two years, our conversations have ended with “stay safe”. With the extreme weather events of late February and early March, we have added “stay dry” to our farewells.

Flooding across South East Queensland has cost lives, devastated livelihoods, destroyed homes and possessions, and put added pressures on our health care system, just at a time when we were hoping for some relief from COVID-19.

This year has also seen the start of our advocacy against the North Queensland pharmacy trial and we hope you will add your voice to the campaign.

FLOODS

The floods that hit so much of the south-east corner of our state will have ongoing consequences for months to come. While most practices have off-site back up and disaster management plans, natural disasters have implications for doctors, their businesses, patients and staff. The AMA Queensland Workplace Relations Team has put together an overview of issues you may encounter following the floods, including workers' compensation coverage, patient records, temporary closures, leave entitlements and counselling.

AMA Queensland members can contact the Workplace Relations Team on (07) 3872 2222 or workplacerelations@amaq.com.au.



Members all around the state will have gone through similar experiences in floods in recent years – in Townsville, Mackay, the channel country, and many other areas. We encourage you to share your wisdom with colleagues who may be facing their first flood event.

Many of our GP members are running wound clinics for people who injure themselves during the clean-up. It's important at this time that we ensure people know the dangers of flood water and the muddy residue left behind, and that they should wear long sleeves, long trousers and boots where possible, and wash and treat any scrapes or cuts as soon as possible to avoid infection.

Read more at qld.ama.com.au/news/SEQfloods

FLOOD ASSISTANCE GRANTS

The AMA Queensland Foundation is committed to helping Queenslanders in need.

Do you know a patient who has suffered significant hardship as a result of the recent floods in 2022? We are asking doctors to nominate people in their care or community for \$1,000 grants to assist those who have been seriously impacted by the floods.

Applications close on 31 April but grants will be awarded as they are assessed. Nominations are welcome from AMA members and non-members alike.

Application forms are available at amaqfoundation.com.au and you can contact AMA Queensland Foundation Coordinators on (07) 3872 2222 or email amaqfoundation@amaq.com.au

#StopNQPharmacyTrial

The North Queensland pharmacy trial continues to attract more scrutiny around the issues of patient safety and conflict of interest.

All GP representatives have left the steering committee, as have Aboriginal health representatives. The North Queensland Primary Health Network has also left the committee following a conflict of interest with their representative – a pharmacist and member of the Pharmacy Guild.

The Guild continues to paint our objections to this proposal as a “turf war”. Their arguments do not mention patient safety or the potential for missed diagnoses.

We have called on the Queensland Government to release the evaluation of the urinary tract infection (UTI) prescribing trial before proceeding any further with the North Queensland pilot.

We have the support of many pharmacist colleagues in this fight. Like us, they value the need for all medical and health professionals to practise within their scope.

Please join the campaign. Write to your local Member of Parliament to voice your concerns and arrange a meeting to explain the dangers of this pilot in person.

Visit our campaign page here gld.ama.com.au/Stop-NQ-Pharmacy-Trial

COVID-19 UPDATE

The floods may have washed COVID-19 out of the headlines, but outbreaks are still occurring and the further removal of public health protections will likely lead to more cases.

AMA Queensland has sought and been given confirmation from Queensland Health that masks will still be required in GP clinics despite the mandate lifting for most other areas.

We have also worked with the Queensland GP Alliance and Queensland Health to create a process to support GPs to access emergency supplies of personal protective equipment (PPE).

Whenever possible, GPs should obtain PPE through their own suppliers, but when this is not viable, they should contact their local Primary Health Network (PHN). In circumstances where the PHN cannot supply PPE, GPs can obtain emergency access through their local Hospital and Health Service. In an urgent situation where supplies of critical PPE are unable to be sourced, GPs should contact their PHN to liaise on their behalf with the Australian Department of Health.

Read our full PPE guide for GPs at gld.ama.com.au/news/PPEpathway



MOCA 6 BARGAINING

ASMOFQ attended the first MOCA 6 meeting in February and discussed logistical matters for the bargaining process, as well as issues relevant to:

- junior medical officers/doctors in training
- senior medical officers
- visiting medical officers
- MSPPs and MOPPs
- rural and remote doctors.



