September 2024 Newsletter

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

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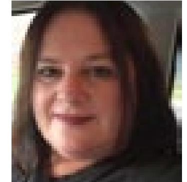
RDMA's Committee Report



Alka Kothari	Geoffrey Hawson	Peter Stephenson	Eugene Lim	Wayne Herdy	Kimberley Bondeson
President	**Vice President**	**Secretary**	**Treasurer**	**Committee Members**	

Welcome to our new President, Ass Professor Alka Kothari! Alka has been a welcome addition to the RDMA Executive team for the last 4 years.

She brings a wealth of experience as an Obstetrician and Gynecologist, with a public appointment at the Redcliffe Hospital, and as Associate Professor with the University of Queensland. She also holds the prestigious four-year Metro North Clinician Research Fellowship. Congratulations, Alka.

Ass Professor Geoffrey Hawson is continuing as our Vice-President, and Dr Eugene Lim is our Treasurer. Dr Wayne Herdy and I will remain as part of the team, as Committee Members.

Dr Peter Stephenson, who was away on his 2631 km Mystery Box Rally, a fundraiser for the Cancer Council at the time of the Annual General Meeting, is welcomed as our new Secretary, and we look forward to Peter's rally photos and report of his trip.

An Update of Urgent Care Clinics
One has closed for lack of doctors after being open for 60 days. Its cost? $2.7 million (Aus doc, 2nd sept 2024) "An Urgent Care Center has shut down temporarily after just six weeks due to the lack of General Practitioners interest".

The Urgent Care Clinic was operating out of an existing sudent clinic at the University of New South Wales.

"NSW Heath stated that it would stay open eight hours a day, 365 days a year…"

The clinic did not accept walk-ins, and patients were referred to the Urgent Care Center via a telehealth service or Armidale Hospital".

According to Aus Doc the clinic relied heavily on 3.3 FTE General Practitioners already working at the clinic for students".

AMAQ National Conference September 24
At the end of September, Dr Herdy and myself will have been to the AMAQ National Conference in Greece, and should have a report and some photos to show!

Kimberley Bondeson

Free RDMA Membership For Doctors in Training

RDMA Meeting Dates

Page 2.

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

RDMA 2024 MEETING DATES:

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

CPD Points Attendance Certificate Available

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

Time: 7.00 pm for 7.30 pm

Next meeting date is

	Tuesday	February	27th
	Wednesday	March	27th
	Tuesday	April	30th
	Wednesday	May	29th
	Tuesday	June	25th
	Wednesday	July	31st
	ANNUAL GENERAL MEETING		
	Tuesday	August	20th
NEXT	Wednesday	September	25th
	Tuesday	October	29th
	NETWORKING MEETING		
	Friday	November	22nd

Newsletter Publisher.
M: 0408 714 984

Email:RDMAnews@gmail.com

Advertising information listed in the right column and on RDMA's website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

Advertising & Contribution

Due 15th of each Month 2024

Email: **RDMANews@gmail.com**

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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
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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.

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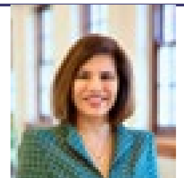
Lumus Imaging North Lakes has exciting news!

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

For Bookings please call our lovely staff on 07 3142 1611

lumusimaging.com.au

RDMA Executive Contacts:



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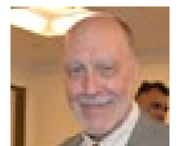

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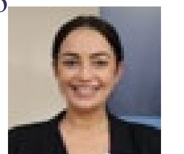

Meeting Convenors Ph:3049 4444
Email: qml_rdma@qml.com.au
Anna Wozniak M: 0466480315

RDMA Meeting 20th August 2024

RDMA AGM Meeting 20 August 24
Kimberley Bondeson RDMA President introduced Sponsor **GSK Representatives:** Lauren Thompson, Brendan Thompson, Ivanka Ruvarac and David Valkhoff.
Speaker: Dr Lydia Mowlem, Consultant Physician in Internal Medicine
Topic: Evolving Respiratory Management

Photos Clockwise from the right.
1. Dr Lydia Mowlem - Speaker
2. GSK Reps Lauren Thompson and Ivanka Ruvarac.
3. David Valkhoff and new member Andrew Tawfik.
4.New member Dr Brendan Thompson.

RDMAs New Executive Committee was voted in:
President - Alka Kothari
Vice President - Geoffrey Hawson
Secretary - Peter Stephensen
Treasurer - Eugene Lim
Committee Members:
Wayne Herdy and Kimberley Bondeson

SHOCKWAVE THERAPY IS HERE AND OUR PODIATRY TEAM CAN HELP!

OUR PODIATRISTS AT SPORTS & SPINAL ARE EXPERIENCED IN TREATING MUSCULOSKELETAL CONDITIONS OF THE FEET AND LOWER LIMBS.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.

SCAN THE QR CODE FOR MORE INFORMATION OR TO REFER TO OUR TEAM TODAY

WHAT IS RADIAL SHOCKWAVE THERAPY?

Radial shockwave therapy is a non-invasive, safe and effective treatment in which a device is used to pass acoustic shockwaves through the skin to the affected area. It is aimed at improving pain, function, and quality of life in conjunction with other treatments.

HOW DOES IT WORK?

It is trying to take affected soft tissue from a more chronic state to an acute state. In doing so it provides a stimulus to a 'stalled' repair sequence.

COMMON CONDITIONS WE TREAT WITH SHOCKWAVE?

