



RDMA's Newsletter

Newsletter October 2022

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RDMA's President Report Dr Kimberley Bondeson

October is upon us, the silly season is getting closer. We are seeing floods in NSW and Victoria, where towns and regions are being inundated with heavy rain, similar to the flooding that we saw in Queensland earlier this year. Hundreds of houses are being evacuated, Levy walls are being urgently built, as the threat of flooding progresses. And the rain keeps coming. The weather bureau is describing the NSW flooding as 1 in a 50-year flood. Hopefully they are correct with this. Earlier this year in Queensland, the floods were described as a 1 in 100-year flood.

Mask mandates are continuing to be dropped. In my practice, I am seeing fewer patient infections with Covid 19, but with an increase in the number of infections with other respiratory tract infections, e.g. Rhinovirus, and adenovirus.

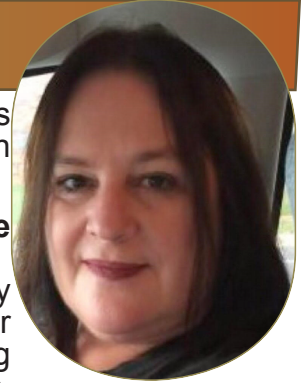
A brief look at Medscape data, in an article entitled "The Marked Contrast in Pandemic Outcomes Between Japan and the United States" dated October 11, 2022 is extremely interesting. Japan did not have a Zero-Covid policy and was not subjected to mask mandates, nor to enforced lockdowns. However, the government did supply free masks to the population. They promoted "Avoid the 3 C's" which was to avoid Closed spaces, Crowded Places and Close Contact Settings. This was teamed with mask wearing and the use of disinfectant. However, during a large portion of the pandemic, Japan did maintain a strict policy for border control. In brief, Japan has the least cumulative deaths per capita of any major country in the world. There are differences, in that in Japan, the population over the age of 65yo is 25%, whereas when you look at America, that proportion is reduced at 15%. This is despite the fact that Japan has an increased population density compared to the United States. And of course, we know that the number 1 risk factor for death from Covid 19 is advanced age. So, there is no doubt in my mind, that we can learn from what Japan did. As Australia drops its mask mandates, those working in high-risk environments are still wearing masks. I think this is sensible, given the

evidence to prove that this decreases the transmission of Covid 19 is massive.

The National Law – Name – and Shame Powers.

In Australia, we have many changes occurring in other areas of health. According to the Medical Republic, 14th October 2022, "Amendments to the National Law were passed by the Queensland Parliament yesterday, introducing new powers that let regulators "Name and Shame" Doctors while they're still under investigation." "The AMA has vehemently argued against the proposal for AHPRA or the Medical Board to be able to make public warning statements about a doctor before a tribunal had completed its due process."

Social Media is ruthless in what it can and does do online, which can and does destroy everyday people, let alone what it can do to professionals. This is my greatest concern. It does not just affect doctors, but people from everyday walks of life. There is no proper policing of social media comments and condemnation of a person, or event – the term keyboard warriors, those that feel safe, often in anonymity, is appropriate. And not in a positive way. We are constantly reading about cyber bullying of young people, that has led to deaths and suicides. If I was to pick one topic which I see is of the greatest concern to our younger generation, it would be the curse of social media. It affects children as young as 8 and 9 year olds, who are getting onto social media sites, and are being



Continued Page 4

**Note: Free RDMA
Membership For
Doctors in Training**

**RDMA Meeting Dates
Page 2.**

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

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RDMA 2022 MEETING DATES:

For all queries contact Angela our Meeting

Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next

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

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INSIDE THIS ISSUE:

- P 01: RDMA President's Report**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: Contents and Classifieds**
- P 04: RDMA President's report continued**
- P 05: RDMA's Next Meeting Invitation**
- P 06 Media: Medicare Defrauded \$8b Annually**
- P 8 AMAQ President and CEO Report**
- P 11 Media AMA Secures Telehealth for Covid Patients**
- P 12 Media: Poor Digital Connectivity Effecting Rural Australians**
- P 14 To Wear or Not to Wear a Mask By Dr Mal Mohanlal**
- P 16 Travel Article by Cherly Ryan**
- P 17 Poole Group Report**
- P 18: Media:Law change threatens doctors' hard-earned reputations & risks their mental health**
- P 19: Where We Work and Live: An Overview of the Vietnam War**
- P 20: Members Subscription Form**

The team behind your result



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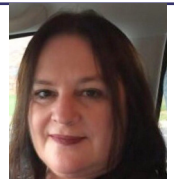
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viciously bullied by either known or unknown persons. Every child in my family has a mobile phone. And are constantly in touch with their friends. And I know that this is now the norm, and not the exception. And every one of them has been subject to cyber bullying, particularly at school, via social media.

