



Find Us On
facebook 

Vietnam Vet Snapshot Bill Kane Royal Australian Navy: <https://auzportal.dva.gov.au/resources/bill-kane-royal-australian-navy-partners-allies>

See Where
We Work &
Live P19.A
Vietnam Vet
Snapshot

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

RDMA's President Report Dr Kimberley Bondeson

Congratulations to the returning committee members, Dr Wayne Herdy, Vice President, Dr Peter Stephenson, Treasurer and Dr Geoffrey Hawson, secretary. They are a wonderful team to have, and I appreciate every time I have with them at our regular meetings, their advice and input is invaluable. And, of course, thank you to the membership for confidence in myself again as President of the Redcliffe & District Local Medical Association.

I would also like to welcome a new committee member, Dr Alka Kothari, who has joined our team for the first time – Welcome Alka, we are delighted to have you as one of our team, and look forward to working with you and having your fresh ideas and input.

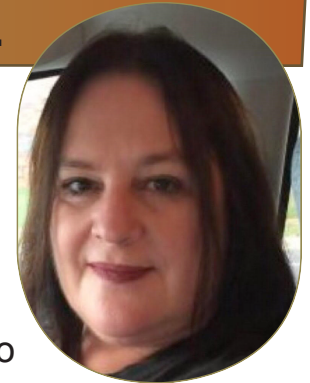
For those who do not know Associate Professor Alka Kothari, she has been a recent addition to our monthly RDMA meetings, and works as a Senior Staff Specialist in Obstetrics and Gynaecology at Redcliffe Hospital, and is the Conjoint Site-Coordinator of the Northside Clinical Unit, Faculty of Medicine, at the University of Queensland. Biography page 7.

I recently attended the new BLMA meeting at the Victoria Golf Club in Herston, along with Dr Geoffrey Hawson.

The presentation was given by Dr Gail Tsang, a radiation oncologist, who is on the team at Genesis Care Oncology. Dr Tsang gave an interesting and informative presentation on the Radiation Oncology that is available for sun cancers and skin

lesions that are relevant to General Practice, and an alternative to the traditional excision and skin grafting. Photos page 8 BLMA Meeting.

Dr Geoffrey Hawson also gave a brief overview of Senior Doctors, which was well received.



The meeting was well attended, and was one of the first meetings for the newly formed BLMA. They also have their new newsletter, "Synapse", which was thoroughly enjoyable reading. "Synapse" was the original newsletter of the Northside Local Medical Association from its inception in 1991.

Now onto life with COVID 19 – NSW is getting closer to its goal of 70% fully vaccinated, and is developing a plan for reopening the state and living with Covid. This is exciting, and something to look forward to. It also is raising many questions and possible solutions as to how it is going to be unrolled and worked out.

One immediate question that will shortly have to be answered is the Medical Professions waning *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 2021 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

| | | |
|----------------------------|-----------|------|
| Tuesday | February | 23rd |
| Wednesday | March | 31st |
| Tuesday | April | 27th |
| Wednesday | May | 26th |
| Tuesday | June | 22nd |
| Wednesday | July | 28th |
| ANNUAL GENERAL MEETING AGM | | |
| Tuesday | August | 24th |
| Wednesday | September | 15th |
| ✓ Tuesday | October | 26th |
| NETWORKING MEETING | | |
| Friday | November | 19th |

Newsletter Editor Dr Wayne Herdy

Newsletter Publisher.

M: 0408 714 984

Email: RDMAnews@gmail.com

Advertising information is on
RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

Advertising & Contribution **15th October 21**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

Competitive Advertising Rates:

Full page A4: \$560.00

Half page A5: \$330.00

Qtr page A6: \$260.00

Business Card size (new): \$70.00

Advertorials: \$260.00

Inserts: \$260.00

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

Please note the following discounts:

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

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

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

INSIDE THIS ISSUE:

- P 01: RDMA President's Report & Where We Work and Live**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: Contents and Classifieds**
- P 04 RDMA's President's REPORT Dr Kimberley Bondeson continued**
- P 05: RDMA's Last Meeting & Invitation**
- P 06 *Variety Fundraising Event 23/10/21 and Donation links***
- P 07 RDMA's New Committee Member Dr A Kothari's Biography**
- P 08 Brisbane Area Councilor's Report**
- P 09 MJA Media: Covid Vaccination Mandate**
- P 10: AMA Media; NSW Must Release Updated Covid Modeling Impact.**
- P 12: AMAQ President and CEO Report**
- P 16: Travel Article by Cheryl Ryan**
- P 17: Poole Group Report**
- P 18: Media: NEW HOSPITAL MODELLING NEEDED BEFORE OPENING UP**
- P 19: Where We Work and Live: A Vietnam Snapshot**
- P 20: Members Subscription Form**



Introducing our new look QML Pathology website

The website has been redesigned from top to bottom with a new responsive layout for desktop, mobile and tablet, that is easy to navigate and puts the information you need at your fingertips.

Check out the new site at qml.com.au



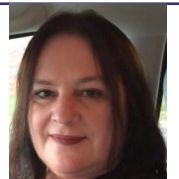
qml.com.au

QML Pathology
Specialists in Private Pathology since the 1920s

RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President :

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Geoff Hawson
Ph: 0418870140



Email: geoffrey@hawson.org

Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Committee Member:

Dr Alka Kothari
Ph: 3883 7777



Meetings' Conveners

Ph:3049 4444

Email: qml_rdma@qml.com.au

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



RDMA PRESIDENT'S REPORT CONTINUED

DR KIMBERLEY BONDESON,



immunity to Covid 19. There were “tens of thousands” of doctors and nurses who were among the first Australians to be vaccinated in February, 2021.

