



RDMA's Newsletter

Newsletter November 2023

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1962 - 1975

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RDMA's President Report Dr Kimberley Bondeson

It is beautiful weather again on the Redcliffe Peninsular, with warm and sometimes windy days and the occasional rain shower. Other parts of Queensland and Australia are not so lucky, they are struggling with bush fires, which is an ongoing problem.

The festive season is getting closer, and I wish everyone seasons greetings. If we are lucky, we will have beautiful hot sunny days as well.

At our recent AGM, I would like to congratulate Dr Geoffrey Hawson, who is now Vice-President, and Dr Alka Kothari, who is Secretary for putting their hands up to be part of the team. I would also like to thank Dr Peter Stephenson for the last 10 years he has given RDMA as Treasurer.

Peter is planning on more holidays and travelling next year, so felt that he would not be able to put in the time to RDMA as he has in the past. He will be greatly missed, but we will continue to enjoy his company and presence at our regular meetings when he is in town.

Dr Wayne Herdy is currently in New Zealand and was unable to attend the AGM but we hope that he will continue to contribute and be involved, as he is able, with his current work commitments on the Sunshine Coast, as a Committee Member.

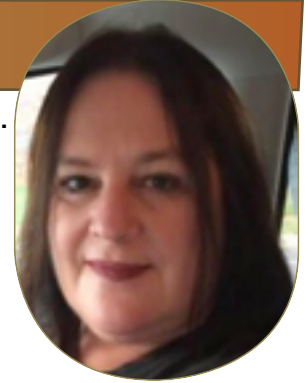
He was also able to take a well deserved holiday for the first time in many years, and we look forward to hearing from him

about it (with his slides!).

In the Medical world, we are faced with the same issues that have been ongoing – Payroll Tax is still looming over the profession, with the Queensland amnesty date passing (it was on the 10th November, 2023). There has not been any further information from the State Revenue Office as to how many GP practices registered for the amnesty, and when information about this becomes available, I will let you all know.

The Pharmacy Guild is still pushing the boundaries with Pharmacy Prescribing – if any doctors have become aware of any adverse events caused by this, please let me know.

Urgent Care Clinics – “A Medicare Urgent Care Clinic contract worth \$7.1 million has gone to five nurse-led walk-in center with no plans to recruit any GPs” (AusDoc, 3rd November, 2023). The article goes on - “Minister for Health and Aged Care Mark Butler has confirmed the Federal Government has chosen them as part of it s \$135 million plan to establish 58 urgent care clinics *Continued Page 4*



Note: Free RDMA Membership For Doctors in Training

RDMA Meeting Dates Page 2.



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

RDMA 2023 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

| | | |
|---|-----------|------|
| Tuesday | February | 21st |
| Wednesday | March | 29th |
| Wednesday | April | 26th |
| Tuesday | May | 30th |
| Wednesday | June | 28th |
| Tuesday | July | 25th |
| Wednesday | August | 30th |
| Tuesday | September | 26th |
| ANNUAL GENERAL MEETING AGM | | |
| Wednesday | October | 25th |
| NETWORKING MEETING Post Office Hotel, 1 Bowser Pde Sandgate | | |
|  Friday | November | 17 |

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

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Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

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- ▶ 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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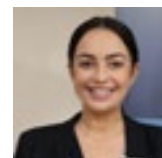
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RDMA NETWORKING PARTY 17TH NOVEMBER 2023

PLEASE JOIN THE REDCLIFFE DISTRICT MEDICAL
ASSOCIATION FOR AN

END OF YEAR NETWORKING PARTY

**On Friday 17th November
@ 7pm
Sandgate Post Office Hotel
Telegraph Room
1 Bowser Parade, Sandgate**

Dress: Smart Casual
*Cost: Members \$50, their partners \$80. Doctors in
training/retired doctors \$25, their partners \$50.*

*RSVP by 13th November to RDMA@qml.com.au or
0466 480 315*



RDMA's President Report Dr Kimberley Bondeson

Continued from Page 1

across Australia". "The ACT Government-funded clinics, staffed by nurses and nurse practitioners, treat around 300 Canberrans a day for minor ailments like gastroenteritis, respiratory infections and simple fractures".

The article in AusDoc continues... "GP's already do a huge amount of urgent care work" "We have clinics that are co-located with radiology and pathology. We have the infrastructure and skills, but we don't have the funding." AusDoc, 3rd November, 2023. It would appear from this article, that there was no open tender process for this government funding, so GP practices were unable to apply.