The Pharmacy Guild's so called UTI pilot study results has been looked at by one of our GP's, Dr Stephanie Dawson-Smith. She has carefully examined the "study" and has found it is significantly flawed. These concerns have been carefully documented and raised with Queensland University of Technology, where the "study" was performed. QUT is investigating whether failings identified in its evaluation report constitute a breach of its code for responsible conduct of research. It has serious implications, as it is based on this flawed UTI study that the Queensland Government is approving Prescribing rights for Pharmacies. The Queensland Government has just announced the proposed North Queensland Pharmacy Prescribing Pilot, to commence next year. It will be an ongoing endeavour to have action taken to protect our patients from incorrect and dangerous prescribing by Pharmacists.

VPE – Voluntary Patient Enrolment in General Practices. This has reared its head again. Just when I thought that Health Care Homes were done and gone, following the failed Health Care Homes Trial a few years ago, which saw that Patient Enrolment in a practice was not a success, the Federal AMA and RACGP send out a 10-point plan, with Voluntary Patient Enrolment (VPE) in GP practices as one of the goals. And by putting it on their list, by default, then it must be what the GP's want. Which is not the case.

Just to recap, the Health Care Homes, from memory, was a trial where several GP practices enrolled their regular patients into a practice, which was listed as the Health Care Home. It was supposed to have 200 practices, and I think eventually there were less than 20. And this figure shrunk. Each practice was to enroll the patients into their practice and then would be given a lump sum payment by the government, instead of fee for service Medicare rebate (i.e. bulk billing every consultation). The result – was less money for the practice, and dissatisfaction by the patients. The practice found that the paperwork was significant, the funding given to the practice was not; and the patients found that they could not see their GP as often or when they wanted to, and the consultations were not as long. Care of complex patients with multiple medical conditions, such as diabetes and heart disease, were not receiving the care that they had previously. Several practices dropped out,

as the paperwork was too great. So, it was not a success, and CPE (compulsory patient enrolment) was dropped. Or so I thought. Now comes along Voluntary Patient Enrolment, which, is NOT funded. And supported by the Federal AMA and RACGP, so by default, must be what all the GP's want. We do not. AMAQ Queensland does not support VPE. On the AMA Federal Website, it states that the Federal AMA and RACGP do not support capitation, but do support VPE. We, as GP's, need to make it very clear, that we do not support VPE, CPE, or capitation in any form. We do not want extra paperwork, or extra constraints on what our patients can and cannot do. We do not want constraints on how often we see a seriously ill patient, or an extremely complex patient, who needs complex care, which is normally undertaken by the GP. There is enough difficulty with long waiting lists for outpatient appointments, medical investigations, surgical outpatient appointments, and the list goes on. This does not even touch on the crowding of Emergency Departments, or hospital ramping. Personally, I think the Federal AMA and the RACGP have got this wrong, in supporting Voluntary Patient Enrolment.

"Eight Billion Dollars Leaking from Medicare Each Year!" – from newspaper headlines (The Medical Republic, 25th October, 2022). This is all over the news. Oh dear. Apparently, this is based on one PhD thesis by a Dr Margaret Faux, whose undergraduate degree is in nursing. She states "such rorts: overservicing and making false claims, aren't just common, or even very common, they are "very, very common". (The Medical Republic, October 2022). Of interest, the Health Department's senior statistician, Brett Clark, and the Federal Health Minister, The Honorable Mark Butler, do not agree with her. (AusDoc, 18th October 2022).

Unfortunately, this "information" is all over the news, initially on Monday night on the ABC's 7.30 report. And like all good headlines, it has grown wings and flown. My question is, how does this sort of unsubstantiated nonsense even get airtime? And the great worry is, once this is out there, what damage is done? The public will remember the initial accusation, not the follow up with the correct evidence. Whilst public hospitals have many staff who are able to work on Medicare billings, and the health department is able to have entire teams to monitor compliance, and design new Medicare item numbers if needed, and to withdraw older ones which are not used - what about the doctors in private practice? Good luck to encouraging new graduates into any form of private practice, whether it is General Practice or Specialist Private Practice, with this added stress.