It is currently stated that there is now “strong evidence” that immunity offered against the Delta variant by two vaccine doses begins to wear off after 8 months. (Ausdoc, 9/11/21).

This means that those who were vaccinated in February 2021, would need a booster shot in October/November, 2021.

According to Ausdoc, (9/11/21), ATAGI cochair Professor Allen Cheng has said there would be no booster vaccines until those eligible had received at least one dose.

I will point out, that there is not a shortage of AstraZeneca vaccines in Australia, which was the vaccine that were predominately available during the initial roll out, and was used across the board without restrictions in the first few weeks of the vaccine roll out.

We are just waiting for ATAGI to approve a booster shot in Australia. Booster shots are already happening overseas, in the UK, USA and Israel.

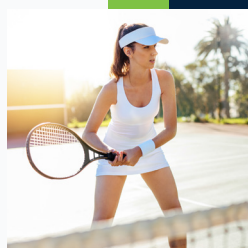
Kimberley Bondeson
RDMA President



LATERAL EPICONDYLALGIA / TENNIS ELBOW: THE ROLE OF PHYSIOTHERAPY

SPECIAL INTEREST
PHYSIOTHERAPISTS AVAILABLE AT
OUR NORTH LAKES, CHERMSIDE,
ST LUCIA, WOOLLOONGABBA, &
SPRINGFIELD CLINICS

REFERRALS VIA MEDICAL
OBJECTS, FAX OR PHONE
WWW.SPORTSANDSPINAL.PHYSIO



RESEARCH SHOWS:

- Tennis elbow is a common source of elbow pain and disability, effecting approximately 1-3% of the population
- Risk factors include: smoking, obesity, age 45-54, two or more hours of repetitive movement per day
- LE usually self resolves in a period of 6 months – 2 years, however physiotherapy has shown to be beneficial in reducing pain, disability, and improving overall recovery time
- physiotherapy modalities such as orthoses, taping, manual therapy, and laser have been shown to provide short term benefits and can be implemented to improve patient outcomes

NEXT MEETING DATE 15TH SEPTEMBER 2021

RDMA Meeting 24/08/21

Dr Kimberley Bondeson introduced tonight's speakers.

Sponsor: Viatris
Sponsor Representatives
Ms Nikki Ewin

Tonight's Speaker
Dr Ruth Hodgson,
Gastroenterologist.

Topic:
Pancreatic Exocrine
Insufficiency.

Photos below and left to the right.

1. Drs Kimberly Bondeson
RDMA President, Wayne Herdy
Vice President & Ruth Hodgson
Speaker

2. Ruth Hodgson, Wayne Herdy
& Nikki Ewin.

3. Returning Member Wayne
McDonald

4. Peter Stephenson Treasurer,
Ham Ong, Alka Kothari New
Committee Member, Moeman
Morris, Pravin Kassan
Returning Officer.

5. New Member Rieva Tharoor.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 15th September 2021

TIME: 7pm for 7:30pm start

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

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

AGENDA:

| | |
|--------|---|
| 7:00pm | Arrival & Registration |
| 7:30pm | Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: BMS/Pfizer Represented by: Barry Phillip |
| 7:40pm | Speaker: Dr Geoffrey Hawson, Haematologist & Medical Oncologist. Topic: How number can help you be a more effective doctor Main Meal served (during presentation) |
| 8:00pm | Q&A |
| 8:30pm | General Business - Dessert served Tea & Coffee served |

RSVP: By Friday 10th September 2021

(e) RDMA@qml.com.au or 0466 480 315 or 0413 760 961

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology PUB/MR/1330, version 1 (Jan-16)

qml.com.au

QML Pathology

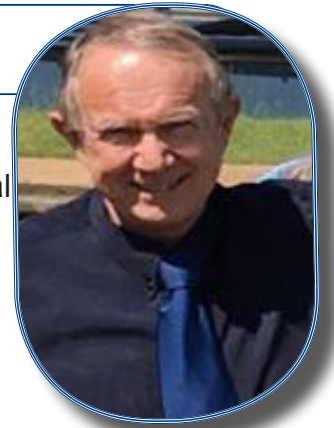
Specialists in Private Pathology since the 1920s



CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.

DR WAYNE HERDY'S *Variety Fundraising Link*



Dear Members,
Its that time of year again when the Variety Children's Fund runs their annual Variety Bash to raise funds to support sick, disadvantaged or children who have a disability.

One of your colleagues and in particular our Vice President Wayne Herdy is entering the bash again this year. We ask if you can find it in your heart to donate to this worthy cause by giving your donation through the following links to Wayne Herdy and his car 5555 and his team to raise funds for the Children's Fund.



Your donations are tax deductible and by donating your funds via the link you will automatically receive your tax receipt for your generous donation and because of you Variety can continue to provide kids in need specialised equipment and services.

The link to Car 5555 is:
<https://www.varietybashqld.com.au/t/car-5555>

Wayne's Individual Page link is:
<https://www.varietybashqld.com.au/wayne-herdy>

Thank you for your continued and on-going support to this worthy cause.

Wayne's Fundraising Fancy Dress Night is on 23rd October 2021 details attached.

