



March 2024

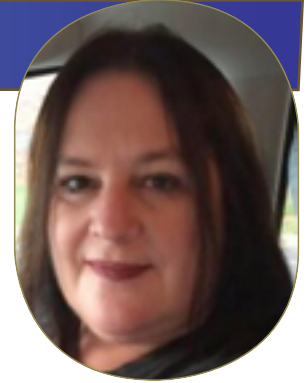
Newsletter



See Where We Work & Live P19.
Vietnam War 1962-75 | <https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

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RDMA's President Report Dr Kimberley Bondeson



Easter is just around the corner, easter eggs and hot cross buns can be found in the shop for everyone to enjoy.

On the medical front, we can see that the South Australian General Practitioners who put their hands up for the payroll tax amnesty are being targeted by the South Australian State Revenue Office.

We are uncertain at this stage what the Queensland State Revenue Office will do, if it will follow the South Australian State Revenue Office's lead. If they do, this will be extremely disappointing, and we can expect to see some General Practice closures in Queensland, as well as a push away from bulk billing, and an increase in the gap fees already paid.

Does this mean that GP's are a dying breed? It may well be the first steps to this.

There is a lot of chatter about industry creep, with Pharmacists and Nurse Practitioners taking over roles traditionally done by doctors.

Eg. Pharmacists prescribing for UTI's, Nurse Practitioners potentially gaining access to Medicare billings. Whether this makes a difference to the number of Nurse Practitioners in the system needs to be seen.

There is also suggestions that allied

health refer directly to specialists.

This is concerning, as it can result in patients being referred to the wrong specialist, sustaining significant out of pocket costs, and "a diagnostic merry-go-round, referred to specialist unfamiliar with their history, whose scope of practice doesn't always match their actual ailments and whose care carries serious out-of-pocket costs." Australian Doctor, 8th March, 2024.

On a more positive note, there is the "Dinner for the Profession" coming up on Friday 24th May, 2024, and the AMAQ Conference in Greece from 15th to 21st September, 2024.

The "Dinner for the Profession" is a lovely evening, which everyone can enjoy, and the AMAQ Conference in Greece will be a fantastic learning experience, both professionally and culturally.

Kimberley Bondeson

**Free RDMA
 Membership For
 Doctors in Training**
**RDMA Meeting Dates
 Page 2.**



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

RDMA 2024 MEETING DATES:

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

CPD Points Attendance Certificate Available

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

Time: **7.00 pm for 7.30 pm**

Next meeting date is

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

Newsletter Publisher.
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www.redcliffedoctorsmedicalassociation.org/

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- ▶ 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

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Lumus Imaging North Lakes has exciting news!

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

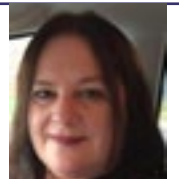
For Bookings
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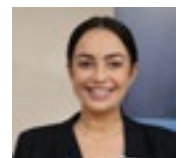
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RDMA MEETING 27TH FEBRUARY 2024

RDMA Meeting 27th February 2024

Introductions:

Kimberley Bondeson RDMA President introduced our Speaker of whom RDMA is the Sponsor.

Speaker Dr Peter Stephenson,
Topic Voluntary Assisted Dying. A Personal Perspective.

Sponsor RDMA

Below Clockwise:

Photo 1

Dr Peter Stephenson & Lisa Blyth

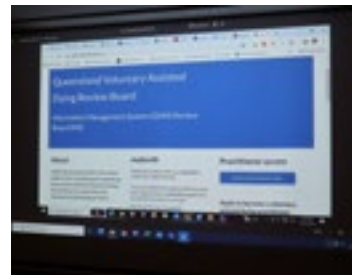
Photo 2 New Members: Niluka Karunasekara & Jess Simpson

Photo 3 New Member: Ramesh Nandamuir & Alka Kothari

Photo 4 Sallie MacBride & Peter Stephenson

Photo 5 Lisa Blyth & Wayne MacDonald.

Photo 6 VAD Presentation



ENDOMETRIOSIS - OUR WOMEN'S HEALTH TEAM CAN HELP!

THE WOMEN'S HEALTH PHYSIOTHERAPY
TEAM @ SPORTS & SPINAL CAN ASSIST
YOUR PATIENTS WITH THEIR
ENDOMETRIOSIS AND PELVIC HEALTH
CONCERNS.

REFERRALS VIA MEDICAL OBJECTS,
FAX OR PHONE.



SCAN THE QR
CODE FOR MORE
INFORMATION
OR TO REFER TO
OUR WOMEN'S
HEALTH TEAM
TODAY

ENDOMETRIOSIS IN AUSTRALIA

- > Endometriosis affects women differently, but it is commonly known to cause severe, life-impacting pain during periods, sexual intercourse, bowel movements and/or urination.
- > This can result in women experiencing chronic pelvic pain, abdominal bloating, nausea, fatigue, and sometimes depression, anxiety, and infertility.
- > Roughly, 1 in 9 Australian females develop endometriosis.
- > Early diagnosis and treatment to help manage endo symptoms is best practice.