Continued Page 5

NEXT MEETING DATE 25TH NOVEMBER 2022

Continued from Page 4 On a lighter note, there is the RDMA end of year networking function on Friday, November 25th at The Ox, which I am looking forward to. And the week before this, on Friday 19th November, at The Greek Club in South Brisbane, is the BLMA end of year networking function. Hope everyone is able to enjoy one or both of these events!!

The comments in this editorial are my personal views, and I look forward to any comments from my readers.

Kimberley Bondeson

RDMA Meeting 28/09/22

Geoff Hawson introduced Bayer Australia Representatives Brendan Greig and Kate Zebell,

Speaker: Dr Keiran Dauber,
Topic: Management of Atrial Fibrillation in 2022

Below: New Members:
Left Alec Gray, **Right:** Mark Karaczun.

Bottom left: New Members Alice Fowles and Chin Yee Shim

Right: Speaker Dr Kieran Dauber
Far Right: Bayer Reps Brendan Greig and Kate Zebell.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 25th October 2022

TIME: 7pm for 7:30pm start

VENUE: Regency Room – The Ox, 330 Oxley Avenue, Margate

COST: Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsor: MundiPharma & Lumus Imaging Representative/s: Catherine Solomonson (MundiPharma) & Margo Bowers (Lumus Imaging)
7:30pm	Speakers: Dr Nick Rukin (Urologist) Topic: 'Urology moans, groans and kidney stones' A primary care update on common urological issues Main Meal served (during presentation)
8:00pm	Q&A
8:30pm	General Business - Dessert served Tea & Coffee served

RSVP: By Friday 21st October 2022

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Monday, 17 October 2022

AMA MEDIA STATEMENT

The AMA is extraordinarily disappointed at the allegations today in the media suggesting that up to \$8b is being defrauded each year from Medicare by health professionals including doctors.

These claims are an unjustified slur on the medical profession, with the vast majority of doctors doing the right thing by their patients and by Medicare rules.

Our health system is built around universal access to health care that Medicare supports, and the AMA supports effective stewardship of this Medicare funding.

The AMA has worked with the Government to ensure that Medicare requirements are clearer for doctors and supported initiatives to ensure that the Department of Health has effective tools to police and detect fraud.

The AMA meets regularly with the Department of Health, which has sophisticated analytical tools, and understands that there is no evidence of the widespread fraud suggested in today's media.

The Department of Health has extensive data at its disposal and the AMA believes that this should guide Medicare compliance activities as opposed to the anecdotal evidence of a small number of individuals.

Where evidence of fraud is found, the AMA fully supports efforts to stamp this out including referral to the Professional Services Review when required.

Quotes attributable to Professor Steve Robson:

"Australia's doctors have worked incredibly hard through COVID – treating Australians during lockdown, rolling out the nation's vaccine efforts, putting themselves at risk every day to treat COVID patients on the front line – so today's coverage is as appalling as it is inaccurate.

"Doctors will be sickened by today's reporting which is an undeserved attack on the whole profession based very much on anecdotes and individual cases.

"The vast majority of doctors do the right thing, and are working hard for their patients under tremendous pressure within the system.

"The AMA works closely with the Department of Health on compliance and we have never seen any concerns or numbers that would support the figures reported today.

"We do not tolerate fraud and examples of fraud should be tackled and stamped out - but the figures reported today are grossly inflated.

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IRRITABLE BOWEL SYNDROME: HOW A DIETITIAN CAN HELP

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REFERRALS VIA MEDICAL OBJECTS, WEBSITE, FAX OR PHONE



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WHAT IS IBS?

Irritable bowel syndrome (IBS) is a collection of symptoms that occur together, including:

- Repeated stomach pain and/ or cramping
- Changes in bowel movement (constipation, diarrhea)
- Urgency
- Excessive gas/ bloating.

LOW FODMAP DIET:

Once a positive diagnosis of IBS has been made, a dietitian will work with the patient to identify individual food triggers.

FODMAPs are found in everyday foods, including specific dairy products, wheat, other grains, fruit and vegetables. These foods are natural prebiotics and are essential for a healthy gut; these foods also contain essential vitamins and minerals.

THE 3 PHASES OF FODMAP:

Elimination Phase (2-6 weeks)

➤ Aims to induce symptoms in order to prepare for individual food challenges.

Reintroduction Phase (6-8 weeks)

➤ Aims to pinpoint trigger foods and identify sensitivity to individual FODMAP subgroups.

Personalization (long-term diet)

➤ Aims to liberalise restrictions, expand diet and establish a personalized long-term diet.