If you would like a ticket call
Delia on 0459 220 712 or Maud St Medical Clinic on 5491 5666



Halloween Presents Halloween

A fundraising *fancy dress* evening

"2021 Variety Bash Winton to Yeppoon via Birdsville is an adventure with mates driving 30+ year old cars through regional parts of Australia that you might otherwise not see, all to help give Aussie kids a fair go"

6:00pm Saturday 23rd October 2021

Roast dinner
Raffles
Lucky Door Prize
Fancy Dress Prize

Yandina Bowls Club
30 Steggalls Road, Yandina

Live Band



Filipino Traditional Dancing

\$50 donation door entry includes meal and entertainment

Further Information Phone: Delia M: 0459 220 712
or Maud St Medical Clinic 07 5491 5666

RDMA COMMITTEE MEMBER'S BIOGRAPHY

DR ALKA KOTHARI,



Associate Professor Alka Kothari is a Senior Staff Specialist in Obstetrics and Gynaecology and the Conjoint Site-Coordinator of the Northside Clinical Unit, Faculty of Medicine, University of Queensland,

at Redcliffe Hospital.

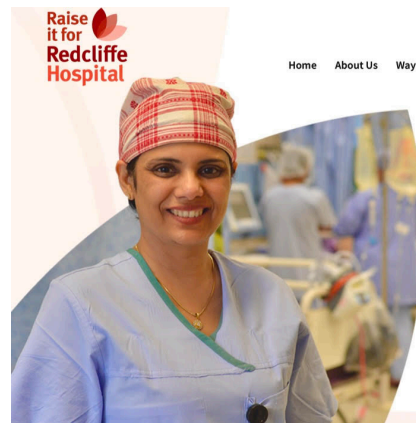
She has a passionate interest in encouraging multi-disciplinary research in perinatal mental health, women's imaging, and medical education.

Dr Kothari is currently pursuing a PhD on 'Forgotten Fathers in pregnancy and childbirth' and has presented her research at numerous international conferences.



Associate Professor Kothari won the prestigious best oral presentation in perinatal mental health at the World Congress in Obstetrics and Gynaecology in London 2019.

She has also received various research excellence, leadership and teaching awards in Metro North Hospital and Health Service and University of Queensland.



Dr Alka Kothari presenting at the "Raise it for Redcliffe" fundraiser at Mon Komo function room, on Saturday 4th September, 2021.

Dr Alka Kothari is regularly invited to speak at international and national conferences and publishes her research in international journals.

Additionally, Associate Prof Kothari is an examiner for the Royal

Australasian and New Zealand College of Obstetricians and Gynaecologists and the University of Queensland.

Professor Alka Kothari is also a member of the Prince Charles Human Research and Ethics Committee and she has received more than 3 million dollars in research grants and provides expert guidance and support to several non-government organizations.

We welcome Dr Kothari on board our RDMA Committee.

GP REQUIRED KIPPA-RING / REDCLIFFE PENINSULA

- Skin Cancer Doctor required for privately owned Computerised Skin Cancer Clinic
- Total Body Photography with Derm Doc Technology
- Fully Equipped Theatre and Treatment Rooms
- Full Time Nursing Support
- Private Billing
- Bright Spacious Rooms
- High Socioeconomic Patient Demographic
- Fully Computerised
- Medical Director and Pracsoft
- Work your won roster

Phone: 07 3880 1444 (Vicki)

E: manager@majellanmedical.com.au

BRISBANE AREA'S COUNCILOR REPORT

DR KIMBERLEY BONDESON,



BLMA Meeting

Excellent News from Changes to the Pandemic Sub Register – Dr Geoffrey



Dr Bob Brown and Geoff Hawson ASAD President

Dr James Collins GP Liaison



Dr Gail Tsang, a radiation oncologist,



Dr Zelle Hodge,

wives, pharmacists and Aboriginal and Torres Strait Islander Health Practitioners who are on the sub-register can now do more to support the COVID-19 response.

Roles in which they can now directly support the COVID 19 response are those associated with but not limited to:

Hawson, who is our very own committee member for RDMA, as well as being the AMAQ Representative for Retired Doctors has been working hard to secure changes and improvements to the current situation and restrictions that retired doctors were facing with APHRA.

The Following is an edited extract from Dr Hawson's most recent communications on the AMAQ Community forum.

“It looks like things are changing. The roles of sub-register doctors are being expanded and it is hoped that the doctors who missed out on being on the sub register may soon be offered a position on a new sub-register.”

Change to what you can do on the Pandemic Sub Register. Medical practitioners, nurses, mid-

- Vaccination rollout – administering the vaccine, handling and storage activities, dosing and administering the vaccine and/or helping with this, and/or safety and surveillance monitoring following vaccination

Clinical and non-clinical roles directly related to the COVID-19 response, Employment and practices as part of a surge workforce or temporary back-fill positions due to outbreak management or quarantining of other health workers.

Other work to support a surge health workforce Dr Hawson reports that an AMAQ media release, which went out last week, may have had some impact on these changes by APHRA. The AMAQ media release called for the use of senior doctors to help in the pandemic.

However, Dr Hawson reports there are still more changes to be made to help with the current crisis, and lists the following:

- The ability of doctors who have resigned in the last year and who will fall off the register on 30 September 2021 to have the opportunity to join the sub register. AHPRA could establish a new sub-register comprised of eligible practitioners who have lapsed or had non-practicing registration since 1 April 2020, when the temporary sub-register was first established. If this was to happen, it would be a great boon to the doctors who have missed out on helping.
- The need for a step-down category of doctors so that on an ongoing basis, doctors can continue to be useful and trained for any emergent situations and not the off again on-again situation that we have now.

Well done Dr Hawson, keep on, and hopefully APHRA will get up to date with what is needed, and in line with what other countries around the world are doing with their senior/retired medical workforce.

Kimberley Bondeson

COVID VACCINATION MANDATE NEEDS “STRONG JUSTIFICATION” AND FAIRNESS

MANDATORY vaccination proposals must be backed by “strong justification”, and less restrictive avenues to increase uptake must be “meaningfully attempted” first, according to authors of an article published by the *Medical Journal of Australia*.