- Plantar fasciitis
- Heel Pain
- Achilles tendinopathy
- Shin Splints/Medial Tibial Stress Syndrome
- Patella tendinopathy
- And more...

Shockwave Therapy is available at our Sippy Downs (Sunshine Coast), Chermside and Indooroopilly (Brisbane) and Broadbeach (Gold Coast) clinics.

RDMA Meeting Wednesday 25th September 24

Monthly Meeting

Date	**Wednesday 25th September**
Time	7pm for a 7:30pm start
Venue	Waterview Room, The Komo 99 Marine Pd Redcliffe
Cost	Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – $30 payable at the door (Membership applications available).

Agenda

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served. Welcome by A/Prof Alka Kothari – President RDMA Inc **Sponsor: Lime Radiology** **Represented by: Morgan Hunt** **Speaker: Dr Tim Dimitriades** **Topic: CT Guided Cervical Spine Injections – A Pain in the Neck?**
7:40pm	Main Meal served (during presentation) **Speaker: Dr Eugene Lim** **Topic: Myocardial Perfusion Scans – How and Why**
8:20pm	Q&A
8:30pm	General Business - Dessert served. Tea & Coffee served.
RSVP	**By Friday 20th September** **RDMA@qml.com.au or 0466 453 806**

MysteryBox Rally by Dr Peter Stephenson

My younger son (Andrew) and I have just recently been in a Mysterybox car rally that raised $1.3million dollars for the Cancer Council of Australia! It was our second such rally for old vehicles. The first was two years ago and my involvement was a result of very tragic circumstances. Andrew had a good mate Anthony Jacko who had a brother who had already driven in a Shitbox rally. Anthony convinced my Andrew to join him in a team of two called Quantum Mechanics and this was in 2020. Covid hit and the rally for that year was postponed till 2022. Very sadly Anthony developed a cancer and had to withdraw which was when I stepped in. Anthony's funeral was on the day before we left to join the rally in Hay, NSW. As our initial Shitbox car engine stopped and we could not get it going, we were given special dispensation to drive Anthony's old Honda Jazz instead even though we had not purchased it.

There are two types of Box rallies for two

wheel vehicles only. One is called a Shitbox and the vehicle has to be purchased for $1000 (recently increased to $1500.00) is 7 days long and the course is published. https://www.shitboxrally.com.au/the-event/ The second is a Mysterybox and vehicles have to be over 25 years old and lasts 5 days. The route is only published daily and is an out and return. https://www.mysteryboxrally.com.au/ This year the Mysterybox was from Airlie Beach Queensland so we purchased another Honda Jazz for $1000.00 and entered..It was actually the same colour as Anthony's Jazz which was left in Hobart worn out after a rally last year by Anthony's brother.

To put in a team of two people for a Mysterybox, you are expected to raise at least $4000.00 for the Cancer Council. This year, one team raised $15,000.00! .You are expected to take all your camping gear but food and camping fees are included in your registration fee. You travel in a buddy group of up to 8 vehicles. Any breakdown your team cannot fix on the road means the team and gear has to be carried by the others in the buddy group. The U/S car is put on a trailer carried by a support 4WD that follows the route. Usually, punctures are a problem but our group had none this time. Tyres and cars are fixed in the evenings at camp.

First stop from Airlie Beach was the Oasis Roadhouse in central north Queensland (see the map). One of our group had cooling problems so we had to slow down but it was fixed by draining the system, topping up with plain water and adding a magic leak gunk and it fixed it for the whole five days. The second day on the way to Karumba in the gulf, the same problem occurred in one of the other vehicles and was fixed just as easily.

One of our group was an old limousine that had had a lift kit. On the way to Karumba.

it started spewing black smoke from its recently reconditioned engine. However, it eventually stopped moving as the transmission was stuffed as well! We had to leave it for the RACQ to rescue as it was too long for any of the trailers! Its crew and gear were put in the fire engine. Yes! One of our team was a 25+ year old fire engine, and owned by the same owner as the limo. The next day in Karumba, the limo crew were presented with medals: “My car died on a Mystery Box Rally”.

Karumba to Chillagoe was not without drama. We were volunteered to be point most days so we could be blamed for getting us lost of course. It was a fully dirt road for the whole day and we left the group behind us because they stopped. We did not hear the call because of the deep valleys and the dust behind us. When we realised that we had lost them, we went back but we had to stop too because of our low fuel light came

on. We waited an hour sitting on the side of the road getting thoroughly dusted by passing Mysteryboxers and those amazing three trailer road trains. So we went on, arriving in Chillagoe with a litre of fuel left in the tank! Our group turned up late that night having had to swap batteries a few times as one of the cars fan belt had broken so the alternator was not charging. That was fixed that night of course with an ingenious fix.

Chillagoe to Rollingstone was the best part of the trip. There was some bitumen but it was mainly dirt, water crossings and some of it goat track more suitable for 4WD’s. Still a gazetted road! Night fell towards the end while we were crossing the great divide and one of our cars lost their head lights. Their full beam was made to work but when dimmed, they lost all headlights. We were on point and the faulty headlight car was placed immediately behind us and we continued being their dimmed headlights when cars approached us. We encountered thick fog in that part of the trip too, all adding to the fun!

Rollingstone to Airlie Beach was an anticlimax after that.

If you find the time to check out the photos https://www.flickr.com/photos/mysteryboxrally/albums/ you will notice that dress-up is very popular. Some amazing get ups were worn, sometimes throughout the rally. A couple of girls wore honey bee costumes and could not sit down. We were boring, only wearing convict shirts as a buddygroup as can be seen by the picture.