PRESIDENT AND CEO REPORT



Dr Maria Boulton and Dr Brett Dale

With virtually all COVID public health precautions lifted, governments at all levels appear to have declared the pandemic over. At the same time, the Queen's death and sudden public holiday had unforeseen impacts on our health system.

Ambulance ramping rates show no signs of improvement and the Queensland Health Workforce Summit provided no real solutions. Our annual survey of junior doctors has revealed the impact COVID is taking on the future of our profession.

COVID HEALTH PRECAUTIONS LIFTED

September began with the announcement that daily reporting of COVID statistics would be wound back, the blanket COVID-19 vaccine mandate for private healthcare workers would be lifted, and isolation periods for positive cases would be cut from seven to five days.

It ended with the decision to scrap mandatory mask wearing on public transport and end mandatory isolation altogether.

AMA Queensland is continuing to advocate for consistent and clear health information about the pandemic. More than 2,000 Queenslanders have died with the virus. We cannot become complacent. You can read more at qld.ama.com.au/news-ABC-NickYim



NATIONAL DAY OF MOURNING

NATIONAL DAY OF
MOURNING FOR
HER MAJESTY THE QUEEN

PUBLIC HOLIDAY - 22 SEPTEMBER 2022

The sudden death of Queen Elizabeth II had unexpected consequences for our health system when a public holiday was declared at short notice for 22 September.

Figures released earlier in September showed that more than 50,000 Queenslanders were waiting for elective surgery – hip or knee replacements, cataract surgery, endometrial operations, gall bladder operations.

AMA Queensland wrote to Queensland Health and rang ministerial offices seeking clarity for patients with procedures booked for 22 September - with no success. We gave advice to private practices about the workplace implications of choosing to open on the public holiday.

The Queen was the only monarch most Australians had known and it was appropriate to mark her passing. However, the lack of clarity about what the public holiday meant for patients who had elective surgery and hospital outpatient appointments on that day was disappointing and distressing.

AMBULANCE RAMPING

New figures continue to show the stress our hospitals and healthcare system are under, with ambulance ramping blowing out to almost eight hours and patients waiting longer than 24 hours to be admitted to a mental health bed.

The figures coincided with the height of the state's third Omicron wave and flu season in July, but there are few indications of any significant improvements.

Separate Queensland Ambulance Service figures released under Right to Information laws showed at least 20 people died and seven needed to be revived in a 16-month period as overworked paramedics could not respond in time.

This is not a reflection on ambulance officers – it is a reflection of a broken system.

We are hearing a lot of blame between the federal and state governments, but we need real changes to end the hospital logjam and bed block that is clogging up our emergency departments and leading to ambulance ramping.

UTI PRESCRIBING TRIAL



The Queensland Government's urinary tract infection (UTI) pharmacy prescribing pilot became permanent on 1 October 2022, meaning pharmacists across the state will be able to autonomously diagnose, treat, and prescribe and sell antibiotics for the condition.

Health Minister Yvette D'Ath quietly tabled the executive order enabling the change in parliament on 27 September but did not mention it at the Queensland Health Workforce Summit she attended that same day.

We remain concerned about patient safety. Doctors identified at least 240 cases of patient complications from the pilot, including misdiagnoses and hospitalisations, in our survey in March.

Unlike clinical trials, this trial did not include a mechanism for doctors to report harms. We asked QUT, which managed and implemented the UTI pilot, for details of the pathway for doctors and patients to report adverse outcomes.

QUT has now advised doctors to report their concerns to the Office of the Health Ombudsman (OHO).

The Queensland Government is yet to announce when the proposed North Queensland pharmacy prescribing pilot, based on the UTI pilot, will commence in 37 local government areas from Mackay to the north and west. This pilot would allow pharmacists to autonomously diagnose and treat 23 serious conditions, including respiratory diseases and skin conditions, without any medical oversight or consultation. You can read more about our advocacy at qld.ama.com.au/Stop-NQ-Pharmacy-Trial

RESIDENT HOSPITAL HEALTH CHECK

Our seventh annual *Resident Hospital Health Check*, released in September, found that Queensland's junior doctors are increasingly concerned that overwork and fatigue may lead to them making medical mistakes.

The steady increase in concern about possible fatigue-induced clinical errors highlights the toll COVID has taken on the medical profession and the failure of hospital authorities to take enduring action on both the hours worked and the quality of formal and bedside teaching and training. Read more at qld.ama.com.au/news/RHHC22



QSCRIPT UPDATE



Following months of AMA Queensland advocacy, Queensland Health has acknowledged the high levels of concern among doctors and other health practitioners about QScript.