Professor Julie Leask and colleagues from the Collaboration on Social Science in Immunisation, wrote that a range of issues must be considered before COVID-19 vaccine mandates were introduced.

“Because they are more coercive than other interventions to increase vaccination coverage, mandates demand stronger ethical justification,” Leask and colleagues wrote.

“Policy makers should balance rights of individuals and the promotion of public good whilst carefully considering the epidemiological, programmatic, and legal issues.”

The authors outlined the following prerequisites for a successful and fair mandate:

- The mandate should be legal – in most settings it must have legislative support. Fair Work Australia provides general guidance in workplace settings;
- The burden of disease should be high enough to justify a mandate;
- The mandated vaccines must be safe – “Governments need to operate a no-fault vaccine injury compensation scheme to compensate those required to vaccinate in the rare occurrence of a serious adverse event”;
- The vaccines should reduce transmission – “more justifiable when vaccinating one person helps protect others around them”;
- Vaccine supply should be sufficient and access easy – “A penalty for not vaccinating when the government has failed to meet its service delivery obligations is unjust”;
- Less restrictive and trust-promoting measures should come first;
- The type of mandate should not penalise the poor unfairly – “Mandates should not compound disadvantage”;
- Those mandating need to plan and support implementation – “systems for documenting and retrieving evidence of vaccination are essential”; and,
- Affected populations should be considered in planning – “All mandates must include exemptions for those with a valid medical reason”.

“Addressing these considerations in ways that are procedurally just can ensure that outcomes are fairer and more trusted,” Leask and colleagues concluded.

“Mandate decisions that are careful and responsive to context are more likely to avoid social harms while, ideally, helping to achieve a public good.”

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>
Contact Email: media.office@sydney.edu.au or media@mcri.edu.au

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

#

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604

Telephone: (02) 6270 5400 Facsimile (02) 6270 5499

Website: www.ama.com.au



NSW MUST RELEASE UPDATED MODELLING SHOWING IMPACT OF EASING COVID RESTRICTIONS ON HEALTH SYSTEM

The Australian Medical Association (AMA) said the New South Wales Government’s plan released today to start reopening from the COVID-19 lockdown lacked sufficient detail, including any modelling of future case numbers and health system impacts.

AMA President Dr Omar Khorshid and NSW State President Dr Danielle McMullen said that although the NSW Government stated it was following the Doherty modelling prepared for National Cabinet, it seemed to have ignored warnings that easing restrictions when contact tracing systems were already overwhelmed would lead to higher case numbers and a greater burden on the health system.

“The Burnet modelling released by NSW recently was predicated on current restrictions remaining in place and did not include an assessment of what the changes announced today would mean for the health system,” he said.

“The Burnet analysis shows that NSW is likely to ease restrictions at a time when there will still be more than 500 infections each day and with the health system under considerable stress. We already know it is beyond the capacity of the NSW health system to effectively trace contacts of many hundreds of cases a day.

“NSW needs to release the modelling it has used to inform today’s changes to either reassure the community that infection numbers will continue to come down to manageable levels or give the community an honest assessment of their impact on the health system.”

According to the Burnet modelling, during October, November and moving into December, ICU capacity in NSW would be under enormous strain. The public needed to know that today’s changes would not make projected peaks worse or mean that they lasted even longer.

Dr Khorshid said high infection numbers put pressure on all parts of the health system - emergency departments, hospital wards, ICUs, and primary care - and diverted precious resources away from the day-to-day function of the health system.

Elective surgery would need to continue to be deferred and serious health conditions would go undiagnosed and untreated, he said.

“NSW is right to ease restrictions slowly and to limit changes to people who are fully vaccinated. However, the key problem facing NSW is that it is looking to ease restrictions when case numbers are likely to be too high,” Dr Khorshid said.

“NSW should look to achieving a higher vaccination rate in order to reduce pressure on the NSW health system and ensure that NSW could open up in a sustainable way” Dr Khorshid said.

“Unfortunately, today’s plan appears to leave NSW at considerable risk of having to return to lockdowns.”

Continued Page 11

Thanks to the experts at
Brisbane Haemorrhoid Clinic,
there's no need to
suffer in silence.

At Brisbane Haemorrhoid
Clinic we use the most
modern techniques
to fix these problems
easily & simply.



Dr Hugh McGregor
BSc(Hons) MBBS(Hons)
PhD FRACS



Dr Lindsay Watson
MedBSci MBBS
FRACGP

No Referral needed!

Call one of our friendly staff at
North Lakes Day Hospital today:
07 3833 6707!

 **NORTH LAKES**
DAY HOSPITAL

7 Endeavour Boulevard,
North Lakes Qld 4509
W: www.northlakesdayhospital.com.au

MEDIA RELEASE MEDIA RELEASE

“NSW residents have sacrificed too much for too long to risk letting COVID overrun our hospitals when they are already being pushed to the limit,” Dr McMullen said.

“The more people are out and about in the community, the greater risk they are at of requiring hospitalisation. Falls, car accidents and alcohol harms are all expected to increase when restrictions are relaxed. This means more people in hospital at a time when we can handle it least.

“We all want to get back to normal but moving too fast too soon risks everything we have already sacrificed,” Dr McMullen said.

“We need a staged approach to loosening restrictions that takes into account the impact on our healthcare system, our healthcare workers, and long-term implications for non-COVID health care that has already been suspended,” she added.