HOW WOMEN'S HEALTH PHYSIO CAN HELP:

Our Women's Health team are trained to help with pelvic health concerns which includes endometriosis. Our team can assist in the management and maintenance of common endometriosis symptoms.

The Sports & Spinal Women's Health team work closely with local specialists, surgeons and GPs to ensure that treatment is of the highest level and supported by current evidence.

RDMA MEETING 27TH MARCH 2024



Monthly Meeting

Date	Wednesday 27th March
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).

Agenda	7:00pm	Arrival & Registration
	7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Arrotex Pharmaceuticals Pty Ltd Represented by: Gilford Estores
	7:40pm	Speaker: Dr Andy Lee MB, CHB, DRCOG, DCH, MRCGP, FRACGP, Dip in Skin Cancer Surgery Topic: Preventable Deaths - The Role of GP in managing allergy and anaphylaxis Main Meal served (during presentation)
	8:20pm	Q&A
	8:30pm	General Business: <u>Guest Speaker: Prof. John Pearn</u> <u>Topic: Redcliffe - The Foundation of Queensland Medicine</u> Dessert served. Tea & Coffee served

RSVP

By Friday 22nd March

RDMA@qml.com.au or 0466 480 315

AMA QUEENSLAND UPDATE MARCH 2024

It's been another busy month of what's looking to be a busy year for AMA Queensland. As we head to our 130th anniversary as the state's peak medical representative body, we are continuing to deliver strong medical leadership and advocate for the evolving needs of Queensland doctors, patients and communities.

The AMA Queensland Scorecard for the last quarter of 2023 showed 449 media mentions, 92 new members and 12 policy submissions delivered. So far this year, our advocacy has led to long-awaited details about the pharmacy prescribing trial being released and the earlier than scheduled commencement of the meningococcal B strain vaccine.

We will continue to advocate on ongoing issues including payroll tax, the pharmacy ownership laws and Medicare rebates.



Dr Maria Boulton and Dr Brett Dale

HEALTH MINISTER'S VISIT AND MEETING WITH THE PREMIER

February 6 was a big day for AMA Queensland. It began with an early morning meeting of the first Primary Care Queensland Forum for 2024, where Chief Health Officer John Gerrard attended and heard the concerns of AMA Queensland members, particularly around hospital acquired COVID infections.



Health Minister Shannon Fentiman and Dr Maria Boulton

Mid morning, Dr Maria Boulton and AMA Queensland Councillor Dr Fiona Raciti hosted Health Minister Shannon Fentiman at their busy Windsor general practice. The Minister spoke to GPs, the practice manager, nurses and other staff about the parts of general practice that no-one sees.

Late afternoon, Dr Boulton attended the Queensland Health Leaders Forum, where she took the opportunity to have a chat with the Premier and the Treasurer about GP training incentives and workforce issues.

That led to the Premier asking for a formal meeting, which was held on Friday 10 February in the Premier's Office. We discussed our advocacy priorities with a focus on workforce and the Indigenous hospital network.

It was great to have the opportunity to speak personally with our state and federal leaders, continue building on our close relationships and voice our member's concerns.

WOMEN AND GIRLS HEALTH STRATEGY

The Queensland Government's recently released Women and Girls' Health Strategy is a missed opportunity to establish women's health services by investing in nurses and social workers in existing general practices.

AMA Queensland provided preliminary feedback on the draft strategy in July 2023, raising concerns of the strategy's failure to recognise the central role of general practice in the provision of holistic health care for women.



We welcome the State Government's willingness to invest in primary care, but women and girls still need access to medical doctors, and there is not much in this strategy that will improve that access and cut wait lists.

If the \$46m proposed for further nurse-led walk in centres was shared among just 10 per cent of Queensland's existing general practices, it could fund a dedicated women's health nurse in each of those clinics full time for three years or part time for six years.

Funding could also be much better invested in helping general practices have a social worker and on-site to help people navigate and access information, advice and support services, and advocate on their behalf.

Having a regular GP who provides comprehensive care over years keeps people healthy and out of hospital, and we will continue to push for greater recognition and inclusion of general practice and holistic health care for all women and girls.

Read more at <https://www.ama.com.au/qld/news/Women-Girls-Strategy-missed-opportunity>

PHARMACY PRESCRIBING PILOT

The Queensland Government's pharmacy prescribing trial has been the subject of much scrutiny from peak bodies since details were leaked in 2022 and remains a priority for AMA Queensland advocacy as the trial is set to commence.

While Queensland Health had announced the pilot would begin in March 2024, as we entered the month there was no official advice to medical associations or information to share with doctors and the community about what is happening.

The Chief Medical Officer emailed AMA Queensland President Maria Boulton and CEO Brett Dale on 6 March to advise that the meeting to determine the start date for the pilot has been moved from 11 March to 25 March.



AMA Queensland has long been raising concerns about the dangers and health risks of this pilot.

Following our advocacy, Queensland Health released more information including the cost of patient consultations and medications, clarifying that consultations are not covered by Medicare.

It also announced the pilot will be evaluated by Deloitte in partnership with Griffith University. We are continuing to work with Queensland Health on collaborative care models that allow all health professionals to work as teams to safely care for patients.