My own experience from one of my patients who attended one of these clinics, was that he was seen by a physiotherapist, who organized an x-ray for his painful shoulder. There was no fracture according to my patient. I was not surprised, as clinically he did not have a fracture. What he had was bursitis related to a significant tendon tear and an associated developing frozen shoulder, as well as fraying of his rotator cuff. I was unable to get hold of any report of the x-ray that was done, or any notes relating to the consultation.

I look forward to seeing everyone at the End of Year Networking Function, to be held at The Post Office Hotel in Sandgate, on Friday 17th November. Lets celebrate and enjoy the end of the year, and enjoy our colleagues, friends and family!!!

Kimberley Bondeson

RDMA MEETING 25TH OCTOBER 2023

AGM Executive Team Election

RDMA President

- Re-elected Kimberley Bondeson

RDMA Vice President

- Dr Geoffrey Hawson

RDMA Secretary

- Re-elected Dr Alka Kothari

RDMA Treasurer

- Vacant

RDMA Committee Member

- Vacant

Introductions:

Kimberley Bondeson RDMA President introduced our Sponsor Amgen's representative

- Ms Judy Tucker for Specialists and

- Holly Hawkins for General Practitioners.

Speaker Dr Niranjn Gaikwad, Cardiologist,

Topic

Lipid Management in Primary Health Care

Sponsor

Amgen

Below Clockwise:

Photo 1

Judy Tucker Amgen Representative - Specialist Cardiologists

Photo 2

Holly Hawkins Amgen Representative - General Practitioners with Zak Ryan, Lumus Imaging

Photo 3

Speaker Dr Niranjn Gaikhad & Dr Geoffrey Hawson

Photo 4

Members Jai Raj, Geoffrey Talbot, Maxim Wilson, Richard Buzzicott



RDMA VICE PRESIDENT'S REPORT

DR GEOFFREY HAWSON

AMAQ BOARD DIRECTOR WITH THE BOARD FAREWELLING DR PETER ISDALE.



Dr Geoffrey Hawson recently attended the AMAQ Board Farewell for Dr Peter Isdale who was the AM Skilled Director.

Dr Isdale has spent a lifetime helping bring science discoveries into platforms for others on which to build. He has worked with organisations to solve strategic and organisational dilemmas.

Author/co-author of more than 50 papers in the literature of marine science, he has also been involved in the genesis, governance and management of a dozen companies, large and small, successful and

vanished, and served as the Chair or NED on more than 30 boards, and reached senior executive level in an ASX150 corporation.

Peter's legacy is "Good governance and well-conceived strategy which are the cornerstones of excellence in member-focused organisations. Peter intended that his contribution to the AMA Queensland members' benefit was showing support for the Board and management in applying effective, well-tried principles and contemporary good practice in wise governance during his tenure."

Photo Back Row Left to right:

Dr Erica Gannon (Emergency physician), Dr Maria Boulton AMAQ president (GP), Dr Nick Yim, AMAQ Vice President (GP), Craig Allen Skills based Director, Dr Sarah Coll (partially hidden) (Orthopaedic Surgeon), Geoff Hawson Clinical Haematologist (VP of RDMA)

Next Row front: Dr Elenor Chew OAM (GP) and Chair of Council

Front Row Sitting: Dr Peter Isdale, PhD Hon DSc FQA MAICD, Retiring Skills Based Director and Chair of Governance Committee,





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- ✔ Orthoses have been shown to alter movement and the forces acting on the lower limb during walking and running
- ✔ A rehabilitation goal can be more easily achieved with Orthoses when used in conjunction with strength, conditioning, load modification, and footwear management



MEDIA RELEASE

Wednesday, 1 November 2023

Bulk billing incentives will provide crucial support for GPs and patients

The Australian Medical Association welcomes significant increases to Medicare bulk billing incentives coming into effect today, providing much needed cost-of-living relief for millions of Australians.

AMA President Professor Steve Robson said the decision to triple the bulk billing incentive for most standard GP consultations, announced in the May budget, was evidence of the government's real commitment to providing more support for patients who need to see a GP.

"The AMA campaigned strongly for this extra funding, and we are pleased the federal government is taking a positive step towards investing in general practice to improve access to care," Professor Robson said.

"This significant investment, equalling \$3.5 billion over five years, is the starting point for improving the sustainability of general practice in Australia and was part of a significant package of measures in the federal budget designed to reform and support general practice.