9 September 2021

CONTACT: 02 6270 5478 media@ama.com.au

[NSW AMA 0450 129 502](tel:0262705478)

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>



Professor Chris Perry OAM and Dr Brett Dale

WORKING FOR QUEENSLAND DOCTORS

August's short sharp lockdown was effective, but highlighted the havoc that COVID outbreaks can wreak on the health system, with about 400 doctors forced to quarantine for weeks, and others stranded by Queensland's border closures. In this update, we have information on how we have advocated for health care workers in our border communities, how we surveyed our members about their views on mandatory vaccination, raised concerns about the impact of the Wellcamp quarantine centre on the regional workforce, and secured a no-fault indemnity scheme for COVID-19 vaccinations.

COVID-19 UPDATE

Indooroopilly cluster

We remain concerned about the worrying resurgence of COVID-19 in the community, with the highly contagious Delta strain sending five capital cities and all of New South Wales into lockdown. The lockdown in South East Queensland, Cairns and Yarrabah appears to have contained the virus, but not before forcing thousands of people into home quarantine for weeks.

These Lockdown Legends, and every Queenslander who obeyed the health directions and stayed home, were instrumental in Queensland avoiding the soaring numbers experienced in New South Wales and, to a lesser extent, Victoria and the ACT. Dr Kim Hansen (*pictured in quarantine with her three children*), the chair of AMA Queensland's Ramping Roundtable, was the public face of the quarantining doctors, appearing on radio and television throughout the lockdown. You can read more at qld.ama.com.au/news/Qld_lockdown_success



Border closures

AMA Queensland is also concerned about the impact of hard border closures on communities where a 20-minute commute has turned into hours for health care workers and patients with permission to travel between Coolangatta and Tweed Heads, or where people cannot cross the border at all by road from rural communities to seek medical treatment in Birdsville. We support calls for border bubbles to make it easier for doctors, nurses and allied health workers to do their jobs, and for patients to receive care.



We have written twice to the Queensland Government urging changes to the border checkpoints and the narrow definition of essential. We have asked for the border checkpoint to be moved further south and for all medical support workers, including orderlies, cleaners, cooks and receptionists, to be reclassified as essential workers. You can read more on our website at

qld.ama.com.au/news/bordercheckpoint and qld.ama.com.au/news/essentialworkers

Wellcamp quarantine centre

While AMA Queensland has long called for purpose-built quarantine centres for returning travellers to overcome the shortcomings of hotel quarantine, we have concerns about the stand-alone facility being built just outside Toowoomba at the Wellcamp site.

We are concerned that the local medical workforce has not been consulted about the potential impact on existing services and the local community of a 1,000-bed centre just a few kilometres from Toowoomba Hospital. We are also concerned about the potential for this new facility to strip the regional workforce by attracting locums and other health care workers who would otherwise be taking up regional placements in areas where they are desperately need. The proposal to airlift all COVID cases to Brisbane hospitals adds a new layer of risk to the health workforce. These questions are yet to be addressed by the Queensland Government. You can read more at qld.ama.com.au/news/wellcamp

Mandatory vaccinations for all health care workers



Thanks to the more than 400 members who responded to our survey on mandatory vaccinations for health care workers. You overwhelmingly support the need for all workers in the health care system to be vaccinated, with almost 90 per cent agreeing and 80 per cent expressing concerns about working alongside unvaccinated workers.

Pleasingly, 97 per cent of respondents have had at least one COVID-19 vaccination, and only 10 respondents said that they did not intend to get the jab.

AMA Queensland and ASMOFQ have supported the AMA's call for national action to mandate vaccination for all health care workers, beginning in hospitals and then extending to the wider health system.

Public health orders are a government responsibility and it should not be left up to individual employers to bear the responsibility for requiring their workers to be vaccinated. Read our statement on mandatory vaccinations for all health care workers at qld.ama.com.au/news/mandatoryvaccines.

Indemnity for COVID-19 vaccinations

Following strong advocacy from all AMAs, the Federal Government has announced a no-fault indemnity scheme for COVID-19 vaccinations. AMA Queensland was a key voice on this issue, maintaining pressure with all stakeholders and the media to ensure an appropriate resolution was achieved.



The new scheme ensures that health care workers involved in the vaccine rollout are not put through distressing court processes for simply playing their role in administering lifesaving vaccines as part of Australia's pandemic response.

Under the scheme, injured patients can apply to Services Australia for Commonwealth-funded compensation. An expert panel will assess the veracity of claims and determine common law equivalent compensation settlements funded by the Commonwealth.

The scheme follows months of work by the AMA with the Government, medical defence organisations and the business sector. Read the AMA media statement at ama.com.au/media/no-fault-indemnity-scheme-boost-vaccine-rollout.

New vaccine guidelines for children

ATAGI has updated its vaccination advice for children aged between 12 to 15 years old. From 13 September, all children in this age group will be able to register to receive a Pfizer COVID-19 vaccine. This is welcome news, however, demand for Pfizer continues to far outstrip demand, particularly given the urgency of the New South Wales outbreak, and we are urgently lobbying for more vaccines. Read more at qld.ama.com.au/news/teenagevaccine

RESIDENT HOSPITAL HEALTH CHECK OPEN NOW

The Resident Hospital Health Check survey of doctors in training is open throughout September. This anonymous survey covers areas such as access to professional development leave, whether paid overtime is easy to access, and the general culture of the hospital or health facility.

The data will be analysed by a statistician and released in the last quarter of this year to give doctors in training important information as they consider their next placement. We encourage all doctors in training to take part in this survey, which is available on the AMA Queensland website. Head to our website to find out more at qld.ama.com.au.