Read more at <https://www.ama.com.au/qld/news/Community-in-dark-over-pharmacy-prescribing> and <https://www.ama.com.au/qld/news/More-details-released-on-pharmacy-pilot>

DRAFT PHARMACY OWNERSHIP LAWS

The Queensland Government is pushing ahead with anti-competitive ownership laws for pharmacy businesses that will make it harder for new owners to enter the market and lock Aboriginal health services out of owning and running community-controlled pharmacies.



We expressed particular concerns about the bill's potential impact on access to culturally safe pharmacy services in First Nations communities. Despite our pleas for Aboriginal health services to be exempt from the new rules, on Friday 8 March a Queensland parliamentary committee recommended supporting *the Pharmacy Business Ownership Bill* in full.

It suggests that commercially-focused pharmacy business owners know what is best for First Nations communities and entrenches completely outdated and anticompetitive regulations that only protect existing pharmacy owners and drive up the cost of medications. Worse still, it provides a vehicle in the form of a new statutory body by which existing owners can exert direct control over both new entrants to the market and their own competitors.

This bill was negotiated behind closed doors with select stakeholders bound by confidentiality agreements. We remain frustrated by the secrecy around its consultation process and have raised our concerns with the Crime and Corruption Commission.

Read more at <https://www.ama.com.au/qld/news/Pharmacy-laws-hurt-Closing-Gap> and <https://www.ama.com.au/qld/news/Draft-pharmacy-ownership-laws-bad-for-consumers>

PAYROLL TAX

Dr Maria Boulton addressed the Australasian Gynaecological Endoscopy and Surgery (AGES) at its annual scientific meeting on Saturday 2 March 2024, to discuss the current political landscape of women's health in Queensland.

Payroll tax played a large part of this conversation considering the many unknowns for the future financial structures for non-GP private specialists.

AMA Queensland members first raised their concerns about unexpected payroll tax audits following from a change in interpretation of payroll tax as it applies to tenant GPs in late 2021. In response, we began correspondence and meetings with the Queensland Revenue Office and state government, followed by a lengthy media campaign.



Drs Maria Boulton, Gino Pecoraro and Helen Green

These efforts, with great support from our members, saw us achieve an amnesty until June 2025 for GP practices to ensure their arrangements comply with the new interpretation of the law, a guarantee of no backdated audits for eligible GP practices, and a Public Ruling that gives all private specialists certainty about how the law will be applied.

However, we understand many members remain concerned.

This is a state election year, and we will be advocating with both the Government and Opposition against retrospective application and an exemption for all medical practices.

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

NICOTINE POUCHES

We have been approached by several media outlets about the increase in availability of nicotine pouches following the Federal Government's crackdown on nicotine vapes.

While vapes are now prescription-only, new nicotine products continue to infiltrate the market.

Nicotine pouches are the latest trend being marketed to teens online, with similar appealing flavours and colours as vapes and a new dose of health concerns. While they don't contain tobacco, there is not enough research done into the other chemicals in these pouches to begin to understand what other damage they can cause.



We will continue to caution their use, call for government intervention and urge patients to visit their GPs to treat smoking cessation.

Read more at <https://www.ama.com.au/qld/news/Nicotine-pouches-the-next-battle-for-youth-health>

MENINGOCOCCAL B VACCINE

We are pleased to report the rollout of free meningococcal B vaccines to infants and older teenagers has begun a month ahead of schedule.

In addition, stock of the Bexsero vaccine has been available for all Queensland School Immunisation Program providers since early January 2024.

The Queensland Health Immunisation Program, in partnership with the vaccine manufacturer, have secured sufficient stock of Bexsero vaccine to commence the full rollout one month ahead of schedule by the end of March 2024.

We commend the Queensland government for taking action. It has long been an anomaly that vaccines for the A, C, W and Y strains are available free, but the B strain vaccine is not. We continue to urge the Federal Government to add the B strain vaccine to the National Immunisation Program.

Read more at <https://www.ama.com.au/qld/news/menB-vaccine-rollout-update>

EMF FOUNDATION

Dr Kim Hansen, the Chair of AMA Queensland's Ramping Roundtable, battled more than just a feisty Karl Stefanovic when she appeared on the Today Show to talk about new Emergency Medicine Foundation (EMF) research grants.

Midway through the interview, a magpie jumped in front of the backdrop camera for its own closeup, leaving southerners to think giant magpies have taken over Brisbane.

Dr Hansen could see the intruder on the in-studio screen but remained unflappable as her head appeared to morph into a giant bird, continuing to talk up the importance of the \$1.3 million in research grants.



This funding will support research done by paramedics, doctors, nurses, and allied health clinicians that work in EDs to identify ways to reduce ED overcrowding and identify what conditions can be treated elsewhere.

AMA Queensland is proud of Dr Hansen's efforts to address this extremely complex problem and will continue to support the EMF's drive to improve our health system for all health professionals, patients and communities.

Read more at <https://www.ama.com.au/qld/news/Emergency-Medicine-Foundation-grants-announced>

LATEST COVID-19 ADVICE FROM ATAGI

Federal Health Minister Mark Butler says the Australian Government has accepted the latest advice from the Australian Technical Advisory Group on Immunisation (ATAGI) on the National COVID-19



Vaccine Program for 2024.