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AUSTRALIAN SALARIED MEDICAL
OFFICERS' FEDERATION QUEENSLAND,
INDUSTRIAL ORGANISATION OF EMPLOYEES

Members can review the current Log of Claims and read the latest MOCA update at qld.ama.com.au/moca6. The current agreement with Queensland Health expires in June 2022.

MENTAL HEALTH FUNDING



AMA Queensland gave evidence in February to the Queensland parliamentary inquiry into mental health services. We called for investment of at least \$700 million a year, including into services for new parents and their babies to cope with COVID-related restrictions and cutbacks.

Queensland spends the lowest of any state or territory on mental health. During COVID, we have seen a 28 per cent increase in presentations to emergency departments for mental health services and a 50 per cent increase in presentations to GPs for patients seeking help for mental health conditions.

Our members are also seeing an increase in mental health presentations from new parents, with new mothers discharged from hospital before they have learnt how to breastfeed and settle their baby, and with COVID restrictions limiting their access to baby groups and Community Child Health supports.

AMA Queensland calls on Queensland Health to reintroduce Community Child Health sessions and increase the number of mother-baby inpatient units across the state. You can read more at qld.ama.com.au/news/mentalhealthinquiry

PUBLIC HOSPITAL CAMPAIGN

Our federal colleagues have launched a campaign to make public hospital funding a vote-changer during the upcoming federal election. The *Clear the hospital logjam* campaign is aimed at fixing bed block, ambulance ramping and emergency department delays.

Doctors and patients are encouraged to share their stories and experiences with the public hospital system, including delays to elective surgery, long waits for specialist appointments, and ED delays, with the aim of getting commitments from all federal candidates to reform the funding model.

Our Ramping Roundtable has come up with a five-point action plan to fix ED ramping and ease the pressure on our exhausted health care workforce. We presented our plan to government last year – it is time they started to act on it.

Visit the campaign website at ama.com.au/clear-the-hospital-logjam

INDIAN MEDICAL ASSOCIATION OF QLD

Several AMA Queensland Council and Committee members attended the Indian Medical Association of Qld's fundraiser on *Domestic Violence in Medical Practice* in March. Dr Vikas Moudgil was a speaker and Dr Maria Boulton was a panellist.



L-R: Dr Shunil Sharma, Ms Sarv Singh, Dr Paramjit Singh from Gold Coast, Dr Vikas Moudgil, Dr Cyril Fernandez, Dr Fiona Raciti, Dr Maria Boulton, Assoc Prof Alka Kothari, President of the Indian Medical Association of Qld Dr Vagish Singh and JCU student Ms Anoushka Kothari.

WORKPLACE RELATIONS SUPPORT

Are you interested in brushing up on your workplace relations knowledge from the comfort of your own desk? The AMA Queensland Workplace Relations Team is presenting its 2022 webinar training series. Enhance your knowledge of topical issues in workplace relations by logging into the live webinars, or receive a recording to listen to in your own time.

- 21 March - The Great Resignation
- 23 May - Performance Appraisals
- 25 July - Recruitment
- 5 September - Fundamentals of Leadership
- 28 November - Employment Status

Single Webinar \$50.00; Pack of 5 \$200.00. **FREE** for Workplace Relations Toolkit subscribers. Contact our Workplace Relations team to find out more at workplacerelations@amaq.com.au or (07) 3872 2211.

AMA QUEENSLAND FOUNDATION

Thanks to everyone who donated to the AMA Queensland Foundation's Christmas appeal, which raised \$25,000 for Juiced TV. Please enjoy this heart-warming video featuring Foundation Chair Dr Dilip Dhupelia. Keep an eye out for our next appeal to be announced soon. Watch it at youtube.com/watch?v=kUp8bE121ac

JOIN AMA QUEENSLAND



We are offering RDMA newsletter readers who become AMA members before 30 April 2022 a \$50 gift card as a special bonus. Just use the QR code to join and send an email to l.holohan@amaq.com.au in our membership team to activate this offer.