Every night on the Box Rally is a party night. The last night at Rollingstone continued till 3 am! There was always a bar and entertainment at each campsite. Catering was reasonable with plentiful food usually performed by a local community organization such as the golf club or show ground committee. Packed lunches were provided at breakfast.

The Box Rallies were started by James Freeman 14 years go in commemoration of his parents who died from cancer 12 months apart. Nearly $50M have been raised so far! James is totally involved in the rally and has a Rover shitbox that he is nursing. There are now 5 Box Rallies a year, the latest is one for parent and child to enter. https://lunchboxrally.com.au/

Next year, the Mysterybox is from Broken Hill. Are you going to join us?

Peter Stephenson
GJS2@internode.on.net

Health Checks for Older Doctors: The MBA Consultation Regulation Impact Statement (CRIS) Raises Many Concerns

by Ass Prof Geoffrey Hawson, ASADA President and RDMA Vice President.

The Medical Board of Australia (MBA) has recommended that late career doctors aged over 70 have a regular 3 yearly 'health check' and annually for those over 80. Their argument is that older doctors show 'impairment' and the health checks are to include cognitive assessment. A CRIS statement is available for doctors to read, and submissions are due 4th October. All members of RDMA and colleagues are encouraged to scrutinize the document and make a submission.

https://www.medicalboard.gov.au/News/Current-Consultations.aspx

The Australian Senior Active Doctors Association Inc. (ASADA) believes that the MBA approach is age discriminatory and is not supported by the board's own document. The CRIS document uses notifications data in a way that exaggerates the issue and is misleading to the profession and the public. Below is a summary of issues identified by ASADA to date. A more extensive, formal review will be submitted to the MBA and made available on the ASADA (asada.asn.au) website.

1. Notifications are complaints and do not equal outcome

The CRIS document makes much use of notifications data. However, we must remember that notifications are unsubstantiated complaints and most of them do not lead to any action:

- Only 5.7% of all registered doctors in Australia have a complaint made against them.
- 70-85% of all complaints do not lead to regulatory outcome (AHPRA; OHO; HPCA).
- Over 98% of doctors over 70 did not have a notification leading to regulatory action.

2. Use of Relative rather than Absolute numbers

The MBA relies on the use of relative ratios of unsubstantiated complaints to argue that older doctors are impaired. The medical profession is aware of the problem that arises when trial results are reported as relative ratios without the absolute and base numbers of individuals treated. Absolute numbers are natural frequencies[1]. The MBA's use of relative ratios obscures the fact that there are many more complaints in the larger under 70 group despite having a lower relative rate. *MBA data*[2] in 2023 shows there were 485 notifications in the over 70 group versus 5131 complaints in the under 70 group. In 2023 there were 10.6 more complaints against doctors in the under 70 group. This result is obscured in the document.

The MBA has made much of the findings of *Thomas et al. 2018*[3] both in the CRIS document and in media releases. They argue that complaints categorised as *Illness/Cognition* are 15.4 times more likely in the late career group (over 65). The data do not distinguish between physical illness and cognitive impairment (current categorisation of notifications does not do this either). The MBA document does not include the fact that for younger doctors (36-60) health concerns comprised only 4% of complaints and for older doctors, 6.2% of complaints. Over 90% of complaints were for other issues. However, while the relative ratio appears high the absolute numbers show a different picture. As well, the younger doctor group were more likely to have complaints regarding mental health and substance abuse.

For those who are mathematically inclined here are the numbers. *Thomas et al. 2018*[3] shows that the rate of *illness/cognition* notifications was 4.5% (older) versus 0.4% (younger) which is reported as an IRR of 15.4. In absolute terms there are 72 notifications in the older group versus 42 in the younger group (a ratio of 1.7). For *mental illness/substance abuse* the provided relative ratio is 0.58 based on a frequency of 24 in the older group vs 383 in the younger group. This is a multiple of 16 more younger doctors with these notifications. The 0.58 completely obscures this fact. The two groups are combined to give an overall sex adjusted IRR of 2.07 favouring the younger group. This method of data reporting is misleading and is used by the board to argue the targeting of late career doctors.

Again, it must be remembered that the data was collected in 2011-2014 and is now over 10 years old, therefore referring to an earlier cohort of doctors. It refers only to unsubstantiated complaints not to those that were found to have any substance.

Of what meaning is it to know that unsubstantiated complaints for one group are 1.7 times that of another group, and these are reported as an IRR of 15.4 and this number is weaponised against older doctors.

3. The number of notifications does not equal the number of doctors

Some doctors may receive more than one notification. The Ahpra Annual Report 2023 shows this as 1.25 for Ahpra data and 1.28 using all national data for each doctor with a notification. So, number of notifications/1.25 = number of doctors involved. For late career doctors, the CRIS document states there were 485 notifications or unsubstantiated complaints. Given the rate of 1.25, there were approximately 388 doctors over 70 out of 6,975 (excl. those with non-practising registration) with a complaint. Of these, 112 (23.2%) led to a regulatory action. We estimate (in the absence of publicly available data on actual numbers) that this applies to approximately 90 doctors or less or 1.3% of the 6,975 registered doctors over 70. No late career doctor had their registration suspended or cancelled as part of the regulatory action and no information is provided about how many *health impairment* complaints led to regulatory action.

4. Multiple notifications per doctor

In addition, a small percentage of doctors (all ages) are the focus of more notifications. *Bismark, Spittal & Studdert [4] 2013* (not referenced in the CRIS document) report that, while there was an average of 1.98 notifications per doctor, there were "frequent flyers" (up to >10 notifications):

- 15% of all doctors named in complaints comprised 49% of all complaints
- 4 % of all doctors named in complaints comprised 25% of complaints
- 3% of doctors overall comprised 49% of all complaints.
- 1% of doctors overall comprised 25% of complaints.