SELF-CARE SEPTEMBER

COVID-19 has taken its toll on many people's mental wellbeing, and the Council of Doctors in Training (CDT) has come up with a month of ways to take care of ourselves and each other with Self-Care September, from cat videos to cooking classes. There are great prizes to be won each week just by joining the conversation on Facebook or Instagram. A big thanks to our

prize sponsor, Doctors' Health Fund, for their generosity in supporting this new initiative. Congratulations to CDT Co-Chair Dr Natasha Abeysekera for her passion and enthusiasm in driving this campaign.

DINNER FOR THE PROFESSION

Three health care heroes were recognised at AMA Queensland's annual black-tie event, *Dinner for the Profession*, in Brisbane on 20 August.

Brisbane physician Dr Ellen Burkett was awarded the prestigious *AMA Queensland Gold Medal*, for outstanding service to the community and the practice of medicine. Emerald GP Dr Ewen McPhee was presented with the *AMA Queensland Rural Health Medal* in appreciation of more than three decades' exceptional service to rural and remote communities. Townsville social services champion Mrs Dushy Thangiah was awarded the *AMA Queensland Excellence in Health Care Medal* for her outstanding work in the housing and homelessness sector. Watch the highlights video of the night on our YouTube channel youtube.com/user/AMAQLD



From left – Dr Ewen McPhee, Dr Ellen Burkett, Mrs Dushy Thangiah, Minister for Health and Ambulance Services the Hon Yvette D'Ath MP, AMA Queensland Chair Dr Eleanor Chew, AMA Queensland President Professor Chris Perry

PRIVATE PRACTICE WEBINAR SERIES

The next Private Practice Webinar is Monday 27 September from 10am -11am on the topic of work, health and safety requirements. This five-part training series covers key issues for GPs, practice managers and specialists. Receive a 40 per cent discount if you purchase all five sessions and either join the live webinars or access the recordings. Head to the events section of our website to purchase the series.



QSCRIPT

AMA Queensland is lobbying for a 12-month grace period for penalties for non-compliance in using QScript, Queensland's read-only, real-time prescription monitoring system.

QScript came into operation on 1 September and penalties for non-compliance were planned to start on 1 October, however we will continue to advocate for the grace period to allow practitioners time to adapt to this new system.

EXTRAORDINARY GENERAL MEETING



AMA Queensland has a new name following an Extraordinary General Meeting on Friday 27 August 2021.

Members voted unanimously to change the name of the company from The Queensland Branch of Australian Medical Association Limited to Australian Medical Association Queensland Limited.

amended Constitution reflecting the name change.

The meeting also approved and adopted the

The change came into effect immediately after the meeting closed. Read the new constitution and explanatory statement at qld.ama.com.au/news/EGMoutcome.

We are proud to be leading Queensland doctors and creating better health for our community.

Daintree National Park, Queensland

by
Cheryl Ryan



Home to one of the one of the oldest rainforests of the world, a visit to Daintree National Park is like stepping into a time machine to explore prehistoric flora and fauna.

Hundreds of these species have remained unchanged thanks to the isolated geography of Australia. But that's not all there is to Daintree, along with being the residence of Kaku Yalanjee Aborigines, it also happens to host the meeting point of the world's oldest rainforest with the world's greatest coral reefs at Cape Tribulation.

Spread across one thousand two hundred kilometers, Daintree National Park offers breathtaking panoramic views of the surrounding landscapes. It connects the two geographical regions of Mossman Gorge and Cape Tribulation, with lowlands in the middle. Entering the jungle canopy is at par with being transported to the sets of the movie Avatar (which, it also happened to inspire), while making for a unique outdoor holiday experience. To add to the charm of this exquisite national park, the local aboriginal tribes (who protect and worship these landscapes) offer personalised guided tours and homestays at their village -- an experience you would not want to miss!

What we have planned for you

- While taking a guided day tour through the Daintree Rainforest is a must, it is the guided night tour that offers the most spectacular up-close interactions with the fauna. In both the tours, you get to enjoy a time travelling experience by exploring the wildlife that has remained unchanged for over a hundred million years.

- Hop aboard the Daintree River cruise to go searching for the saltwater crocodiles in the legendary Steve Irwin's style.

- Post the croc-hunt, it's time to take a break from the jungle and pay a visit to the Granite wonder that is Mossman Gorge. Here, the Mossman River cascades over the granite boulders giving rise to freshwater

swimming holes and pools with crystal clear waters that make the perfect location to enjoy a refreshing swim. You can even opt for a boardwalk across the emerald green canopy of the gorge or hike along the riverside trail.

- While at the Mossman Gorge, save an evening to enjoy a culturally immersive experience with the local Kuku Yalanji tribesmen, who would happily take you on a tour of their local village and offer you lip smacking local meals, the kind you would not find anywhere else in the world. Here, you will also have a chance of learning over nine thousand year old traditional techniques of fish catching and crab spearing.

- Having been through the rainforest and the tribal villages, the opportunity is ripe to pay a visit to Cape Tribulation -- the point where the ancient rainforest meets the Great Barrier Reef. This is where you can get the chance to spot the elusive Cassowary, an endangered large bird species, some of which can grow up to 2 meters in height.

We have some great deals available now. Give us a call or check out our website for more information www.123travel.com.au

We have some great deals available now. Give us a call or check out our website for more information www.123travel.com.au

www.123Travelconferences.com.au

FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES

WE'RE PROUD TO BE **ATAS** travel accredited

PROFESSIONAL CREDIBLE & RELIABLE

Non-Concessional Contribution Bring-forward measures and 6-member SMSF bill passes Parliament

The measures to extend the bring-forward age up to 67 and the bill to increase the number of members allowed in an SMSF were passed by both houses of Parliament. Both measures have been items of discussion for an extended period of time, and we are excited to have a definite outcome at last.