GIVING TOGETHER FUNDS LIFE-CHANGING PATIENT CARE AND HEALTH RESEARCH AT REDCLIFFE HOSPITAL

It is said that Redcliffe Hospital is the heart of the Peninsula, and over the past 12 months, the Raise it for Redcliffe Hospital fundraising collaboration has certainly proven that statement.

In the twelve months since inception, response from patients and staff - past and present - as well as the broader community, has exceeded expectations. More than \$200,000 has been raised and is already making an impact to patient care and life-changing health research.

In 2022, this incredible generosity will help fund:

- A new Senior Nursing Researcher to advance evidence-based patient care
- Urology research at Redcliffe Hospital to help men with prostate cancer
- Initiate the 'Bring a touch of home' project for the Palliative Care and Rehabilitation Units
- Establish a much-needed Maternity Bereavement Room, a private space for women and families experiencing loss or special care needs
- Wishlist Grants for most needed patient and staff care programs.

'Raise it for Redcliffe' was established in late 2020 as a partnership between the RBWH Foundation and Redcliffe Hospital.

RAISE IT FOR REDCLIFFE HOSPITAL

The first ever Redcliffe Hospital Giving Day was held on Wednesday 13 October 2021. Thanks to the incredible support of local business, community groups, staff and the public, more than \$170,000 was raised to support health research and innovative patient care programs.



The impressive tally was a wonderful indication of the Moreton Bay region's engagement and trust of Redcliffe Hospital and its dedicated health care workforce.

Many organisations were pivotal to Giving Day's success, including community radio station 99.7 Bridge FM which broadcast the day's activities; Lewis Land Group, owner of The Komo and The Belvedere Hotels, which donated a staggering \$50,000 to be used to match public donations; and the substantial community support provided by BallyCara, GKS Law, Moreton Bay Regional Council, Dominos and Dolphin News.

REDCLIFFE RESEARCH GIVING CIRCLE

There is no greater recommendation for a local hospital than the support of its local medical fraternity. The support of Moreton Bay hospital and community practitioners for the newly founded Redcliffe Hospital Research Giving Circle was instrumental in reaching Giving Day's fundraising goal. Founded by former Director of Surgery at Redcliffe Hospital, Associate Professor Cliff Pollard AM, the Giving Circle played a leading role in raising just over \$26,000 for a senior nurse researcher position.

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AMA calls out betrayal of Primary Care in dumping of 10-year plan

The AMA is calling on the Federal Government to urgently release its Primary Health Care 10-Year Plan, which appears to have been dumped, despite over two years of development and significant input from stakeholders.

The Government gave a commitment in October 2019 to develop a national Primary Health Care 10-Year Plan to strengthen and modernise Australia’s primary health care system. The system has been struggling to cope with an increasing workload as the Australian population ages and people’s health needs become more complex.

AMA President Dr Omar Khorshid said the Government’s failure to deliver the reform and support necessary to equip GPs into the future represented a major policy backflip.

“Beyond its failure to outline any vision for general practice and primary care, the Government also appears to have broken its promise in the 2019-20 Budget to spend \$448.5 million to support the Voluntary Patient Enrolment model, which sits at the heart of the Primary Health Care 10-Year Plan”, Dr Khorshid said.

Dr Khorshid said the Government had relied on the hard work of general practice throughout the COVID-19 pandemic and GPs would feel completely betrayed by these decisions.

“Long term funding quarantined for general practice and primary care reform has been cut and a broadly supported vision for general practice and primary care dumped,” he said

“While the Government rightly put the implementation of the Voluntary Patient Enrolment model on hold at the start of the pandemic, there was a clear promise that funding to support its implementation would be retained and used to reform the delivery of care in general practice.

“This included supporting Australians to register with their general practice and nominate their usual GP, opening up access to enhanced services, through the new Voluntary Patient Enrolment model,” Dr Khorshid said.

“More than 400 organisations, including the AMA, have worked closely with the Government’s own steering committee in good faith over the past two-and-a-half years on this initiative to help reform the delivery of general practice and primary care for those with complex health needs.