COVID-19 remains a threat across our community, and we are pleased the vaccine continues to be available free of charge from general practices and pharmacies for eligible groups.

The latest advice acknowledges older and immunocompromised Australians are most at risk, and recommends adults 65 years and over, or

severely immunocompromised adults aged 18-64 receive a booster dose every 6 months.

The COVID-19 booster can be administered at the same time as the annual influenza shot and we encourage all eligible patients due for a booster to get their vaccinations now.

Read more at <https://www.ama.com.au/qld/news/Latest-COVID-vaccine-advice>

AGM AND DINNER FOR THE PROFESSION

AMA Queensland invites friends, colleagues, and professionals to the biggest black-tie gala for doctors this year – our AGM and Dinner for the Profession.

Join us to recognise our members' achievements, celebrate 130 years of medical advocacy and inaugurate our new AMA Queensland President over drinks, a delicious three course meal and a string quartet.

Registrations are now open, and we look forward to seeing you donning your red carpet attire for the dinners Cannes Film Festival theme.

The event will be held at Voco Hotel Brisbane on 24 May 2024.

Register now at <https://www.ama.com.au/qld/events/DFPAGM2024>



AMA QUEENSLAND | **130 YEARS**

AMA QUEENSLAND AGM & DINNER FOR THE PROFESSION

FRIDAY 24 MAY 2024
AGM 6PM | DFP 6.30PM
VOCO HOTEL BRISBANE

REGISTER NOW

SUNSHINE COAST MEMBER NETWORKING EVENT

AMA Queensland and the Sunshine Coast Local Medical Association look forward to welcoming you to our networking event this June.

The new AMA Queensland President will attend to give a policy update and Phil Manser from Wine Direct will be showcasing a premium selection of wines with grazing boards on offer.

Join us on 21 June 2024 to network, make new connections and see old friends and colleagues.

Read more at <https://www.ama.com.au/qld/events/SCnetworking>



AMA LEADERSHIP

Nominations are now open for AMA Queensland leadership positions.

We strongly encourage you to give back to the profession and use your skills and expertise in helping AMA Queensland represent the interests of all members.

AMA Queensland is committed to achieving diversity, equity, and inclusion on its Board and Council and encourages all members to consider these roles.



Nominate now at

<https://www.ama.com.au/qld/news/2024election>

JOIN AMA QUEENSLAND

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

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



Wunya Ngulum

A Conference to Record a Moment in the History of Two Cultures

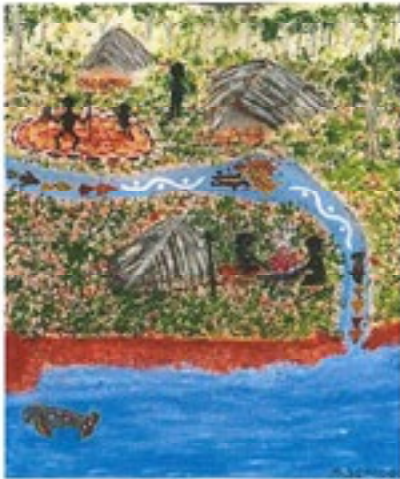
The Moreton Bay Settlement Bicentenary 2024

Venue: The Komo Hotel, Redcliffe

Date: Saturday, 7 September 2024.

Time: 9.00am — 4.30 p.m.

Hosts: The Royal Historical Society of Queensland, History Redcliffe, and Bribie Island Historical Society.



The Moreton Bay Settlement, established on 14 September 1824 as a small penal outpost far from Sydney, was the foundation of the modern State of Queensland. It was imposed on the lands of the Indigenous People who had lived in the northern littoral of a tidal bay called *Moora*. The Settlement was established at Red Cliff Point, the Redcliffe of today. Indigenous Peoples had lived in this fruitful and abundant region for at least 30 millennia — both on islands in the Bay and along its littoral. Throughout the millennia, the region was a place of great cultural significance to the Peoples of the region. The Indigenous way of life was entwined with the land and its produce and with the sea and its bounty.

Kuain Kuain Mooronyenaman, "Red Cliff Living" by Melinda Serico.

The European open-air gaol and tiny military outpost was established against great odds. Under-resourced and under-supplied, the men, women and children of the Settlement — free persons and convicts alike — endured much. Nevertheless this outpost community survived and the story of the seven months of the Moreton Bay Settlement at Red Cliff is an integral part of what, after 1859, became the Colony of Queensland and after 1901, the State of Queensland.



A Bicentenary is a time to reflect on these facts of history; and to view and interpret them through the lens of twenty-first century analysis. All Australians, those who descend from our First Peoples and those who do not, acknowledge the clash of two proud cultures — each ignorant of the history and heritage of the other — but, as Australians today, share the common history of both.

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Introduction

The Moreton Bay Settlement, established on 14 September 1824 as a small penal outpost far from Sydney, was the foundation of the modern State of Queensland. It was imposed on the lands of the Indigenous People who had lived in the northern littoral of a tidal bay called Moora.