The Bring Forward Measure

The changes to the Bring Forward Measure amends the *Income Tax Assessment Act 1997* to enable individuals aged 65 and 66 to make up to three years of non-concessional (after tax) superannuation contributions under the bring-forward rule. Previously, this measure was only available to members under the age of 65. This change is inline with another recent change to the work test (the age at which the work test starts to apply for voluntary superannuation contributions has been increased from age 65 to age 67).

A member's non-concessional contribution cap is dependent on a number of factors, including their Total Superannuation Balance (TSB) at 30th June the prior year, so please contact us to discuss your circumstances before contributing additional money to superannuation under this measure.

Increase in Number of SMSF Members from Four to Six

This proposal follows a recommendation by the Super System Review (Cooper Review) back in 2010. Many SMSFs currently have just one or two members, so this change may not affect them. However, for larger families with existing SMSFs, this new measure has the potential to provide greater flexibility for joint management of retirement savings. We anticipate that this change may bring about the following benefits for some clients:

- Making a larger pool of funds available to either diversify the existing investment mix, or purchase investments such as property that may not have been previously viable due to borrowing restrictions or lack of capital;
- Improve liquidity of the SMSF to help support older members who have already entered pension phase meet their minimum pension requirements without having to sell down existing investments;

These amendments apply from the start of the first quarter that commences after the act receives royal assent.

Of course, any decisions that are made will need to be done so after careful consideration of the provisions of your SMSF trust deed and personal circumstances. If you would like to discuss this further, please contact David Darrant, Paul Lewty or Christine Benson on 07 5437 9900.

Level 1, 8 Innovation Parkway, Birtinya QLD 4575 / PO Box 206, Mooloolaba QLD 4557

P: 07 5437 9900 F: 07 5437 9911 E: poole@poolegroup.com.au

www.poolegroup.com.au

Liability limited by a scheme approved under Professional Standards Legislation*
*Other than for the acts or omissions of financial services licensees

NEW HOSPITAL MODELLING NEEDED BEFORE OPENING UP

Hospitals not ready to cope with plans for opening up, AMA says. The AMA says hospitals are ill prepared for plans to open up and has called for new modelling based on hospital and staffing capacity to guide opening-up plans for Australia.

In a dire warning to leaders, the AMA has written to the Prime Minister, state premiers and chief ministers telling them our hospitals, and the people who need them and work in them, are in danger of being locked into a permanent cycle of crisis. AMA President Dr Omar Khorshid's letter said our hospital system is not ready to cope with an easing of restrictions - even with increased vaccination rates - and a detailed understanding of current hospital capacity must be developed, modelling the impact of 'living with COVID-19'.

"Even pre-COVID, emergency departments were full, ambulances ramped, and waiting times for elective surgery too long." Dr Khorshid said. "While National Cabinet is considering the cost of expanding intensive care capacity for an expected COVID surge, a funding top-up alone won't cut it. The Commonwealth will need to address the longer-term public hospital funding crisis.

"We must urgently prepare our health system before opening up and to do that we need new modelling based on our hospitals' ability to cope with the associated increase in caseload. "This modelling should contemplate all aspects of the impact of COVID-19 on our hospitals and primary care sector. Staffing, for instance, is already a significant problem right across the health sector, exacerbated by international border closures.

"Modelling should also contemplate the cost, efficiency impact and supply of enhanced PPE and infection controls, and the inevitable reduction in patient throughput, especially where COVID-19 positive and negative patients are treated at the same facility. "The practice of furloughing staff exposed to COVID-19 won't be sustainable once caseloads increase and this is one of the reasons the AMA called for vaccination to be mandated for all employees and contractors in hospitals and community health settings.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

"Our hospital system will need to adapt to incorporate new facilities, staff and processes required to stop the spread of COVID-19, especially recognising airborne transmission. Crucially, Dr Khorshid said modelling may also show a higher level of community vaccination is required to ensure the hospital sector remains functional once restrictions are fully eased.

"The AMA believes a vaccination rate higher than 80 per cent of the adult population is likely to be required to avoid repeated lockdowns given the existing constraints on hospital capacity and staffing. "If we throw open the doors to COVID we risk seeing our public hospitals collapse and part of this stems from a long-term lack of investment in public hospital capacity by state and federal governments," Dr Khorshid said.

"Our hospitals are not starting from a position of strength. Far from it. As well as ambulance ramping, we have the lowest bed-to-patient ratio in decades, our emergency and elective performance continues to decline, and our doctors and nurses continue to barely cope with their workloads and the constraints of the system.

"The AMA is calling for National Cabinet to urgently commit the necessary funding to prepare our hospitals. Without a commitment to a new reform agreement - one that provides the increased beds, the extra staff, addresses avoidable admissions and readmissions and supports performance improvement - we will lock our hospitals and those who need them into a permanent cycle of crisis.

"Too often we hear tragic stories of late-stage cancer diagnosis, emergency treatment delayed and sadly, avoidable deaths all resulting from an overworked system. This is only going to get worse with COVID and we cannot afford to wait any longer," Dr Khorshid said.