The sample for their study comprised mainly under 65s. The more complaints the more likely there was to be an additional complaint(s) in the future. We believe a focus on doctors of any age with multiple complaints would be a more productive approach than the ageist approach of assessing all doctors over 70.

5. International Medical Graduates (IMGs)

The CRIS document does not acknowledge the increased risk of notifications concerning IMGs even though three of the MBA CRIS references (5,7,8), that are used to show 'impairment', report an increased notification risk for IMGs. We are not suggesting targeting IMGs but wonder why they have been omitted from the CRIS whilst highlighting age as a problem.

- *Peisah[5] 2007* [Aus]: 53% of 41 'impaired' doctors were IMGs.
- *Elkin Spittal Studdert[6] 2012* [Aus]: IMGs from 7 countries only ,(not all countries) were at increased risk of notifications compared with Australian trained graduates.
- *Kataria[7] 2014* [UK]: Using an ACE-R (Addenbrook Cognitive Examination) score ≤88 as a cutoff, 21/22 were IMGs.
- *Khaliq[8] 2005* [USA]: found IMGs at increased risk of notifications on univariate analysis but not multivariate analysis.

6. Selective reporting and use of references

The CRIS document fails to properly scrutinise references used to argue for impairment in late career doctors and has omitted studies that don't support their argument. Indeed, there are many examples of misquoting results from the references used in the document to further a stereotyped argument about late career doctors. This is very concerning and reflects a failure of the author/s of the document to understand the papers they have summarised. A number are dated (over 20 years old) and refer to small numbers. Many are written from a regulator's perspective[9,10]. Some authors are on medical boards or medical indemnity insurers with a potential bias.

One example is the Kataria[7] et al. study on cognitive function in 109 practitioners (doctors & dentists) over the age of 45 years:

CRIS document states:

- Twenty-two were found to have an ACE-R score of ≤88, indicating a potential cognitive issue. On further assessment, 14 (15%) of these 22 practitioners were found to have cognitive impairment.

Omitted from the CRIS document:

- Of those doctors with ACE-R score ≤88, 50% were under 60 in age, 14% were aged 45-49.
- Of the 22 practitioners with a score ≤88, 21 were IMGs.

In relation to the MMSE, the CRIS document states, “A study of older people with greater education showed a MMSE score of less than 28 was more sensitive in detecting impairment than the standard threshold of 23 or less”. The reference[11] in fact uses a cutoff score of 27 meaning 26 or lower. No medical practitioner MMSE scores are available. Using a non-validated cut off score to screen doctors is highly problematic.

7. What is the evidence for Cognitive decline?

Cognitive decline is a key part of the argument being used by the MBA to target older doctors although, as mentioned above, mental illness and substance abuse are more common in younger doctors and contribute to impaired decision making. An article by Irving[12] in the ASADA Wise Medicine newsletter (pages 13-15) addresses many of the misconceptions around cognition across the lifespan and doctors are encouraged to read it.

It’s worth mentioning the article by Choudhry 2005[13] as it is used in many of the references in the CRIS document as well as the CRIS document itself. While it is claimed that the article shows cognitive impairment with age in doctors, in fact, the meta-analysis did not address cognitive impairment at all. Moore[14] provides a comprehensive rebuttal of the Choudhry review and shows that several studies included in the review lacked any statistical analysis at all, confounded issues such as competency with cognition, and aggregated age groups in ways that couldn’t lead to the conclusions being made.

We note that “ageism is prevalent, deeply ingrained and more socially accepted than other forms of bias” and that “globally, one in two people are ageist against older people”[15] . Age discrimination commissioner Kay Patterson[16] calls ageism “the least understood form of discriminatory prejudice” and “more pervasive and socially accepted than sexism and racism”. A concerning feature of the CRIS document is the level of ageism that is inherent in its portrayal of older doctors. Many of the statements around health and cognitive impairment are not borne out by current research and serve to perpetuate the stereotype of older age as synonymous with impairment. Institutional policies and practices that perpetuate stereotypical beliefs about older people constitute institutional ageism[16] which, if left unchecked, drive ageist policies.

8. Summary

ASADA is against mandatory health testing of only over 70-year-old doctors which is the MBA preferred option (Option 3 in CRIS) and suggests continuing with Option 1, which is the status quo. Perhaps a step-down category as suggested by Irving [17] and now AMA Qld policy, would allow older doctors to keep working in a reduced scope of practice meaning they would cease their previous scope. If any screening is to be introduced, it should also include doctors under 70 as they have a higher absolute number of notifications and include age groups with increased notifications of mental illness and/or substance abuse (both absolute and relative). Screening all doctors is the missing option from the current CRIS proposal. We understand that it was in the 2021 draft. Such an option would have a significant cost, suggesting that patient safety is not the primary reason for the current recommended policy option.

1. The CRIS document relies on unsubstantiated complaints (notifications) to make claims about impairment in older doctors. Notifications or unsubstantiated complaints lack validity, reliability and veracity as a measure of practitioner performance or conduct and should not be used as a measure of or to infer impairment.
2. It is misleading to the profession and public to focus attention on rates of notifications without reference to the actual numbers of doctors with notifications in various age groups and, importantly, to outcomes.