"But we know more work can be done. We will continue working with the government on developing new programs and initiatives that strengthen primary care and ensure GP-led care is affordable and accessible for all patients."

From today, GPs will receive triple the incentive to bulk bill vulnerable patients for most standard GP consultations. In metro areas, the incentive for a standard consultation will rise from \$6.85 to \$20.65 and in very remote areas it will rise from \$13.15 to \$39.65.

It will deliver an additional estimated \$3.5 billion over five years to support affordable access to GP care for a range of patients, including some of the most vulnerable.

Bulk billing incentives are available for concession card holders and children under 16.

AMA Vice President Dr Danielle McMullen said increasing the bulk billing incentives would provide vital funding support for general practice after years of neglect from successive governments.

"Tripling the bulk billing incentives is a good place to begin restoring affordable access to primary care, as it will provide targeted cost-of-living relief for patients who need it most," Dr McMullen said.

"While GPs remain free to determine their own fees, these changes will go some way to addressing the growing social inequities as Australia's GP bulk billing rates continue to decline."

Dr McMullen encouraged all practices to ensure their software systems are up to date as the AMA works with the Health Department to ensure a smooth rollout of the increased incentives.

Chitwan National Park, Nepal

By
Cheryl Ryan



Home to eight out of ten of the world's tallest mountains and a melting pot of various cultures and languages existing in harmony, Nepal is one of those countries where traditions and age old customs still hold firm. What's more interesting is the beautiful Chitwan National Park, located in Western Nepal, famous for its natural beauty and animal safaris.

Over the mountains and plains you go!

Located a short 20 minute flight away from Chitwan, Pokhara is one of the largest cities in Nepal and one of the famous paragliding destinations in the world. It doesn't matter if you're a novice at the game Or an expert paraglider, there's options for everyone here. This sky ride offers some of the most beautiful views of lakes and hills and picturesque settings of villages and plains.

Walk or ride around the park

When in the heart of nature, walk. Walking is not only beneficial for one's health, but also nourishment for the soul. What better place to walk around and explore the surroundings than in a beautiful forest? Better yet, you have a guide along who will ensure you stay on the right path as you freely take in the fresh air and the sights of the beautiful park.

Canoeing through the Rapti river

Another relaxing option for the laid back is

to drift down the beautiful Rapti river in a traditional 'dug out' canoe. Don't forget to keep your eyes peeled out for any of the exotic birds and animals that may curiously peek at you through the forests.

What we have planned for you

- Trekking through the forests in the wee hours of the morning, to beat the heat and rejuvenate in the arms of nature.
- Have your breakfast at 'Friend's Café' where, if you're lucky, you may get to meet an elephant.
- Take a jeep safari through the Chitwan park and observe the animals in their natural habitat.
- Take a canoe ride through the river.

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MEDIA RELEASE

Saturday, 11 November 2023

Millions of dollars to be saved with reform to delivery of out-of-hospital care

Millions of dollars can be saved, and tens of thousands of hospital beds freed up, if more out-of-hospital care is delivered in Australia's private health system.

A report released today by the Australian Medical Association says Australia's private health system is behind other countries in delivering out-of-hospital care, and a new national approach is needed to drive an efficient, less fragmented system that delivers benefits to patients.

AMA President Professor Steve Robson said there are many procedures where clinically suitable patients should be able to access out-of-hospital care, such as rehabilitation following hip and knee replacements — some of the most common procedures performed, and a significant cost to the healthcare system.

The AMA's report: [Out-of-hospital care models in the private system](#) found there has been a 174 per cent increase in knee and hip procedures in the private system since 2003.

"The cost difference between rehabilitation at home and hospital per patient is around \$6,200. Looking at knee replacements alone, our report found expanding access to out-of-hospital rehabilitation to patients who would prefer this and were assessed as clinically appropriate by their surgeon, could save up to \$62.7 million and free up to 94,000 beds per annum," Professor Robson said.

"That's a lot of extra beds for a health system in crisis — a system that's struggling with ballooning elective planned surgery waiting lists."

"These are conservative estimates of potential savings, as research shows that out-of-hospital care can also be beneficial for patients recovering from other surgeries, strokes, or even patients who require mental health treatment or palliative care.

"For some patients, out-of-hospital care can deliver the same outcomes as in-hospital care, while also providing patients with other benefits such as the ability to recover in the comfort of home.

The AMA is calling for the sector to design models of out-of-hospital care that are patient-centred and clinician-led.