2 September 2021 CONTACT:
AMA Media: +61 2 6270 5478 media@ama.com.au
Follow the AMA Media on Twitter: http://twitter.com/ama_media Follow the AMA President on Twitter: <http://twitter.com/amapresident> Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

Where We Work and Live

Vietnam: Bill Kane Royal Australian Navy: <https://anzacportal.dva.gov.au/resources/bill-kane-royal-australian-navy-partners-allies>

Bill Kane (Royal Australian Navy), HMAS Sydney

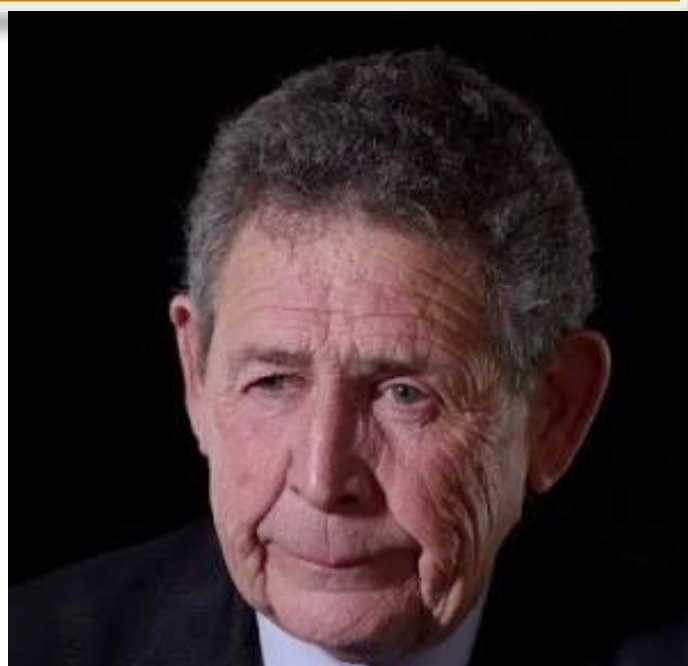
Bill Kane served in Vietnam War with the Royal Australian Navy on HMAS Sydney.

Bill had the experience of transporting troops both to Vietnam and home to Australia, noticing a pronounced change in the men. Bill Kane had the navy in his sights from a young age. "When I was going to technical high school we used to get a visit every six months from the navy bus and I was quite taken with the spiel and I've always been like a technical type person so I saw there was an advantage in me going into the navy." Bill served on HMAS Sydney, an aircraft carrier brought from Great Britain. After service in Korea, it was held as a 'ship in reserve.' "When Vietnam came along they took her into Garden Island dockyard, gave her a quick refit and then she was set, ready then for the first trip. For all the troops and all the gear they could carry."

Sydney took on the role of troop transport. She carried men and material to Vietnam and brought them home again. "They built a huge bridge, from the Garden Island wharves, up to the level with the deck of the Sydney. So all the trucks and stuff were driven up it, and they were loaded and the soldiers, they formed up on the wharf in their units, and then they ceremoniously marched on. It was actually pretty good, because a lot of the sailors on Sydney had to sleep in hammocks because of the soldiers coming on, and they chose to do that, purely because they wanted these guys to be as comfortable as they could 'cos they're not going to get it real easy when they get to the other end.

Oh, they loved it. Well there was a movie every night for them; they got a beer issue, the PTIs got them up on the flight deck every morning and gave them their exercises, and then the gunnery people got them down the aft end for rifle practice or gunnery practice, yeah, they thought it was Christmas." In Vietnam, the Sydney unloaded in the port of Vung Tau, though not without caution. "Sydney would go in early in the morning and she used to leave by four o'clock, she never stayed in the harbour overnight, because it would be an easy job to lob a couple of rockets in and knock her off."

When homeward bound troops came aboard, Bill noticed the changes in them. "They were very gaunt, very quiet. They'd do a lot of staring; didn't tend to join in, sort of kept to themselves a lot. That was my first experience of guys that had



Bill Kane, Royal Australian Navy

been in battle and how it really affected them – you can just tell it in their face, you know. Everything was sad about them, you know?"

HMAS Sydney made her last trip home from Vietnam in 1972, when the war ended for Australia. Bill was on board. "It was quite an experience the last trip, because number one, our hospital on board got filled up with wounded and sick guys, more so than we'd ever seen. In fact, we had to finish up pinching a mess of the soldiers and using that to bed down these sick and injured. They got the military equipment on there that they had to bring back and I think a lot of the stuff that was still operational was given to the South Vietnamese. There was a lot of the stuff there, they just dug a big trench and they just pushed everything in there, put hand grenades in them and drums of diesel; let them off, exploded it all, and got the bulldozers just to cover it over."

Bill Kane became an advocate for veterans' welfare after he left the navy and continues in that role today. "I actually loved my time in the navy, even though I came out a bit of a wounded warrior on the other end. But I was well looked after by the system. I sometimes get little twinges of being stupid but, I've got a shed and when I know that I'm getting a bit angry, or a bit of animosity towards my wife, I go up to the shed. And I know when it's all over 'cos she comes up with a cup of tea; and has a cup of tea with me and, 'What would you like for dinner darling?' And it all goes."

The End

Are You A Member? Why Aren't You? Here is What You Get!



Get Your RDMA Membership Benefits! Socialise! Broaden Your Knowledge!

CPD Points Certificate Available

Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This membership subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome. Doctors in Training and Retired Doctors are invited to join at no cost. Please complete the annual memberships subscription below and enjoy the benefits your membership brings you and your colleagues.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; GJS2@internode.on.net

ABN 88 637 858 491

- 1. One Member Membership Fee Per Annum \$90.00;**
- 2. Two Family Members Membership Fee Per Annum \$150.00 (Please include each person's details)**
- 3. Doctors in Training and Retired Doctors: FREE**

1. Dr

(First Name)

(Surname)

Email Address:

2. Dr

(First Name)

(Surname)

Email Address:

Practice Address:

Postcode:

Phone:

Fax:

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064122 AC: 00902422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 223 Redcliffe 4020

2) Or Emailing to GJS2@internode.on.net