The Settlement was established at Red Cliff Point, the Redcliffe of today. During the melting of polar ice at the end of the last Glacial Maximum (29,000-19,000 B.P.), the sea rose and the topography of the present Moreton Bay began to form. The land of the region, as we know it today, was formed some 6000 years ago. Indigenous People had lived in this fruitful and abundant region for at least 30 millennia — both on islands in the Bay and along its littoral. It was the home of the Gubbi Gubbi [Kabi Kabi], the Djindubbarri and the Ningy [Ningi] Peoples, clans or groups of the wider Undambi Peoples. The different groups spoke dialects of Turrbul. Their life was stable. A rich oral tradition has it that life was secure, with food provided by the sophisticated use of fishing nets and coordinated social action; and “fire farming” to flush game and promote grass regrowth.

Throughout the millennia, the region was a place of great cultural significance to the Peoples of the region. The Turrbul word, Karingaibah, means “Place of Kippa Rings”. The culture of the Indigenous Peoples of the Redcliffe Peninsular was sophisticated, with complex Indigenous lore and law. The Indigenous way of life was entwined with the land and its produce and with the sea and its bounty.

The region was noted for its ceremonial meeting places, with regular ceremonies held at ceremonial sites — ceremonies which were both separated (for men’s and women’s ceremonies) and combined with communal events.

The two cultures, Indigenous and European, were incomprehensible to each other. The Europeans were ignorant of the Indigenous concept of regional ownership, and had no concept of Indigenous lore, ceremony or ritual. The Indigenous People had no concept of European life and the social mores of nineteenth-century British subjects. Unlike European law and custom, Indigenous lore and custom was enduring and not subject to change. Communication was challenging, if not impossible — and the language of each was incomprehensible to the other.

In July 1799, Matthew Flinders had sailed the tiny sloop, Norfolk, up a waterway which he named Pumice Stone River; and explored on land for several days, passing through the low-lying swamps of the coastal lands near the sea. On Friday, 26 July 1799, together with two

sailors and his Indigenous guide and (hoped for) translator, Bongaree, he climbed Mount Beerburum. It was his map of the northern waters of Moreton Bay which Oxley, in the Mermaid, was to use 24 years later in 1823; and to use again when he made the decision to establish the European Settlement near Red Cliff Point on 14 September 1824.

The open-air gaol and tiny military outpost were established against great odds. Under-resourced and under-supplied, the men, women and children of the Settlement — free persons and convicts alike — endured much. Nevertheless, this outpost community survived and the story of the seven months of the Moreton Bay Settlement at Red Cliff is an integral part of what, after 1859, became the Colony of Queensland and after 1901, the State of Queensland.

The Moreton Bay Settlement at Red Cliff saw many “firsts” — the first Indigenous death at the hands of the European expeditioners and the first European death when Private Felix (or Phelim) O’Neil died on 15 March 1824. It witnessed the first three European births. The Settlement was the foundation of the military in Queensland; and also where medicine, as we know it today, began in Queensland. Insofar as the Commissariat Storekeeper managed the Commissariat Chest, was also the foundation of accountancy and commerce in what was to become the northern State. It was where agriculture was first attempted, albeit unsuccessfully — but nevertheless was the beginning of what was to become a huge export industry in the centuries ahead.

Unlike the experience of the Indigenous Peoples who had lived in apparent harmony with the land and sea — indeed who had prospered in this, their homeland — this European Settlement was, in many respects, a failure. The supply of fresh water was inadequate for the Settlement. Within weeks of the landing, there was no medicine for the treatment of the convicts, more than half of whom had become ill. Following its second visit in December 1824, the Amity did not return for five months and the supply of goods was inadequate.

The settlement came to exist on ‘salt meat and field pease’. The sandy soil was poor and there was no manure or fertiliser initially to grow vegetables, let alone the planned 100 acres of maize. The heat and humidity were distressing to the Europeans. There was no suitable timber in the neighbourhood for the building of huts and both timber and grass for thatch (as a substitute for shingles) had to be obtained miles away. Because of the extensive inter-tidal sandflats, the site was unsuitable as a port. The Indigenous People of the region not unreasonably resented the intrusion of the European Settlement, and relationships deteriorated to the

point of conflict.

The Settlement was abandoned in May 1825 and by July the personnel and all material goods had been transposed to the northern banks of the Brisbane River. The Kabi Kabi People called the abandoned site, Humpybong. A Bicentenary is a time to reflect on these facts of history; and to view and interpret them through the lens of twenty-first century analysis. In the twenty-first century, historians no longer speak of “discovery” of these lands — as those colleagues of Indigenous identity and descent rightly say that “the land was never lost”. Thus, this Bicentenary has a very different flavour from that of the Centenary events of 1924, and those of the Sesquicentennial commemorations held in 1974.

Historians of perhaps a more enlightened society no longer speak of “Bicentenary Celebrations”, but rather “Bicentenary Commemoration”. In this latter description, all Australians, those who descend from our First Peoples and those who do not, acknowledge the clash of two proud cultures — each ignorant of the history and heritage of the other — but, as Australians today, share the common history of both.