While we support the intentions of QScript, it is clear that its implementation has been difficult. Queensland Health's post-implementation survey has found concerns about legal liability and dissatisfaction with QScript's performance and responsiveness.

Queensland Health has now confirmed it is considering policy changes to address these concerns that may require legislative amendment.

This means the current arrangements will continue for a further 12 months, with Queensland Health monitoring, educating and encouraging (but not mandating) doctors to use QScript. Queensland Health have confirmed AMA Queensland will be consulted on the proposed policy and legislative changes after this period.

Read more here qld.ama.com.au/news/QScriptupdate

PARACETAMOL RESTRICTIONS

The Therapeutic Goods Administration (TGA) is considering restrictions on the sale of paracetamol in supermarkets and pharmacies, including smaller package sizes and age restrictions.

An independent report commissioned by the TGA found about 50 Australians die every year from intentional paracetamol overdose and hundreds more are hospitalised with liver injury. The rate of intentional overdose was highest among adolescents and young adults, particularly young women and girls.

The AMA supports the TGA's consultation on the proposals. Used properly, paracetamol is an effective and safe pain reliever, but we need regulations in place to limit supply and restrict package sizes, particularly where there is no intervention from a healthcare professional.



The TGA consultation is open for submissions until 14 October 2022 at tga.gov.au/news/media-releases/independent-review-paracetamol-overdose.

IMG SURVEY

We ran an online survey in September to understand the unique challenges facing International Medical Graduates (IMGs) in Queensland.

We thank the hundreds of IMGs who took time to complete the survey. Your responses will help our IMG Working Group to provide expert advice and recommendations to the AMA Queensland Council.

IMGs face complex obstacles in recruitment, training, professional development and everyday practice, and AMA Queensland is committed to clearing as many of these as we can.

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Tuesday, 18 October 2022

AMA secures telehealth for COVID patients

The Australian Medical Association welcomes the federal government's decision to extend telehealth access for patients with COVID, following talks with AMA last week.

When states and territories dropped public health orders last week requiring covid positive patients to self-isolate, many patients with COVID would have been unable to access MBS-funded telehealth services from a GP unless they had attended a face-to-face visit in the last 12 months.

While the AMA fully supports the provision of telehealth through a patient's usual GP or practice, it is important that rules do not prevent patients from accessing care when they have COVID and need to stay at home.

AMA Vice President Dr Danielle McMullen said the decision by the government to exempt COVID-19 positive patients from Medicare's 'established relationship rule' was a sensible one that will support patients who are self-isolating and ensure they do not need to visit a general practice.

"This helps limit the spread of COVID in the community and ensures vulnerable patients are not exposed to the virus," Dr McMullen said.

"It's a 'no-brainer' that COVID positive patients need access to their GP via telehealth.

"We're pleased the Department of Health understood the position COVID positive patients were put in once mandated isolation times were dropped and responded rapidly to the AMA's advocacy on behalf of our members and patients.

"This will help minimise the number of Covid positive patients in the waiting room and reduce the spread of COVID-19."

While this exemption is due to end on 31 December, the AMA will continue to work with the government to ensure it is in place for as long as it is needed as part of pandemic response arrangements.

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Tuesday, 18 October 2022

Poor digital connectivity affecting health of rural Australians

The Australian Medical Association says poor digital connectivity is affecting the health of rural Australians and preventing rural doctors from providing quality digital healthcare in rural and remote Australia.

With flooding and other climate disasters continuing to affect rural communities, the AMA is calling on the government to improve mobile phone coverage and internet connectivity and enhance the resilience of telecommunications infrastructure to natural disasters.

AMA President Professor Steve Robson said too many Australians living outside metropolitan areas are missing out on life-saving telehealth consultations and other care due to poor internet connectivity and digital infrastructure.

“Regional, rural and remote Australians often struggle to access the health services that urban Australians see as a basic right. These inequalities have led to lower life expectancy, worse outcomes on leading health indicators, and poorer access to care compared to people in major cities.

“We’re calling on the government to provide good quality, affordable, and reliable high-speed internet access to rural communities that people in cities have as a matter of course,” Professor Robson said.

Dr Ian Kamerman, chair of the AMA’s Council of Rural Doctors and a GP practicing in Tamworth said telehealth has been a real boon for medical care in rural areas, enabling easier access for patients to their doctors but the lack of infrastructure has meant the telehealth experience is far from seamless.