3. The 2023 Ahpra data show that a very small proportion of registered doctors over 70 had notifications that led to regulatory action. We estimate 90 doctors or 1.3%. The MBA document obscures this fact using relative ratios to compare a small cohort of late career doctors (6,975) with a large, age-aggregated cohort of doctors under 70 (125,391).

4. Multiple notifications may be an indicator of a performance issue at all ages (all forms of performance not just impairment). Number of notifications may be a better strategy to identify doctors who pose a problem rather than mandatory screening of all doctors, the majority of whom do not have issues; with the caveat that 70-85% of notifications are found to be unsubstantiated.

5. There is no cognitive test that has norms for doctors, and until these are developed, they should not be used as screening in any age group of doctors.

6. In Anne Tonkin's interview with AusDoc (16/8/24), she made the following statement "I think it would be very hard to say to a patient who is harmed at some point in the future, "Well we didn't do anything because we thought that asking a doctor to do a one-hour health check every three years was too ... hard". Why does this apply to a small group of older doctors when the majority (although low per 1,000 practitioners is large)

7. *Why only older doctors?* Why not all age groups, given the evidence? And remember, the health check being advocated includes cognitive assessment.
8. *How will health checks which include cognitive tests be used?* The MBA states that health check forms will not need to be sent to Ahpra/Medical Board. However, it is not clear whether in the case of a complaint that doctors won't be asked to provide their health check information as evidence of their level of competency or to argue for impairment.

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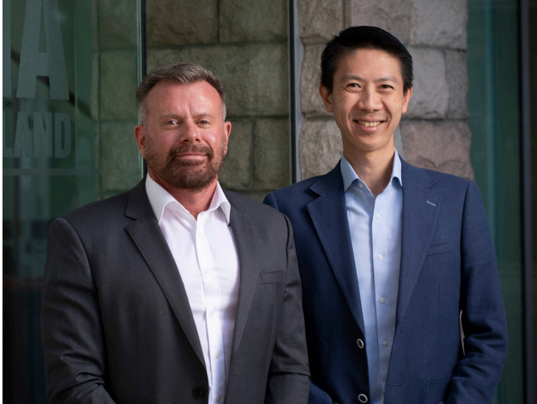
[1] Gigerenzer What are natural frequencies? BMJ 2011;343: d6386
[2] CRIS page 22
[3] Thomas LA, Studdert DM Spittal MJ Bismark MM. Health, performance and conduct concerns among older doctors: A retrospective cohort study of notifications received by medical regulators in Australia. J of Patient Safety and Risk Management 2018;0 :1-9
[4] Bismark MM Spittal MJ and Studdert DM. Identification of doctors at risk of recurrent complaints. A national study of healthcare complaints in Australia BMJ Qual Saf 2013;22: 532-40
[5] Peisah C and Wilhelm K Physician don't heal thyself. A descriptive study of impaired older doctors International J of Psychogeriatrics 2007;19: 974-984
[6] Elkin K Spittal MJ Studdert DM Risk of complaints and adverse disciplinary findings against international medical graduates in Victori and Western Australia. MJA 2012;197: 448-452
[7] Kataria N et al A retrospective study of cognitive function in doctors and dentists with suspected performance problems J Royal Soc. of Medicine 2014;5: 1-9
[8] Khaliq AA et al Disciplinary action against physicians AJM 2005;118: 773-777
[9] Bismark MM, Spittal MJ, Studdert DM BMJ Qual Saf. 2013; 22:879-880. Correspondence
[10] Peisah and Wilhelm The impaired aging doctor. Int Med J 2002; 32:457-9
[11] O'Bryant SE et al Detecting dementia with the Mini-Mental State Examination in highly educated individuals. Arch Neurology 2008; 65:963-967
[12] Irving KA https://asada.asn.au/wp-content/uploads/2022/04/ASADA-Wise-Medicine-2021-Issue-1.pdf
[13] Choudhry NK Fletcher RH Systematic Review: The relationship between clinical experience and quality of health care. Ann Intern Med 2005;142: 260-273
[14] Ilene N. Moore, *Screening Older Physicians for Cognitive Impairment: Justifiable or Discriminatory?* 28 Health Matrix 95 (2018) Available at: https://scholarlycommons.law.case.edu/healthmatrix/vol28/iss1/14
[15] World Health Organization Global Report on Ageism, 2020
[16] What's age got to do with it? Australian Human Rights Commission 2021
[17] Irving K 2021 Global trends and models of senior active doctor registration: A medical reserve strategy to address Queensland's public health challenges now and into the future.

AMA QUEENSLAND UPDATE SEPTEMBER 2024



AMA Queensland CEO Dr Brett Dale and President Dr Nick Yim

Health is proving to be a major campaign issue as the state election nears and AMA Queensland is carefully monitoring and analysing policies for their potential impact on our healthcare system.

We continue to work with all sides of politics to improve health services and guarantee patient safety.

SURGICAL WAIT LIST ROUNDTABLE FINAL UPDATE

After seven meetings and countless hours of research and strategising, AMA Queensland's Surgical Wait List Roundtable has now concluded ahead of the state election.

To guide its work, the Roundtable identified the current key barriers to regional elective surgery access as flawed structural and governance arrangements and the inadequate investment in the regional health workforce.

The result is the *Surgical Wait List Roundtable Action Plan* detailing a series of solutions to inequitable elective surgery wait times for regional and rural Queensland patients for implementation by the Queensland Government.

The solutions have been developed for implementation in both short-to-medium and medium-to-long terms.

Stronger, more capable regional and remote healthcare will reduce interhospital transfers and free up tertiary hospital beds. Thriving regional health services create system efficiencies, improve patient satisfaction and strengthen our valuable communities.