**Emeritus Professor John Pearn
September 2024**

Overpage: The Indigenous motif is by my good friend, Melinda Serico, whose father, Nurdon Serico, served as a radiographer for Queensland Health for 49 years one of the two longest serving members that we know of in Queensland Health and certainly the longest serving Indigenous member of Queensland Health.

Wunya Ngulum

The Moreton Bay Settlement Bicentenary 2024 Conference Papers — both Presented and Read by Title

In the Beginning

- “The First People of Queensland” – includes Welcome.
- “Language Groups – Red Cliff & Bribie Island People (Ngunda; Ningi Ningi; Kabi Kabi; Joondoburri); Waka Waka” – Gaja Kerry Charlton.
- “The Legacy of Bongaree” —Sharlene Leroy-Dyer.
- “A Ramble in Time” — Michael Strong.
- “Environmental Resources — First Nations’ Campsites and Place Names in the Redcliffe Area” —Ray Kerkhove and Melinda Serico.
- “The First Bigge Report” — John Pearn and Ruth Kerr.
- “Newcastle — the Bigge model for Moreton Bay —Tamsin O’Connor.

Preparation and Planning

- “John Oxley — The Focus of the Settlement” — Denver Beanland.
- “Pamphlett, Parsons and Finnegan” (Chris Pearce)
- “The Military of New South Wales (1788-1824)” — Cliff Pollard.
- “The 40th Regiment of Foot” — Jeffrey Hopkins-Wise.
- “The *Amity*” — John Pearn.
- “Marine Surveys of Moreton Bay, 1820-1824” — Donna Holmes.

The Moreton Bay Settlement

- “Lieutenant Henry Miller” — John Pearn.
- “Walter Scott – the Foundation of Queensland Medicine” — John Pearn.
- “Hoddle and the Marine Survey” — Matthew Rowe.
- “Peopling the Periphery” [convicts, soldiers, wives and children] — Jennifer Harrison.
- “The McCauley Family — A Soldier of the Settlement” — Roger Ford.
- “Cunningham’s Flora of the Settlement” — Gary Bacon.

Aftermath

- “Moving Upstream” [Decision to Transfer the Settlement] — Jennifer Harrison.
- “The Use of the Land — after Settlement Abandonment” — Ruth Kerr.
- “The Second Bigge Report — the Courts and Sir Francis Forbes” —Stephen Sheaffe.
- “Early Colonial Culture in Moreton Bay”— Heather Clarke.

Legacy of the Settlement

- The Redcliffe Centenary Commemoration – 1924.
- “Preserving and Promoting Redcliffe Material Heritage” — Duane Hart.
- “The Redcliffe Railway” — Greg Hallam and Ruth Kerr.
- “*Historia in argentum*” — Rae Frawley.
- Enduring Legacy — The Numismatics of the Bicentenary.
- Enduring Legacy — A Philatelic Commemoration — Craig Chapple, Mervyn Cobcroft, John Pearn.

**Kuain Kuain Mooronyenaman
“Red Cliff Living” A painting by**

Melinda Serico This tableau portrays and symbolises the lives of the People of the First Nations of the northern regions of the Moreton Bay region. This region was known for millennia as kau-in-kau-in.

The enduring sea, dingira, was a principal source of bindja (food) both for the traditional People of this area, as well as for the Europeans who arrived later, in September 1824. Dingira was the home of yuangan (the du-gong), a Dreaming ancestor of the First People of this place.

The red cliffs, kuain kuain, were long recorded in oral history as a source of red ochre, an important adornment for ceremonial purposes. By coincidence, this tradition saw a parallel in unrelated form, in the ceremonial scarlet uniforms of the soldiers who lived in this place for seven months from September 1824.

A freshwater creek, called “ngumpin”, flowed into dingira. This was of great significance both to the traditional People of (what became to be called) the Redcliffe Peninsula, and to the European Settlement. Lieutenant John Oxley, the Officer- in- Charge of the Expedition which founded the European Settlement, established the site because of the fresh water supply in that creek. Ngumpin abounded in ngandaiga (mullet) and mibir (turtles). The artist has also incorporated the Gubbi Gubbi wavy symbol of flowing water in the course of ngumpin.

Featured also are ganya (humpies), which for millennia had sheltered the First Nations’ families who had lived in harmony with the land

and sea of this region. Featured also is one of the main djoor (bora rings) of the Redcliffe Peninsula. The larger bora rings were and remain significant sites for ceremony, dancing, counsel and decision-making. The smaller djoor, usually hidden, were the site of very special ceremonies, with such as initiations.

After the Moreton Bay Settlement was abandoned by Europeans in May 1825, the local Indigenous people referred to the site as “abandoned huts”. The English transliteration of the Indigenous words were “Oompie- Bong”, in turn transliterated to “Humpy Bong”, by which name, “Humpybong”, the Creek and region are known today.

**Kuain Kuain Mooronyenaman
“Red Cliff Living” by Melinda Serico.**



Do We Understand Self-Regulation? By Dr Mal Mohanlal

In the Australian Doctor of 7 March 2024 online, the following article appeared with these headlines: “Is the AMA facing civil war? States respond to membership fee fight

- AMA WA was expelled from the federal family last week for not handing over \$1 million in membership fees.”