"At the moment, many out-of-hospital care models in the private system are insurer-led and delivered — often referred to as vertical control. This is an equity issue for patients, as not all insurers fund or provide these models of care and there are no safeguards in place to protect patients," Professor Robson said.

"This current insurer-led approach has also created a situation that puts patient choice and clinical autonomy at risk, with some insurers only providing out-of-hospital care with select providers and not necessarily involving the patient's doctor.

"This situation can, in part, be attributed to a lack of independent oversight and coordinated reform across the private health sector. We need nationally consistent guidelines for out-of-hospital programs to ensure private health policies remain easily comparable.

"This is why we are calling for a Private Health System Authority to lead reform, including the development of these guidelines."

[Read the report](#)

MEDIA RELEASE

The AI revolution must not leave anyone behind

Artificial intelligence (AI) can be a “game changer” for Australia’s healthcare sector, but proper regulation is needed to ensure it doesn’t worsen health inequities across the system.

In a keynote address to the AI in Health Readiness Forum today, AMA President Professor Steve Robson will acknowledge the vast potential of AI to help improve diagnostic and decision support tools and free up more time for face-to-face interactions with patients by simplifying the paperwork and administrative burdens on doctors.

“AI has the potential to deliver dazzling innovation in healthcare in Australia and globally. AI has the potential to be transformative — that game changer we talk about,” Professor Robson will tell the forum.

But he will warn AI could exacerbate the inequities in Australia’s healthcare system without proper regulation and will call for measures to ensure all Australians have equal access to future AI diagnostic technology and treatment options.

“Equity of access to diagnostic services that are AI powered must be accompanied by equity of access to adequate treatment for conditions diagnosed,” Professor Robson will say.

During his address, Professor Robson will also call for regulation that addresses issues relating to patient safety, privacy and professional autonomy.

“The question of AI ethics in medicine must be resolved before any widespread application — and any AI ethics frameworks must not be voluntary, but mandated to all those developing or implementing AI,” he will tell the forum.

“We argue that in the absence of regulation, compensation for patients who have been misdiagnosed or mistreated will be impossible to achieve.”

Professor Robson will reject claims regulation will stifle innovation, instead arguing good regulation gives clarity for creators, developers and businesses.

Professor Robson will also emphasise that AI won’t have the potential to undermine the role of doctors.

“I say this because when people are afraid, when they’re ill, when they’re worried about the future, they crave human connection,” he will say.

“I hope that AI is employed to do the tasks that eat into time I could be spending with patients and talking to them.”

The AMA’s first [Position Statement on the use of AI in healthcare](#) was released in August and outlines a set of ethical and regulatory principles based on safety and equity, which should be applied to the application of AI technologies in healthcare.

The New Ruling on Payroll Tax for Medical Centres

Public Ruling Payroll Tax Act

Medical professionals in Queensland consider the new Public Ruling PTAQ000.6.2 Payroll Tax Act: Relevant Contracts – Medical Centres, issued by the State Government on 19

September 2023, a positive and sensible move. Under the new public ruling, practitioners who work independently will be exempt from payroll tax if specific criteria are met.

The liability for payroll tax arises under the ‘relevant contracts’ provisions of the Payroll Tax Act 1971 (QLD), referred to as ‘the Act’, due to the operation of the deeming provisions that apply to independent contractors and employment agents. Where a contract is a relevant contract, the medical centre is deemed an employer; the independent contractor is deemed an employee, and the payments made under the contract for the work performed are deemed wages unless an exemption applies.

What is a Relevant Contract?

A contract between an entity that conducts a medical centre and a practitioner is a relevant contractor under s.13B of the Act if all of the following apply:

- a) The practitioner carries on a business or practice of providing medical-related services to patients
- b) In the course of conducting its business, the medical centre
 - i. Provides members of the public with access to medical-related services
 - ii. Engages a practitioner to supply services to the medical centre by serving patients on its behalf
- c) An exemption under s.13B(2) of the Act does not apply

However, each contract must be considered individually on a case-by-case basis to determine whether there is a relevant contract. If the contract provides, either expressly or by implication, that a practitioner is engaged to supply work-related services to the medical centre by serving patients for or on behalf of the medical centre, the contract is a relevant contract under s.13B(1) of the Act. Medical centres include dental clinics, medical specialists, physiotherapy practices, radiology centres, and other similar healthcare providers.

Exemptions from relevant contract provisions

If an exemption applies under s.13B(2) of the Act, no payroll tax liability arises under the relevant contract provisions.