AMA Queensland urges Queensland Health to implement these recommended strategies in collaboration with its dedicated regional health workforce and offers to work with the Department to support that aim.

Read more

Read the media release

Health Minister Fentiman, PCF Vyapti Patel and Immediate Past President Dr Maria Boulton

PATIENT CARE FACILITATORS

AMA Queensland called for the introduction of Patient Care Facilitators (PCFs) in our *Ramping Roundtable Action Plan* which are now being trialled in locations across Logan and Ipswich.

We commend Health Minister Shannon Fentiman and the Queensland Government for taking up our recommendation as a long-term strategy to reduce stress on hospital emergency departments.

We know from studies that if patients see their GP within two days following hospital discharge, they are 32 per cent less likely to bounce back into hospital in the first week.

We also know how important it is for patients to have access to a regular GP for continuity of care.

PCFs will work with the hospital-based discharge coordinator (HDC) to identify eligible patients, review their patient information and ensure discharge summaries are received.

The program is a significant investment for general practice that will ensure patients are supported following hospital discharge and we hope to see it rolled out statewide.

Read more

WHOOPING COUGH

AMA Queensland and Minister Fentiman recently joined forces to urge Queenslanders to take advantage of free vaccinations.

GPs and our emergency departments are on the frontline as respiratory illnesses sweep through our communities.

This year we are repeatedly seeing concerned parents present with young children suffering severe symptoms from whooping cough while vaccination rates remain low.

Read more

2024 alone has seen more than 7,000 confirmed cases of whooping cough compared to just 104 in the same period last year.

While childhood vaccination rates for whooping cough remain above 90 per cent, the proportion of pregnant Queenslanders taking up the free vaccine under the National Immunisation Program (NIP) has fallen to 70.7 per cent.

Immunisation during pregnancy is crucial to protect newborn babies and this 6.5 per cent decrease over the past two years is concerning.

Dr Maria Boulton and Chief Health Officer John Gerrard

Doctors know cost can be a barrier to accessing healthcare, especially preventive health.

We encourage all practitioners to talk to expecting parents about getting their free vaccination.

PHARMACY OWNERSHIP LAWS

A newly established Pharmacy Business Ownership Council has taken over the power to issue, change, suspend and cancel pharmacy business licences from Queensland Health.

Originally proposed to comprise members with expertise in law, accounting and business management, with members representing the pharmacy sector and the community, instead, nearly all members appointed have conflicts of interest as pharmacists or pharmacy owners.

Queensland already has the most anti-competitive pharmacy ownership laws in the country, and this council will only further reduce competition, meaning Queenslanders will be forced to pay more for medicines.

Read the media release

The council has been established against the advice of the Productivity Commission, the Queensland Aboriginal and Islander Heath Council, the RACGP, and AMA Queensland.

Estimated to cost Queensland taxpayers $9.8 million for the next four years, it is unnecessary, anticompetitive and expensive. AMA Queensland continues to advocate against this decision for the sake of all Queensland patients and communities.

PHYSICIAN'S ASSISTANTS

RDMA members may remember from our last update that we were in the process of preparing a response to the Queensland Health proposal to employ more physician's assistants (PAs) in our public hospitals.

Read more

We have since provided feedback, focussing our concerns on Queensland's critical shortage of doctors, nurses, paramedics and other specialists across the health system.

Band-aid fixes, such as creating new and unproven roles like PAs, has the potential to worsen this crisis and reduce patient safety.

There is also the risk that PAs will threaten our future medical workforce pipeline by reducing the opportunities available for junior doctors that are essential for career development.

As PAs are not registered under Ahpra, competency standards are still unclear, raising concerns about patient safety.

To ensure ongoing and high-quality health care for all Queensland patients we instead need long-term solutions to attract and retain our existing health workforce.

UNITINGCARE ENDING ITS CONTRACT WITH AHSA

Read more

UnitingCare has ended its contract with the Australian Health Service Alliance (AHSA), leaving more than 2 million policy holders, including over 500,000 Queenslanders, in the lurch from 20 November 2024.

Private hospital groups are at loggerheads with private insurers over contractual agreements, but it is policyholders who are set to suffer the consequences.

These disputes undermine the confidence that Australians have in private health insurance arrangements, particularly as we have seen continued and significant premium increases alongside rising cost of living pressures.

AMA Queensland is calling on both parties to get back to the negotiating table for the sake of patients and the future of private hospitals.

SATELLITE HOSPITALS

Queensland Health data continues to show seriously ill patients are presenting to satellite hospitals expecting emergency treatment, only to be transferred to an ED to receive the care they need.

This not only causes a lot of distress for patients and their families but puts additional pressures on our health workforce and facilities.

Added to this confusion are urgent care clinics and nurse-led clinics which further stretch our overburdened workforce.

Following media reports, Health Minister Shannon Fentiman promised to work with AMA Queensland to improve public education about the facilities.

AMA Queensland will collaborate on an education campaign with the Government. However, it won't fix the root cause of the problem – gross underinvestment in general practice and our public health system.

We will continue to advocate for greater investment in best practice health care across all levels of government.

Read more

Read more

FOUNDATION CHARITY GALA

Oh what a night! The AMA Queensland Foundation raised $140,000 for family violence support services thanks to its generous donors and annual Charity Gala held on Saturday 17 August.

Guests gathered at the *Boom Boom Room* in Brisbane City for a night of drinks and heart-warming stories where they were invited to bid on auctions to support the cause.