“Many patients don’t have the capability to connect to their doctor using video. Even when they do have the right phone, many patients are unable to afford a plan that has enough data to allow a video connection. After getting over those hurdles, I still find many consultations end up unsuccessful due to poor connectivity, and having patients move between rooms or outside to continue the conversation.

“Medical practices rely on the internet for day-to-day operations and use e-health and telemedicine to reach their rural and remote patients, but the patchy nature of the internet in the bush means the full potential of these opportunities is not being realised.

“As mainstream healthcare becomes increasingly technology-based and requires more and faster broadband services to operate, there is a real risk that regional, rural and remote areas of Australia will be left further and further behind.

“It has been even worse for rural patients since July when the government proceeded with changes put in place by the former Government that removed the Medicare rebate for longer telephone consultation but kept rebates only for video calls of



Continued from Page 12

Poor digital connectivity affecting health of rural Australians

20–40 minutes. This effectively excludes rural patients’ access Medicare rebate through video telehealth because they just can’t be done.

“Many of our communities are again dealing with flooding and communications are vital during these times. The AMA is currently advocating for public and private health care services in disaster-affected rural and regional areas to be considered essential services for disaster support and recovery, so we need reliable digital platforms to support this vital work.

“The government has done its own review of services in the bush and they should implement the recommendations made in 2021,” Dr Kamerman said.

The main calls to government in the [AMA Position Statement](#) include:

- ensuring digital platforms can accommodate developments in information and communications technologies and provide digital connectivity through suitable combinations of fibre, mobile phone, wireless, and satellite technologies
- ensure broadband services are reliable and affordable for all communities, business and services throughout the country (government policies play a tremendous role in bringing internet access to remote regions)
- consider and implement recommendations of the [2021 Regional Telecommunications Review](#) and adopt recommendations 2, 6, 9, and 12 which relate to:
 - o multi-year connectivity investment
 - o NBN Co whole-of-system upgrades to regional fixed wireless networks and undertake measures to increase the accuracy and transparency of mobile network quality and coverage information, including network congestion
 - o remove data charges for low income and income support recipients in regional, rural and remote Australia accessing all state, territory and federal government services, to improve the affordability for these users
- identify the black spots and marginal areas that are uncovered by broadband networks through mapping and prioritise those areas when expanding NBN infrastructures.
- create universal unmetered online access to government, hospital and health services for people and businesses in rural and remote areas.

Read the AMA’s [scoping review for better digital connectivity to improve rural healthcare](#)

Read the government’s [recommendations and its review into Regional Telecommunications](#)

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To Wear or Not To Wear- A Mask

By Dr Mal Mohanlal

Covid has turned all of us into bureaucratic thinkers. On 5 October 2022, in 6minutes News on the Internet, there was an article with the following headlines:

"News Ltd journalist says dumb doctors demanding patients wear masks are 'propaganda' victims.

Journalist Adam Creighton suggested his doctor was lacking in intelligence because they believed the mask' propaganda."

The Australian's Washington correspondent appears to have become his own social media story after suggesting doctors asking patients to wear masks during consults lacked intelligence. Adam Creighton took to Twitter this week to reveal he had decided to cancel his own appointment with his doctor because the injunction to wear a mask was "too humiliating".

Imagine the response from the medical profession, calling them "lacking in intelligence". Most comments were not very sympathetic towards our journalist friend. They got stuck into him. However, my following response was slightly different:

I do not blame people for not wanting to wear a mask. They regard it as a form of bureaucratic control doctors have on them when arbitrarily asked to do so. It would be reasonable to give people the choice to wear masks if they fear catching an infection and let the rest of the community get on with their lives.

So, if you do not want to catch any infections, you should wear a mask. It may not be an ideal solution, but you are not imposing your will on others. Please don't shoot the messenger.

Following my comment, I had 15 up votes and one positive comment. However, there was one doctor who did not quite grasp my message. Here are the comments that followed:

Dr S. S.:

Dr Mal, what is it about masks helping more to prevent transmission by the mask wearer than the catching of the virus by the mask wearer that you don't understand? Not wearing a mask is imposing your potential germs on others. It's such a clear case I can't understand any medically trained person disagreeing.

Continued Page 15

To Wear or Not To Wear- A Mask

By Dr Mal Mohanlal

Continued

My Reply:

As a doctor, I hope you understand what life is all about. It is for living and enjoying life and not living in fear. Wearing a mask is not natural. But if you wish to wear a mask for the reasons you stated, no one will stop you. Do you want the rest of the world to live in fear of catching a virus and always wear a mask? There has to be a common sense approach to everything we do. It is your bureaucratic thinking that leads to your present perception. Please read my articles on the Internet if you do not wish to be a zombie.