Under s.13B(2) of the Act, the three exemptions more likely to apply to a contract between a medical centre and a practitioner are:

- a) The practitioner provides services to the public generally – s.13B(2)(b)(iv) of the Act
- b) The practitioner performs work for no more than 90 days in a financial year – s.13B(2)(b)(iii) of the Act
- c) Services are performed by two or more persons – s.13B(2)(c)(i) of the Act

When claiming an exemption, a medical centre must be able to substantiate the exemption with sufficient evidence.

Please note that a tenancy contract is not a relevant contract if the practitioner does not supply work-related services to patients on behalf of the landlord. Under a tenancy contract, a landlord (who may be a sub-lessor) by lease or license provides a practitioner with a suite or space where the practitioner conducts their independent medical practice.

The Existence of a Relevant Contract

Where a relevant contract exists, payroll tax registration is required within seven days after the end of the month in which an ‘employer’ (or where they become a member of a group that together) pays more than \$25,000 in a week of Australian taxable wages. The definition of taxable wages is broad but essentially includes wages that are paid or payable in kind, including a fringe benefit paid by an employer or deemed employer.

Medical practices with relevant contracts must pay payroll tax on an ongoing basis; they may also have to pay retrospective payroll tax, which could amount to significant sums of money when aggregated.

Service Agreement

The service agreement between the medical centre and the practitioner may state that the medical centre only provides administrative services to the practitioner. A relevant contract may still exist where the medical centre can exercise operational or administrative control over the practitioner to influence who can practice at the centre when they can practice, and the space within the centre where it occurs. Even though the parties may characterise their relationship in the agreement to provide administrative services, the actual conduct must be consistent with the written terms of the agreement. Generally, the higher the level of control the service entity has over the medical practitioners, the more likely a relevant contract will exist.

The Importance of the Arrangement

In *Thomas and Naaz Pty Ltd v Chief Commissioner of State Revenue [2021] NSWCATAD 259*, referred to as “Thomas and Naaz”, received Medicare benefits on behalf of the doctors. Thomas and Naaz retained 30% of the amount and paid the remaining 70% to the doctors. These doctor payments were deemed wages under s.13E of the Act, even though the doctors were beneficially entitled to that money. This case highlights the requirement for the practitioner to accept the assignment of the Medicare Benefit in full payment for the service they provided into their bank account and then make subsequent payments to the medical practice for the services received. Essentially, the entities involved, the structure of the agreement and the flow of funds will need to be considered.

The New Public Ruling

Under normal business arrangements, Medicare benefits assigned and the payment of out-of-pocket patient fees paid directly to practitioners will not constitute a wage under s.13E or s.51 of the Act. Essentially, a patient must enter into an agreement to assign the right of payment of the Medicare benefit to the practitioner, and the practitioner must accept the assignment in full payment for the service. Under a relevant contract between a medical centre and practitioner, where a patient assigns their right to the Medicare benefit and any additional out-of-pocket fees paid directly to the practitioner, the payment is not taken to be wages as a ‘third-party’ payment under s.51 of the Act. These payments are not considered wages under s.13E of the Act because they are not paid or payable by the deemed employer (the medical centre) to the practitioner under the relevant contract. In addition, the out-of-pocket fees are not wages, as the patient is paying for medical services and not for the practitioner's services as an employee.

Payroll Tax Amnesty

The Queensland Government has provided an amnesty on payments made to contracted general practitioners until 30 June 2025. Applying for amnesty does not create an automatic liability for payroll tax but will provide time for investigation and compliance if required. Where it is determined that payroll tax is not payable, it is possible to opt out of the amnesty, and no further action is required. If an expression of interest is not submitted by 10 November 2023, and it is later found that a liability for payroll tax exists on contracted general practitioner payments, the total amount of payroll tax, interest and penalties will be applicable.

As the payroll tax amnesty only applies to general practitioners, this has caused some anxiety among other medical practitioners, including allied health practitioners, dentists and medical specialists who do not fall under the amnesty.

Consideration of the Particular Circumstances

Attention should be given to the written agreement, the service model in place and the current flow of services. Medical practitioners must consider and obtain advice on how the payroll tax legislation applies to their particular circumstances. Other considerations include whether or not to express an interest in the payroll tax amnesty.

If you require any advice or assistance with your tax affairs, please contact our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au

MEDIA RELEASE

Legal cannabis too risky a proposition to entertain

A proposed bill to legalise cannabis for recreational use must be shelved to avoid more people using the drug and suffering health conditions as a result.