Here is the summary by ChatGPT:

“The Australian Medical Association (AMA) in Western Australia (WA) was expelled from the national organization for not paying approximately \$1 million in membership fees to the federal AMA. This expulsion led to the loss of federal representation for WA doctors. AMA WA argued that the amount demanded was unfair and disproportionate to the number of doctors in WA, claiming support from other states in what they described as an “alliance.” However, some state-based organisations, like AMA Victoria, distanced themselves from the conflict. AMA Queensland expressed support for reform within the organization to ensure representation for all members. AMA South Australia emphasised the need for constructive discussions between state and federal branches regarding membership fee allocation, acknowledging financial pressures faced by membership-based organisations. The situation prompted calls for mediation to resolve the dispute promptly. The federal AMA expressed commitment to working with state branches to address key issues and find a resolution by the end of the year through a series of reform meetings.”

My comments below on this article, which was published, should make the AMA take a serious look at the role of the AMA and the Royal Colleges. They should work toward scrapping the CPD. Yet, there is no evidence of anything like that happening. So, what is the reason for their existence?

“The AMA state branches have every right to question their share of the money given to the Federal AMA. But are the AMA and the Royal Colleges redundant? Are they protecting the profession? In the recent CPD disapproval by the doctors, what positive steps have the AMA and the Royal Colleges taken to address the issue? I believe one should not cooperate with people who try to make one's life miserable.

Secondly, do the AMA and the Royal Colleges understand the meaning of self-regulation? Self-regulation means we regulate ourselves. With the CPD, it is clear the government is regulating us. So what is this bs called self-regulation? Are we living a lie? Did we voluntarily put our heads in the noose because we did not understand the meaning of self-regulation?

Unless we clear up our distorted perceptions, we are guaranteed a lifetime of slavery. To live in contradiction is to live in stupidity, and to live in stupidity means one deserves what one gets.”

Here are Dr Geoffery Hawson's comments on an article titled: RACGP calls on medical board to review impact of CPD changes on the specialty- 22/02/2024

“I am the Senior Doctor representative on AMAQ Council and the President of the Australian Senior Active Doctors Association Inc. (ASADA asada.asn.au). Every time I speak to senior doctors no matter what discipline they are in, the majority say that they find the CPD requirements (especially the review of outcomes & audits) extremely difficult unless you work in a public hospital setting. These doctors are leaving in “droves” or signalling their intention to in the next 18 months to 2 years. The Colleges and the AMA need to start helping their members to fight back against this issue which affects all doctors. An interesting audit would be to compare the numbers of doctors as a percentage of those in Australia who are retiring year on year over the past 10 years. This might show if our “gut feeling” is correct or not. It takes many years to replace the wisdom and knowledge of a senior doctor from graduation day from medical school!”

And here was my Reply to Dr Hawson:

“Geoffrey, do you know the medical profession suffers from a disorder of perception? I regard it as a mental illness. It is time they revisited this concept of self-regulation and clarified this situation. By accepting this concept, we voluntarily accepted the idea of putting the noose around our necks. Self-regulation means we regulate ourselves. At present, the government is regulating us. So what kind of bs are we propagating? Don't you think it is time for the AMA and the Royal Colleges to clear up this perception? Clearly, if we cannot regulate ourselves, it is not self-regulation. Our perception, indeed, is crooked. If your perceptions are crooked, your thinking will be crooked.”

Plug-In Hybrid Electric Vehicle Changes From 1 April 2025

From 1 July 2022, employers received an FBT exemption on eligible electric cars and associated running costs which has potentially saved thousands of dollars in income tax making EVs attractive business vehicles.

Previously, this FBT exemption applied to all electric cars that satisfied certain criteria, however, from 1 April 2025 this criteria will be amended to exclude plug-in hybrid vehicles as these types of vehicles will generally cease to be treated as a 'zero or low emissions vehicle'. This exclusion will apply unless the vehicle was provided under a binding financial commitment that was entered into prior to this date (e.g. a novated lease agreement).

From 1 April 2025, an FBT exemption for electric vehicles will apply if all of the following requirements are satisfied:

1. The car is a 'zero-emissions vehicle'. *A zero-emissions vehicle is a battery electric vehicle or a hydrogen fuel cell electric vehicle*
2. The first time the car was held and used was on or after 1 July 2022. *The exemption also applies to second-hand qualifying electric vehicles, but only where the original owner held and used the car on or after 1 July 2022*
3. The car benefit was provided on or after 1 July 2022
4. The car is provided in respect of the employment of a current employee
5. No amount of luxury car tax was payable on the supply or importation of the car before the benefit was provided. *In most cases this meant that the first retail sale of the car was below the applicable luxury car tax threshold for fuel-efficient cars (\$89,332 for cars purchased from 1 July 2023 and \$84,916 for cars purchased between 1 July 2022 and 30 June 2023).*

Any employers needing advice or assistance in relation to these changes can get in touch with one of our experience accountants at poole@poolegroup.com.au



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AMA QUEENSLAND AGM & DINNER FOR THE PROFESSION

FRIDAY 24 MAY 2024
AGM 6PM | DFP 6.30PM
VOCO HOTEL BRISBANE

We invite you to the biggest black-tie gala for doctors this year – the AMA Queensland *Dinner for the Profession*.