Dr S. S.:

Dr Mal, it seems your political ideas are getting in the way of simple facts. Masks help to prevent infection of other people. Nothing to do with fear by the mask wearer. Just common decency – doing your best not to infect your fellow man. If you can't put up with a bit of minimal discomfort to protect the lives of your fellow human beings, what are you doing in medicine? Sorry to get so personal here but selfish people risking other people's lives get me that way.

My Reply:

I have no political ideas. I do not think like politicians and bureaucrats. It is sad to see doctors like you becoming medical technocrats who cannot see beyond their noses. I suggest you suffer from a perception disorder, where your ego is getting in the way of rational thinking. Every doctor should read what I have to say about the medical profession and its direction.

<https://ezinearticles.com/?The-Enchanted-Elephant&id=10236365>

Finally, here is a question I just answered in Quora on the Internet, which our readers will enjoy reading:

Can we remove the feeling of hatred by removing a piece of our brain?

If you remove a piece of your brain, it might turn you into a zombie. Why not use your brain to find out why you hate and what hate does to you?

Kerala Backwaters India

By
Cheryl Ryan

Situated on the southwestern end of India and popularly known as God's territory, Kerala is one of the most sought-after tourist places in South Asia. Kerala is known all over for its rich heritage, exceptional hospitality, and exotic destinations.



Tourists come from all over the globe to see the panoramic view of the backwaters of Kerala which is a series of lagoons, canals and lakes running parallel to the Arabian sea.

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

Discover the magnificence of the backwaters

If you are visiting the backwaters and not planning to hire a Kettuvallam which is a Kerala style houseboat then the journey won't be complete. This quintessential experience is one of the most calming and tranquil things you can do in India.

You can even hire a local guide who can make your ride educative and intriguing while you can enjoy having fresh Indian food and chilled beer.

Kayaking to heal your soul

Kayaking in the Alleppey backwater is the heart of all those adventure enthusiasts who want to experience the intimacy of the narrow channels that the houseboats can never even dream of going through. Paddle through the undisturbed waters,

filled with the most vibrant birds moving in their winding airways.

Learn the beauty of magic boats

The kettuvallam is bestowed with magnificence to give rise to majestic boats for everyone visiting the serene backwaters in Alummkadavu. Skilled craftsmen create the finest boats with eco-friendly materials which further epitomize the natural essence of this beauty. This spot gives a chance to all those inquisitive tourists who want to learn the mysticism of coir production.

What we have planned for you

- Take a ride through the Venice of India exploring the beauty of Alappuzha.
 - Take Ayurveda massages and meditation sessions to relax your spirit in Kumarakom.
 - Watch some rare migratory birds at the Kumarakom bird sanctuary.
 - Enjoy the lighthouses and boat building yard of the old harbour town, Kollam.
- Journeying through the enchanting waterways and enjoying the lush green landscape of Kerala will give you an experience you will never forget!

123Travel – Cheryl Ryan

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Director Identification Numbers (DIN) A Prevention For Fraudulent Activities



Are you a company Director?

If so then you must apply for a Director ID.

All company Directors are now required to apply for a Director Identification Number (DIN). A Director ID is a unique identifier that a director will apply for once and keep forever, and it's aimed at preventing the use of false or fraudulent director identities.

The deadline for applying for a director ID depends on when you became a director:

- * Existing directors have until **30 November 2022** to apply;
- * From 5 April 2022, intending directors must apply before they are appointed.

How do Directors apply?

Directors are now able to apply for their director ID using the [ABRS website](#).

Prior to applying for a director ID, directors are encouraged to:

- * Set up a myGovID (if they don't already have one and are applying digitally); and
- * Ensure they have the required identifying documents.

Applicants will need:

- * A standard or strong identity strength myGovID.
- * An individual Australian tax file number (TFN). Providing your TFN is optional but it speeds up the process.
- * Your residential address, as recorded by the Australian Taxation Office (ATO).
- * Answers to 2 questions based on details known about you from the following documents:
Bank account - notice of assessment - super account - dividend statement -
centrelink statement - PAYG summary

Unfortunately we or your current Accountant cannot apply for an ID on behalf of a Director (although we or your current Accountant can provide assistance if you are having issues).

Those without a myGovID will still be able to apply by phone or written application. Details for how to do this can be found on the ATO website.