In a submission to the Senate Legal and Constitutional Affairs Committee examining the Bill, the Australian Medical Association says there are many short-term and long-term risks posed by recreational cannabis.

AMA President Professor Steve Robson said cannabis use can have a range of negative health impacts and any increase in use could also lead to ill-health for more Australians and impacts on Australia's health system.

"Legalising cannabis for recreational purposes sends the wrong signal to the public, and especially to young Australians, that cannabis use is not harmful," Professor Robson said.

"We know from a recent systematic review that there was an increase in acute cannabis poisoning post-legalisation in the US, Canada, and Thailand.

"We also know there are already many Australians suffering detrimental health outcomes caused by recreational cannabis use. We see poor mental health outcomes from cannabis use including anxiety, panic attacks, paranoia, memory loss and an increased incidence of schizophrenia.

"Cannabis use can lead to physical ill-health conditions such as bronchitis or cancer, cardiovascular system damage, and impaired reaction time and brain function."

The submission says while cannabis use should not be legalised, the current approach to cannabis regulation could be improved.

"First and foremost, cannabis use should be treated as a health issue, not a criminal issue," Professor Robson said.

"Criminal penalties for personal cannabis use can add to potential health and other risks to which cannabis users are exposed. Harm reduction measures should instead be used such as court orders requiring counselling and education, or attendance at 'drug courts' which divert users from the criminal justice system into treatment".

The submission also expresses concerns that people may use recreational cannabis products to self-medicate and urges patients to speak to their doctor to discuss better treatment methods.

"Australia already has an existing, high-quality process for assessing the safety, quality, and efficacy of therapeutic products through the TGA," Professor Robson said.

"The evidence base for the use of medicinal cannabis products is limited. For most conditions, there will be more evidence-based treatments available through a doctor or allied health professional that patients should explore before self-medicating on cannabis products."

Read the AMA's submission

Where We Work and Live

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

Neville Wiggins (Royal Australian Air Force), Helicopter Gunner.

Neville Wiggins served in Vietnam with the Royal Australian Air Force. He saw action as a helicopter door gunner.

In 1970, Neville Wiggins arrived in Vietnam as an air force perimeter guard. Within a month, he was a door gunner on a 'Bushranger' helicopter gunship.

"The two main criteria were that you had a driver's licence and the second thing was when you spoke on a radio that you actually spoke clearly enough to be able to be heard."

Within weeks, he was on a 'hot' extraction, pulling SAS soldiers out of a bad situation.

"As we arrived there, these guys actually asked for rockets straight up, as they were right on top of them, and so we came in and we fired rockets straight up and we turned away and banked left.

Once we got the SAS guys extracted, we then expended all the ammunition we had on the aircraft.

And I watched... everything. We actually got where we... I picked up the rifle off the bulkhead and I fired that, the pilot put his pistol out the window and fired that.

Every piece of ammunition we had on the aircraft we fired into this target.

Once they got on the aircraft they would all turn, face out and continue to fire - so would the gunner.

So all of a sudden you've got these five guys all firing out of the aircraft, with the



Neville Wiggins (Royal Australian Air Force), Helicopter Gunner

gunner and the crewman each side all firing and going.

Now we're talking about standing on the edge of an aircraft with no seatbelt except a monkey strap, being held in by the force of the helicopter's movement and looking straight down at the ground.

As it banked over you were looking straight down, as you sat in your seat or stood up, in most cases firing your guns."

Like so many Vietnam veterans, Neville's return home after a year at war was bewildering.

"I got on the aircraft about seven o'clock, flew me to Saigon, Saigon to Sydney.

I was home that night after being on patrol that morning. It was surreal, just surreal."

Stories continued next month

Lady Elliot Island,

By Cheryl Ryan



Nestled cosily in the Great Barrier Reef, Lady Elliot Island, Queensland is a diver's paradise! With breathtaking views of the coral reef, the island offers more than just a routine diving experience -- from swimming along and playing chase with the gentle giants that are Manta Rays, to clicking a selfie with lazy turtles thronging the clear blue waters.

Lady Elliot Island has been rightly named as one of the top five diving destinations of the world. And rightly so -- it is as much a spot for an off-the-grid holiday in the lap of Mother Nature, as much as it is a paradise for every hydrophile on the planet with breathtaking underwater experiences found nowhere else on the planet.