Make sure you are red carpet-ready for this year's *Cannes Film Festival*-themed night as we recognise our members' achievements, celebrate 130 years of medical advocacy and inaugurate our new AMA Queensland President.

After the paparazzo have caught your best angle, enjoy mingling with pre-dinner drinks followed by a delicious three-course meal in the Chelsea Ballroom, as string quartet Angel Strings play your favourite

movie soundtracks. Celebrity doctor, mentalist and sought-after media commentator, the hilarious Dr Vyom Sharma will be your MC for the evening.

Celebrate with close friends and colleagues at your own table of 10 or expand your network as you mingle and connect with new colleagues.

Tickets are limited so we encourage you to register now to avoid disappointment.

RSVP by Wednesday 15 May 10am

Better Pay and Conditions needed to Secure Future of General Practice

The Australian Medical Association today released its pre-budget submission for general practice, with costed solutions aimed at encouraging more doctors to enter general practice training and pursue a long-term career as a GP.

AMA President Professor Steve Robson said the AMA's pre-budget submission, released ahead of a meeting of medical leaders in Canberra today, comes at a time when timely access to general practice is becoming a problem for more and more patients.

"General practice is the cornerstone of health care delivery in Australia yet it's under significant pressure as patients present with increasingly complex health conditions," Professor Robson said.

"GPs are the highest-trained general healthcare professional, and patients really value the care they provide. But we have not been training enough GPs for several years, with the Australian General Practice Training Program consistently failing to meet intake targets.

"If Australia is to continue to deliver high class general practice care and excellent patient outcomes, we need to improve access to general practice by encouraging more doctors to become general practitioners."

Professor Robson said many medical trainees are looking outside of a career in general practice, especially as public hospitals offer much better pay and conditions in comparison to general practice.

"A trainee entering general practice training will generally take an immediate pay cut and face the prospect of inferior conditions in relation to sick leave, carers leave, study leave, annual leave, long service leave and parental leave," Professor Robson said.

"It's understandable that trainees will see the disparity in pay and conditions and not

choose general practice."

The AMA is calling on the government to ensure GP trainees are offered equitable employment conditions in comparison to their hospital counterparts.

"Equal pay and equal conditions will not only recognise the importance of general practice in our health system, but also encourage more doctors to enter GP training," Professor Robson said.

"We are seeing this approach trialled at small scale in a number of places, but this is not enough to turn current workforce shortages around. If we are going to be serious about the future of general practice, we need to make general practice a more attractive career for all medical trainees.

"The upcoming budget is an opportunity for the federal government to commit to funding equitable conditions for all GP trainees. While there will be an upfront cost, patient access to care will be significantly improved over time and we know that this will help keep patients healthier and out of hospital and save health dollars in the long term."

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18th March 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 Connor (Royal Australian Air Force), Caribou Pilot

Robert Connor flew transport aircraft in Vietnam. It was an important and varied role transporting everything from ammunition to livestock.

When Robert Connor flew into Tan Son Nhut Airport in Saigon in 1969, it was the busiest airport in the world.

“There were hundreds of aircraft in revetments, on the ground. Everything from piston engine A1s all the way through to American Martin Canberras, tactical fighters, transports, the whole lot.

It was just a mass of aircraft everywhere you looked. There was probably three Australian Air Forces on the tarmac at Tan Son Nhut.

That’s how big it was.” Robert was serving with No. 35 Squadron, Royal Australian Air Force, flying Caribous.

“It’s essentially transport yeah, which does all the military transport roles. People, ammunition, fuel, supply dropping, para-trooping; and we used to use it also as a medevac and rescue aircraft as well.

And because we were a trash hauling type unit, carrying everything that you could tie down, it became known as Wallaby Airlines and we kept that call sign all the way through.

We all loved flying, and it was a case of just getting in the aeroplane and doing what you wanted to do. It was the Australian way of doing things; we worked as a team, there was no rank on the aeroplane. There was respect, but there was no rank.

And the respect went two ways: you respected your troops, you respected your loadmaster and your crew down the back and they respected what you did. They mightn’t be happy with it all the time, but they respected it. The average pilot would drag in around about twelve hundred hours



Robert Connor (Royal Australian Air Force), Caribou Pilot

and anywhere from two thousand to two and a half thousand operational sorties.”

Wallaby Airlines even carried livestock for the South Vietnamese Army, though that produced unique problems.

“One of the interesting things was carrying pigs. They used to put them in wicker baskets and to keep the stink down we’d crack the windows in the cockpit and open the rear ramp door, just a little bit. And sometimes these pigs would get out of their wicker baskets and they’d see the daylight and go racing out the ramp “” you suddenly had a skydiving pig.”

Like many, Robert’s homecoming was an anticlimax. “We landed in Sydney, loaded up with gear, walked out a quick walk through Customs.

The movements guys met us and said, ‘There’s a taxi waiting for you outside.’ That was about two in the morning. We walked outside, hopped in the taxi, the taxi took us home and I knocked on the front door. That was it.

Stories continued next month

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