Please note: The ATO has clarified that anyone who WAS a company director at any time after October 31, 2021, was required to have a DIN, even if the company had been closed down. So closing down your company does not get you out of applying for a DIN.

ASIC is responsible for enforcing director ID offences and it is a criminal offence if you do not apply on time. You will be fined if you do not apply in time!

Dana Trickett – The Poole Group

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Law change threatens doctors' hard-earned reputations & risks their mental health

Law change threatens doctors' hard-earned reputations and risks their mental health,

The Australian Medical Association says new national laws allowing the public naming of medical practitioners under investigation are unjust, won't improve patient safety and will seriously impact the mental health of Australian doctors.

The Queensland Government today passed legislation (which is expected to become law in all states and territories) allowing regulators to publicly name practitioners during an investigation — before that investigation is completed and any findings are made.

AMA President Professor Steve Robson said the changes fly in the face of natural justice principles and have the potential to seriously damage a practitioner's mental health, their reputation and career.

"We fully support a scheme that protects public safety, is transparent and accountable and the regulator already had significant powers under the previous legislation.

These changes go too far," he said.

"Investigations can be long and incredibly stressful for doctors, and complaints about medical practitioners can be vexatious.

Allowing a public statement before an investigation is completed is unjust and unnecessary.

"We also know that regardless of the outcome of an investigation, any public statement made by a regulator about a complaint is likely to remain publicly accessible even if it is revoked by regulators because it is without substance or was issued in error."

The AMA welcomed the decision of Health Ministers to take on board the findings of the Cosmetic Surgery Review and stakeholder concerns to maintain the ban on the use of testimonials for cosmetic surgery because they could be fake, misleading or deceptive.

Professor Robson said the Australian Health

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Practitioner Regulation Agency already had extensive powers to limit a doctor's practise during an investigation if there were risks to the public.

"The new legislation will result in no more protection for patients; however, naming and shaming a doctor before any findings have been made will lead to more mental stress for doctors who are already working under immense pressure and in very difficult circumstances.

"The impact of this legislation on the livelihoods and mental health of doctors cannot be downplayed and the case for increased scrutiny and punitive action has not been demonstrated."

Professor Robson said the process that led to the changes was flawed and lacking in meaningful consultation, which was appalling given the implications for the lives and work of medical practitioners.

The national law changes are automatically applied in states and territories, except Western Australia, which must pass corresponding legislation, and New South Wales and South Australia, which must make regulations to apply the changes.

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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>

Gary McKay (Australian Army), Combat

Gary McKay went to Vietnam as a national serviceman and commanded an infantry platoon. He saw battle first hand.

Before he was conscripted, Gary McKay had little knowledge of Vietnam. "I didn't know which side of the Equator it was on. I didn't."

But in his task as platoon commander it didn't take long for the reality of combat to assert itself.

"When you kill somebody, it never leaves you. You put it in that box and you shove it away at the back. It's a terrible thing."

For a long time, Gary and his platoon almost believed they were bulletproof.

"We couldn't believe it. We'd had ambushes, contacts, serious firefights, didn't get a scratch. Couldn't believe it! We thought obviously you know, God's on our side, we're the good guys. We're the blokes in the white hats, it's obviously meant to be.

Then the next day, the sky fell in."

It was September 1971, and Australia's last big battle began in a place called Nui Le.

"The amount of fire coming our way was just unbelievable. I had my hat shot off, my radio operator on my right side, Barry Garrett, I lost coms trying to bring the artillery closer. And I turned around and he's... the bullets are going across my back and into his radio.

And all of a sudden, it's gone quiet in my platoon. What had happened is all my machine gunners had been targeted very carefully by the enemy "and all shot to death".

You couldn't yell an order out. Like I couldn't tell someone to go up and get the gun



Gary McKay (Australian Army), Combat

going. They couldn't hear you. It looked like we were about to be overrun, so, I did what had to be done. I ran forward, I dove in behind my two dead gunners and I get the gun going.

And, I don't know, it took me almost twenty years to accept the fact that I'd had to use my own men as cover from fire. You can imagine the mess. And I got the machine gun going. So Fred's behind the other gun and between us, we thwarted the enemy assault.

It wasn't over for Gary. Later in the battle, he was badly wounded and became one of the last Australian battle casualties of the Vietnam War. He recovered and went on to a successful life as an author of military history and tour guide for veterans returning to Vietnam.

"It took me to places where internally and spiritually that I would never have gone. I have seen the very best in men in the very worst of circumstance. You know, it's funny. We are expected to behave normally in the most abnormal of environments. And it's a big ask."

Stories continued next month

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