“Much effort appears to have been wasted and the complete failure to deliver by the Government means patients will not have access to the enhanced care and support they need.

“The failure to deliver is made even more perplexing as the 2021-22 Federal Budget further strengthened expectations on the Government’s commitment to deliver its Primary Health Care 10-Year Plan, with the further allocation of \$50.7 million to build systems to underpin delivery of the Voluntary Patient Enrolment model.

“This is akin to building a road to nowhere because we are all left in the dark on the Government’s primary care plans,” Dr Khorshid said.

“There is speculation that the \$448.5 million has been exhausted because it was redirected to other initiatives. Minister Hunt now owes the public a full explanation.

“Improved access to general practice will be a key election issue for the AMA and both major parties need to clearly outline their plans to future-proof general practice and ensure it is adequately funded going forward,” Dr Khorshid said.

The Modus Operandi of The Ego

By Dr Mal Mohanlal Continued on page 17

Do you know who the greatest con artist in the world is? It is your ego, the thinker in your mind. Here I will try to expose the ego's modus operandi to help you understand your mind. If you are a true scientist, please try to disprove in your mind what I write and see if I am wrong.

There is a saying, "One can lead a horse to water, but one cannot force it to drink". It applies to every individual ego that exists in the world today. From my observations, I see no one wants to find the truth about themselves. Everyone is determined to live in a world of delusions.

Whatever activities we are involved in are ego-centric. Everyone prefers to look outside them, not inside them. If something goes wrong, it is never you but always them. These activities are designed to boost the ego and give no insight into the mind or self-knowledge. Instead of understanding the ego, we hide behind the scientific knowledge we have acquired over the centuries and strengthen our ego. The philosophies and beliefs we have today are just exercises in delusional thinking. We have built an escapist world. As a result, we are becoming increasingly out of touch with reality, and our mental health is deteriorating. Is our civilization today any different from the past ones in their thinking?

Here I will try to give you some insight into your mind and help you understand how the ego operates. It operates basically in three modes. The first one is the thinker and the thought mode. Here the ego (thinker) is doing all the thinking and controlling. It is the active mode in which most people live all the time.

The second mode is the observer, and the observed mode. Here the ego is in a passive mode where learning and understanding occur. In this mode, you are in the present and aware of your actions and what is happening. However, because the ego is pushed into the background as an observer, it quickly reverts to the first mode, thinking actively.

In between the above two modes is the third mode, the dream mode. I call it zombie mode. In this mode, thoughts, emotions, feelings and images randomly appear out of our subconscious mind. It is our auto mode where we do things automated without much thought. But once the ego verbalizes them, the dream mode

switches to the first active mode. So you are back in command. The dream mode occurs anytime during waking or sleeping hours and alternates with the first two modes.

Most people cannot stop thinking, which results in mental health problems such as insomnia, anxiety, depression etc. Shouldn't we ask why and know why?

Do you realize your ego is a product of self-hypnosis? It means that it can only appear in our conscious mind when we use words. Without words, the ego cannot appear in the conscious mind, as it would be stuck in the present. The only way the ego can make its presence felt is by verbalizing; hence words and thinking become the lifeline of the ego. Please observe that we are living in a sea of words. When we pray to God, we use words. When we sing, we sing with lyrics, which are words. Words make us happy or sad. Words make us laugh or cry.

We cannot express our emotions or communicate our real feelings without words. Words help us dream and turn our dreams into reality. And without words, we cannot travel in time. Words have a direct effect on our subconscious mind. They hypnotize us. So you see how dependent the ego is on words and the thinking process for its appearance in the conscious mind? Hence thinking in our mind becomes a habit, an obsession. It is why one feels one cannot stop thinking.

There is another reason one does not want to stop thinking. There is fear that if one stops thinking, the ego might disappear from the conscious mind. That, of course, is a false fear. Because the ego is still there, it only switches to the second observer mode or the dream mode when not thinking actively. Yet another reason to keep thinking is the thought of death. The ego does not want to die, so death becomes an anathema. Hence, the ego uses the hypnotic power of words and the imaginative power of the mind to create a world of beliefs and philosophies that we see today. These beliefs and philosophies, of course, are just a projection of our desire to live forever, creating a world of delusion.