A short flight away from the coast of Queensland, the island is one of the closest and easily accessible coral islands situated in the Great Barrier Reef. You can choose to visit the island as a quick stop on your day-trip or stay overnight to have a complete immersive experience at any of the certified eco resorts with rooms just meters away from the sea.

What we have planned for you

- Start your morning with a lagoon walk which offers a tour of the reef and coral exploration on foot, yes on foot! You are provided with protective foot gear and handed a special viewing device called a seascope along with a walking pole to aid in the exploration of marine life up close. The tours are guided by expert marine biologists and conservationists to help you gain more insight into the life and times of the coral landscape.

- Post your unique morning walk, it is time to sail into deeper waters and go snorkeling with Manta Rays. Lady Elliot Island is known for being host to the

largest congregation of Manta Rays. These gentle giants can have wingspans up to seven meters! But they will be happy to play a game of chase with you.

- If you time your visit to coincide with the turtle breeding season, which lasts from November to February, you can get a chance to spend the night visiting and guarding turtle nesting sites only to help release the hatchlings safely into the sea the following morning.

- And if you plan to stay a while longer, spend the day diving into the deeper waters where the visibility extends as far as 20 meters. It gives you a chance to swim alongside schools of fish and gaze longingly at the exquisite color palette of the reef, allowing you to get a firsthand experience of why the island is known as a diver's paradise!

- The best way to spend the night is to hop onto the glass bottom boats equipped with UV lights to explore the coral reef come alive at night. The light enables you to view the coral polyps awakening and catch glimpses of the various marine species which are their most active after sundown.

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Doctor Suicides

By Dr Mal Mohanlal

An article in the Australian Doctor titled "**Doctors fear losing what they love': Dr Tasha Port's suicide shows medicine's culture of silence lingers**" was published on the Internet on 24 October 2023. It highlighted the suicide death of Dr Tasha Port, a junior doctor who wanted to become a paediatrician.

Her mother said that her daughter was under a lot of stress and pressure from the medical system and culture, which discouraged her from seeking help or talking about her mental health issues. She hoped that by sharing her daughter's story, she could raise awareness and spark change in the medical profession, which has a high rate of suicide and mental ill-health among doctors.

I made the following comment:

"It is sad and heartbreaking to hear about the loss to the medical profession and humanity of such a talent after years of study to achieve it. My deepest sympathies and condolences go to the family."

I regard the medical profession as a dumb elephant chained to the bureaucratic lamppost of conditioned thinking. The profession is full of ego-trippers who have no insight into their minds. They have no idea how the ego operates in their minds. They do not know that the ego is a product of self-hypnosis. When we think we are hypnotizing ourselves with words. We will feel negative if we use negative words most of the time. If we use positive words, we will feel positive. The meaning of the words does not matter to the subconscious mind. It is a hypnotic effect. One can easily talk oneself to a path of self-destruction if one is unaware of what they are thinking. That is why I suggest all doctors should acquire self-knowledge. Please read my articles online and see if what I write makes sense. They are based on my observations and experiences and can help you stop taking stupid actions. Be a true scientist and try to disprove what I write in your mind. If you are dismissive or do not understand what I am saying, it means you take your ego too seriously and will be chasing your tail for the rest of your life."

Here, I want to emphasize to doctors and the rest of society that all suicides are preventable. Most people suffer from a disorder of perception. Perceptions influence our thinking, and our thinking affects our behaviour and actions. Most people do not realize that our thinking process is hypnotic. When we think we are hypnotizing ourselves. When we use many negative words in our thinking, we are in danger of taking a negative path. Please become aware of your thinking process. If you are stuck with a problem, please do not chew and mull over it and keep it to yourself. Discuss it with someone else so you can get a different perspective. The more you keep it to yourself, the more you hypnotize yourself negatively. The more miserable you will feel. Do not take your ego seriously. It is an entity in the mind that lives on words and takes itself too seriously. Please learn to understand your ego and how you are hypnotizing yourself by reading my online article on hypnosis. Acquire self-knowledge. Do not be fooled into thinking you have gained self-knowledge by studying psychiatry or psychology. We live in a hypnotic world. It is time you woke up from it and started looking differently at the zombie world we are creating.

Telehealth recommendations will impact access to Healthcare

A draft recommendation to remove Medicare funding for initial telehealth consultations with non-GP specialists represents outdated thinking and will seriously limit patient access to essential healthcare, particularly for vulnerable patients and those living outside of large population centres.

The Medicare Benefits Schedule Review Advisory Committee's (MRAC) is consulting on recommendations as part of a review of Medicare funded telehealth services and is expected to provide its final recommendations to the federal government later this year.