Her Excellency the Honourable Dr Jeannette Young AC PSM, Governor of Queensland was in attendance to present the Foundation's Medical Student Scholarships and award the GPTQ Bursary recipients for 2025.

Read the media release

Dr Aaron Chambers and A/Prof Michael Clements

Student Scholarship recipients with Dr Jeannette Young and AMA Queensland Foundation Chair Dr Dilip Dhupelia

Dr Nick Yim, Dr Jeannette Young and Dr Dilip Dhupelia

AMA QUEENSLAND
WOMEN IN MEDICINE
BRISBANE Breakfast
REGISTER NOW
THURS 17 OCTOBER 2024
7AM – 10AM
WATERS EDGE

World-class clinical trials are underway in Moreton Bay

University of the Sunshine Coast is seeking participant referrals to contribute to medical research

Potential treatment for coeliac disease

We have begun trialling a treatment with potential to reduce symptoms from gluten exposure. Our researchers will aim to test the efficacy and tolerability of the treatment in adults with coeliac disease. We are calling for participants:

- aged between 18 and 80 years who have been diagnosed with coeliac disease
- have been following a gluten-free diet for at least 12 months
- able to commit to up to seven visits at our Morayfield clinic over a 23-week period and undertake two endoscopies.

To learn more, click here.

Trial of a potential treatment for people with type 2 diabetes and obesity

We have started trialling a treatment with potential to reduce body weight in participants with obesity and diagnosed type 2 diabetes. The study will evaluate the safety and tolerability of the investigational treatment. We are calling for participants:

- aged 18 years and above
- diagnosed with type 2 diabetes
- able to attend 15 visits at our Morayfield clinic and 7 phone call appointments over an 18-month period

To learn more, click here.

Potential asthma treatment

We are collaborating with Apogee Therapeutics to conduct a first in human clinical trial of a new antibody therapy designed to block inflammation signals associated with asthma. The product, delivered by injection, is hoped to provide longer-lasting results for the disease which causes breathing difficulties due to inflammation and swelling in the airways. Our researchers will aim to identify the correct dosage and injection frequency that will provide the greatest therapeutic advantages. We are calling for participants:

- aged between the ages of 18 and 65 years inclusive
- weigh less than 120kg
- have received a physician diagnosis of asthma over a year ago
- able to attend 15 clinic visits including two four-night stays at our Morayfield clinic over approximately 28 weeks.

To learn more, click here.

A growing clinical trials network

Do you have patients who might benefit from participating in a clinical trial?

If you would like to receive information on currently available clinical trials, please contact our Participant Outreach Coordinator, Koren Clarke on 07 5456 3569 or email kclarke2@usc.edu.au.

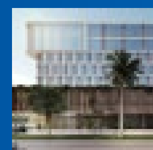
Ochre Health
Level 1, 9 Ochre Way
Sippy Downs QLD 4556

Health Hub Morayfield
Level 1/19-31 Dickson Road
Morayfield QLD 4506

South Brisbane
Building A1, SW1 Complex
32 Cordelia Street
South Brisbane QLD 4101

Vitality Village
5 Discovery Court
Birtinya QLD 4575

Sunshine Coast Haematology and Oncology Clinic
Level 1, 9 Ochre Way
Sippy Downs QLD 4556



Maroochydore Private Hospital (*under construction*)
Maroochydore City Centre
Maroochydore QLD 4558

To learn more, visit:
usc.edu.au/trials

POOLE GROUP
ACCOUNTING | WEALTH | ADVISORY

HR UPDATE - RIGHT TO DISCONNECT LAWS

As of 26th August 2024 new HR laws have come into place for non-small business employers (these laws will come into effect on 26th August 2025 for small businesses). These new laws are related to employees now having the right to refuse to monitor, read or respond to contact (or attempted contact) made by their employer outside their working hours, unless doing so is unreasonable.

When working out whether an employee's refusal is unreasonable, the following factors must be considered:

- The reason for the contact
- How the contact is made and how disruptive it is to the employee
- How much the employee is compensated or paid extra for being available to perform work during the period they are contacted, or working additional hours outside their ordinary hours of work
- The employee's role in the business and level of responsibility
- The employee's personal circumstances, including caring responsibilities.

It will be unreasonable for an employee to refuse to read, monitor or respond if the contact or attempted contact is required by law.
It is advised to discuss out of hours contact with your staff members. Tips for this include having a discussion relating to:

- When the employee may be expected to monitor, read or respond to contact
- Pay and conditions that may relate to out of hours contact
- Preferred out of hours contact channels (Eg if there is a serious issue, an employee may prefer to be called on their personal phone)
- Who needs to be aware of out of hours contact arrangements
- When arrangements should be reviewed

Be careful – the reference to 'contact' could include a range of communication channels including calls, emails, texts, social media, and messaging services. This rule also covers 'third parties' which could include clients, suppliers, staff from other businesses, or members of the public.
So, what do we take from this? Do not contact your staff members requesting a response if the matter can wait until the next business day.

For further information relating to these new laws please visit:
https://www.fairwork.gov.au/employment-conditions/hours-of-work-breaks-and-rosters/right-to-disconnect

Dale Trickett, **Partner, B.Bus (Acc), FCPA**

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AMA

Trusted reporting systems and accountability needed to tackle racism in healthcare

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Improved accountability and systems to ensure doctors who experience racism are supported in a safe and trusted environment are needed to tackle racism in Australia's healthcare system, the Australian Medical Association said today.

AMA President Professor Steve Robson said the results of the 2023 National Medical Training Survey showed 54 per cent of Aboriginal and Torres Strait Islander trainee doctors reported having experienced or witnessed bullying, discrimination and harassment, including racism, compared with 21 per cent of all trainees nationally.