One can see now that the ego does not disappear when one stops thinking. It just switches

The Modus Operandi of The Ego

By Dr Mal Mohanlal Continued from page 16

modes. The mind is thus never empty or blank. As constant thinking becomes torture, to help calm the turbulent mind, the clever ego has devised various forms of meditation. In my mind, they are just a form of self-hypnosis; these techniques cannot possibly lead to enlightenment or insight into one's thinking process. They can only promote delusion.

If a person wants mental peace and harmony, you will only find it in the second mode of the observer and the observed I mentioned above. In this mode only, you will find awareness of what is happening inside and outside you. As I have mentioned in my previous articles, we live in a timeless universe. There is a timeless dimension around you that coexists with the time dimension we know in the present. When you experience the phenomenon of the observer in mind and what is being observed becoming one, you will understand the meaning of meditation. Here, the mind is fully alert and aware of what is happening inside and outside. You are not in a trance. It is a spontaneous occurrence where you realize that you and the timeless dimension are one.

From the above observations, one can see that we live in a very superficial world, drowning in a sea of words and reacting to words all the time. The negative world around us, bombarding us with negative information, is making us sick as it distorts our perceptions and negatively influences our subconscious mind.

Although our mental health is deteriorating, no one seems interested in finding a solution as everyone is in the same boat. The medical profession, which is supposed to look after our mental health, has abandoned its responsibility and suffers from a perception disorder. Doctors are identifying themselves with other bureaucratic professionals who have limited thinking. How can they improve your mental health when they become part of the problem?

How can one have compassion, empathy or humanity if one goes along with any bureaucratic system? A doctor used to be a friend, philosopher and a guru, but not any more. It is because compassion and humanity are incompatible with bureaucracy. The management or rather mismanagement of the Covid pandemic worldwide is a perfect example of bureaucracy in action.

Indeed, in my mind, the medical profession has lost the plot. They have become medical technocrats and need to review their perceptions and role in society. They should not be involved in any coercive or mandatory policies of any government. One cannot be a friend and a bully at the same time. One does not need to be a prophet to predict more mental illness in society as we become more bureaucratic in our approach to everything. One can only blame the government and the legal profession for turning doctors and other professionals into bureaucratic thinkers.

I trust this article will give you new insight into your mind. In the meantime, my plea to every individual is not to take their ego seriously. Please gain some self-knowledge. If you feel negative, try not to verbalize your feelings and see what happens. When you do not verbalize, you do not disappear in mind but are forced into an observer mode.

When you are aware, you are doing the same thing. If you find yourself saying negative words, replace them with positive words and see what happens. Do the same things with negative thoughts. Do not verbalize and see what happens. Become aware of your thoughts and feelings and the words you are using. Words activate our thoughts, feelings and emotions. Remember, our subconscious mind reacts to words, not the meaning of words. You can manipulate it by acquiring self-knowledge this way. Learn to understand your ego and how you operate in your mind by becoming self-aware.

Every health professional and those interested in improving their mental health should read my book, "The Enchanted Time Traveller- A Book of Self-Knowledge and the Subconscious Mind". It will give you insight into your mind and help you understand the transforming power of perceptions. Website: <https://theenchantedtimetraveller.com.au>. The EBook is available on Amazon.com.

Dr Mal Mohanlal



BOLSTERING INDIGENOUS HEALTH WORKFORCE KEY TO CLOSING THE GAP

On Close the Gap Day the AMA has said it is committed to supporting the growth of Aboriginal and Torres Strait Islander doctors across the Australian medical workforce, highlighting that more needs to be done to support medical education and training opportunities across all areas of medicine.

AMA President Dr Omar Khorshid said Aboriginal and Torres Strait Islander doctors offer unique perspectives and expertise yet remain under-represented in Australia's health workforce. "We know that culturally safe health care leads to better health outcomes both in terms of access to health care and treatment. Aboriginal and Torres Strait Islander Australians have a right to access appropriate, affordable, and responsive health care – wherever they are in Australia," he said.