Australian Medical Association President Professor Steve Robson said while the AMA supports many of the draft recommendations proposed by the review, others would seriously impact patient access to non-GP specialist services, including mental health care.

"There are serious concerns amongst the profession about the proposed removal of funding for an initial consultation with a specialist," Professor Robson said.

"Removing this funding will make it more difficult for patients to access healthcare in a timely fashion, while some patients will have to travel hundreds of kilometres to see a specialist," Professor Robson said.

"These services already require a referral from a GP with accompanying information about a patient's condition and any decision on whether a specialist consultation should be face-to-face or via telehealth should be a clinical one."

Professor Robson said MRAC appeared dismissive of research showing the positive benefits of telehealth and taking the same approach that is applied to GP telehealth consultations was inappropriate

in the context of a referred service.

"It looks like little more than a cost-cutting exercise that will limit access for patients."

"The benefits of telehealth can't be ignored by MRAC with the AMA's Health is the Best Investment report finding the estimated benefit of telehealth from reduced travel in 2021–22 was \$1.35 billion, and that further integration of telehealth across the whole health system could save up to around \$14 billion each year."

Professor Robson said there were some positive recommendations in the report that will strengthen telehealth delivery for Australians and remove loopholes that have allowed businesses to provide Medicare funded telehealth for patients they have never met before or do not have a valid referral.

"These services exploit current MBS rules to provide little more than prescriptions with no continuity of care. The introduction of telehealth has been a very positive development in the Australian health care system and after several years of experience it works best for patients when it is part of continuous and collaborative models of care. Telehealth should also remain available for emergency situations and to support patients who would otherwise be unable to access appropriate care."

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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>

Neil Weekes (Australian Army), The Battle of Coral/Balmoral - Part 2

As a national serviceman, Neil Weekes commanded a platoon in Vietnam during the battles for the two fire support bases, Coral and Balmoral. After returning to civilian life in Australia, he chose to re-enter the Army.

Having survived one enemy attack on Fire Support Base Coral, Neil Weekes was hoping for more defensive support.

“No defence wire comes in, no defence stores come in, no sandbags come in, no extra shovels or picks to dig the holes that we want to get right down so you’re looking out of a fire pit. Nothing like that comes in, so we’re now at last light. One roll of concertina wire. One roll of concertina wire. It goes for about 15 metres. That is the only defensive store I had in front of my platoon. Besides my Claymore mines.

And by the way we had no protection. Like the soldiers have nowadays. They go out into battle and they wear bulletproof vests. The only bulletproof vest we had was a green khaki shirt. We had no helmets; we had little, floppy hats and shirts.

At roundabout two thirty, all hell broke loose. And we were suddenly under very heavy attack. You can’t imagine the sound of battle. You’ve got big explosions which are enemy mortars, you’ve got the artillery now just behind us, they’re starting to fire. The mortars are firing; we’ve got artillery coming in from Tan Uyen, the big American guns. It is horrendous. You can’t yell, you can’t scream.

You’ve either got to get right up beside a guy and give him the word of command and even then you’re screaming your lungs out. I try to plug the hole with artillery fire, calling it in very close, ‘danger close’ as they call it, 25 metres out, and I move it left to right, forward and back. At this stage there was a danger that the whole battalion could be overrun. Had the enemy come through that gap and had we not blocked them through that gap, had they been able to regroup and come through that gap, they’d have taken out the whole battalion. We’d have lost 700 men. I had to



Neil Weekes (Australian Army), The Battle of Coral/Balmoral

counter-attack and take that position back. By the way the enemy are very close at this stage. We’re shooting enemy from here to you away. It wasn’t until roundabout 10 o’clock that morning that we secured the fire support base. By that time, we’d had a Sioux helicopter up in the air saying the enemy are out here in their hundreds, pulling their dead and wounded away. I had seen quite a few enemy dead by then.

And you, again, how to say this without seeming to be some horrible beast. You couldn’t really look at them as fellow human beings. It would have turned you mad. This guy was going to kill me; he’s dead, get on with the war.

But seeing your own dead, the guys that you knew, you’d trained with them. And then we have a company service. Padre, prayers. We have a battalion service after that.

The whole battalion gets together. And we go through playing of The Last Post, a minute’s silence, The Ode... and then the war goes on.”

Neil was awarded the Military Cross for that night. Back home, school teaching no longer worked for him so he re-joined the army.

Stories continued next month

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