Research has also found that international medical graduates frequently report high levels of racism, discrimination, and prejudice from patients and colleagues, including microaggressions, and that racist behaviour is directed at doctors from second or third generation migrant families even though they were born and have grown up in Australia.

"It is distressing to hear about the racism being experienced by doctors in Australia," Professor Robson said.

"Racism — which is unacceptable in all its forms — can have terrible impacts on individuals, families and communities."

Professor Robson said the AMA's Anti-racism position statement released today, calls for everyone in the healthcare system, including leaders, to take responsibility for tackling racism and ensuring systems are in place to deal with racism in a culturally safe way.

"We need to act as allies and advocates to support professionals who experience racism," Professor Robson said.

"This requires a commitment from everyone, including those in executive and senior leadership roles, to create systems and processes that ensure individuals and groups are held responsible for their decisions and actions and ensure people who experience racism have access to reporting systems that are trusted and safe."

Professor Robson said cultural safety and racial equity must be embedded in governance and leadership processes and should be guided and led by Aboriginal and Torres Strait Islander peoples and other culturally and racially marginalised people.

"We know that systems that are informed by those who are impacted by an issue are more effective.

"Doctors should also be aware of the codes, guidelines and policies that regulators have set condemning discrimination and racism; their obligations under the Health Practitioner Regulation National Law to provide healthcare that is culturally safe and free from racism; and what is reportable to Ahpra."

Professor Robson said the AMA was taking a strong leadership role and working on strategies to tackle racism in the healthcare sector, through its Equity Inclusion and Diversity Committee, Taskforce of Indigenous Health, and International Medical Graduate Working Group.

Read the AMA's Anti-racism position statement

Contact: AMA Media: +61 427 209 753 media@ama.com.au

Raise it for
Redcliffe Hospital
Giving Day
29 AUGUST 2024
An initiative of RBWH Foundation

Media release

10 September 2024

A touch of home for Redcliffe Hospital's littlest patients. The extraordinary power of giving on Raise it for Redcliffe Hospital Giving Day has raised almost $200,000, helping kickstart refurbishment of the Children's Ward playroom for little patients like toddler Lewis Mika.

Eighteen-month-old Lewis was born with KCNK9 Imprinting Syndrome. Only one other case in Australia, and 40 globally, have been documented. Symptoms include low muscle tone, speech and motor impairment, potential behavioural abnormalities and intellectual disability, and distinctive facial features.

For families like the Mikas, Redcliffe Hospital Children's Ward is a second home, with the playroom and parent lounge at its heart.

"Every time I enter the playroom, it is clear that the room is played with, and it pleases me that a small amount of joy is brought to children at their most vulnerable," said Lewis's mother Julia Mika. "It also provides a much-needed change of scenery for parents and kids, away from the very clinical hospital room."

Raise it for Redcliffe Hospital Giving Day was held on Thursday 29 August and saw an outpouring of support from Moreton Bay business leaders, hospital staff and the general public.

Funds raised support health research, patient care projects and other hospital initiatives that fall outside the scope of government funding. Almost $1 million has now been raised over the past four years.

RBWH Foundation CEO Simone Garske said the event's success owed much to the support of Impact Partners, who doubled every donation received by Giving Day. "Without our Impact Partners, donations wouldn't be doubled and we wouldn't be as effective in encouraging others to give," said Ms Garske.

Impact Partners included Lewis Land, GKS Law, BallyCara, Sesame Lane, My Care Enterprises and Crew Legal.

Ms Garske also paid tribute to media partner 99.7 Bridge FM, which broadcast from Redcliffe Hospital throughout the day, as well as Dolphins NRL, Redcliffe Hospital Auxiliary, The Rotary Club of Redcliffe Sunrise, Team Musicare, Tom's Law, REDDY Fun and Fitness and the RBWH Foundation and Redcliffe Hospital teams who added to the festive spirit.

Planning can soon begin to renovate the Children's Ward playroom. Acting Clinical Nurse Coordinator Alyssa Kemp said the vision was a space that could cater to all age groups.

"We would like the space to be welcoming and adaptable to use as a play area, parent workspace and a space where families can step away from the clinical area and watch TV or a movie together and have a meal as though they were at home," said Ms Kemp.

Learn more about how Giving Day donations are distributed or donate at www.raiseitforredcliffe.com.au

Raise it for Redcliffe Hospital is an initiative of RBWH Foundation in partnership with Redcliffe Hospital. All donations support Redcliffe Hospital.

Media contact:
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M: 0404 866 903

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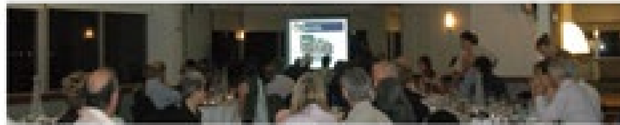

Get Your RDMA Membership Benefits! Socialise! Broaden Your Knowledge!

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 (11),** an informal **end of the year Networking Meeting** to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome. **Doctors in Training** 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.

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Email; rdma.treasurer@gmail.com

ABN 88 637 858 491

1. One Membership Fee (July -June) $120.00; October-June $90.00, Jan -June $60.00,April-June $30.00
2. Two Family Membership Fee Per Annum $180.00 pro rata (Please include each person's details),
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3. Retired Doctors Membership Fee Per Annum: $60.00
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(First Name) *(Surname)*

Email Address:

2. Dr

(First Name) *(Surname)*

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Practice Address: ***Postcode:***

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