"The AMA is also committed to embedding cultural safety across the medical profession to ensure that Aboriginal and Torres Strait Islander peoples can access appropriate and responsive health care. Everyone has a role to play."

Dr Khorshid said the AMA was a proud member of the Close the Gap Campaign Steering Committee and said governments were just not doing enough to close the gap. He said more commitment and action was needed to create systematic transformation.

He said the AMA supported the recommendations from the 2022 Close the Gap report, Transforming Power: Voices for Generational Change, released today, which included:

- Full implementation of the Uluru Statement from the Heart, including an enshrined Aboriginal and Torres Strait Islander Voice to Parliament.
- Full implementation of the National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and other supporting plans, with a commitment to long term (10+ years) needs-based and coordinated cross-sectional funding by Commonwealth, State, Territory and local governments.
- Investment in Aboriginal and Torres Strait Islander led data development at the local level and uphold the principals of Data Governance

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and Sovereignty by empowering communities and individuals to access place-based data to design community-driven initiatives.

- Development of an Aboriginal and Torres Strait Islander-led research agenda for health and wellbeing, with a particular focus on the impacts of systematic racism in health systems.

This should include an investment in knowledge translation and research impact. "The AMA is committed to the growth of Aboriginal and Torres Strait Islander doctors across the Australian medical workforce. Not only does parity improve the current workforce gaps, but also brings a depth of knowledge, experience and diverse perspectives into the health system.

"Aboriginal and Torres Strait Islander-led organisations and programs are leading the way in strengthening the health and wellbeing of communities. We saw this as communities and the community-controlled sector took control of the response to the threat of Covid-19 with a coordinated, swift and culturally appropriate response.

"Close the Gap Day is not only a reminder that we have more work to do, but it's also a chance to take pause, and listen to Aboriginal and Torres Strait Islander leaders and honour their experience and direction," Dr Khorshid said.

17 March 2022

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Vietnam: Donald Barnby (Australian Army), <https://anzacportal.dva.gov.au/resources> Donald Barnby (Special Air Service Regiment.)

Donald Barnby (Australian Army), Special Air Service Regiment.

Department of Veterans' Affairs Donald Barnby served with the Special Air Service Regiment in Vietnam.

Like many, he found the rapid transition from the battlefield back to Australia difficult to adjust to.

The Special Air Service Regiment - the SAS, was an elite unit of the Australian Task Force.

"The main purpose of SAS was to conduct deep reconnaissance of enemy areas. To either pin point or locate areas of enemy concentration, or enemy camps, bunkers, tracks that are being used; gather intelligence..."

They patrolled in small groups, moving far slower than conventional infantry.

"Our speed of patrolling, depending on the terrain, used to vary from, I think the slowest day we ever did was about three hundred and fifty metres in a day, up to about two kilometres, but it was very, very slow.

So you'd take one step, you'd look around, watch all your arcs up in the trees, down the ground, looking for possible booby traps and turn around to the guy behind you and you'd wait till he looked at you and you'd just go like that, and then you'd do your arc on the other side and then take another step, and then you'd do it all again, and that's how slow it was...

Every step was like literally going into the unknown, you didn't know what was



Donald Barnby (Australian Army), Special Air Service

around the next tree or around the next branch that you opened up; it was just the palpable tension – you didn't know what the hell was going to happen."

The SAS had the highest 'kill ratio' of any unit in the force, but that meant little when Don Barnby came home.

"One day I was on patrol, the next day I was on a PAN AM flight to Australia, the next day I was back in Sydney, you know with flush toilets and hot showers and people saying: 'What was it like son? What was it like?' Couldn't get my mind around it.

I feel proud of my service with SAS, I feel proud of my service in the army, I feel no shame at what I've done but I feel sorrow at what I've seen. I've certainly been exposed to things that some people shouldn't have seen, you know, in your life time. It's certainly aged me."

The End

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