RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
APRIL 2017

ANZAC Veteran's Stories Roy Cornford's Story AIF 2/19 Battalian cont:

See Where We Work & Live on page 20.
http://anzacportal.dva.gov.au/veterans/stories/roy-cornford

President's Report Dr Kimberley Bondeson

Cyclone Debbie has come and gone, affecting most of the coast from Queensland to New South Wales. Rockhampton experienced severe flooding, which was quite eerie to see – beautiful, hot sunny days, with clear blue skies and the water level rising slowly but surely.

In Redcliffe we were quite protected, with one sudden and short storm, with severe winds. Some of my patients lost the roof of their houses in one area, with one lovely old patient telling me she was carried out of her house over the shoulder of an SES worker, whilst she was in her nightie. Her roof was gone in the storm. She is now planning on moving into a retirement village, having decided that this clean up would be her last.

We welcome a new AMAQ President, Dr Bill Boyd, who was elected unopposed. Dr Boyd is known to many of us; he lives in Mackay, and is a Gynaecologist in Private Practice, having also worked for many years in the public system. We also thank the outgoing President, Dr Chris Zappala, for the hard work he has done over the last 2 years. Dr Boyd will take over from Dr Zappala on Friday 12th May, 2017. We look forward to welcoming Dr Boyd, and getting to know him and work with him.

The latest news concerning the Medicare Rebate Freeze is that the AMA is in active negotiations with the Federal Health Minister, which are being reported as positive. There is however no public statement from the Federal Health Minister, or any firm details of any changes that are been considered. We will continue to watch this space, as it is impacting many of our doctors and practices.

The Federal Government has recently announced changes to the 457 Visa. This is designed to encourage more Australians to apply for positions, and eventually to decrease the dependence on overseas trained personnel from being required. How this will realistically affect the Medical Profession is yet to be seen. There is concern by the Medical profession that this planned decrease in 457 Visas being issued has not been offset by an increase in the number of training places being funded in Australia for Australia trained medical graduates. We will continue to monitor this as it unfolds.

I recently attended the Redcliffe Hospital Grand Rounds. It bought back memories of my times in Public Hospitals, particularly my time as an intern at the Royal Brisbane Hospital. I would encourage any doctor, who is able to at some stage, to consider attending one of these teaching sessions. Of interest, there was a focus on collecting data and designing programs and protocols which would make input into computer software, and therefore theoretically, enable easier recognition and management of patients and their conditions. As this did not exist when I was in public hospitals, it was particularly interesting to watch it evolve.

Kimberley Bondeson,
RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

Note: Doctors in Training RDMA Membership is Free
RDMA Meeting Dates Page 2.

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

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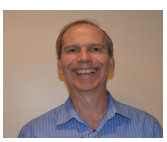

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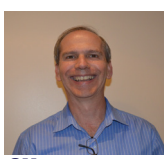

Meetings' Convener: TBC
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E:gmcnally1@optushome.com.au

RDMA 2017 MEETING DATES:

For all queries contact Kristina Craner or Anna Wozniak Meeting Conveners: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Wednesday	February	22th
Tuesday	March	28th
Wednesday	April	26th
Wednesday	May	24th
Tuesday	June	27th
Tuesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	23th
Tuesday	September	12th
Wednesday	October	25th
NETWORKING MEETING		
Friday	December	1st

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 May 2017
Email: RDMANews@gmail.com
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NLMA 2017 MEETING DATES tbc:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

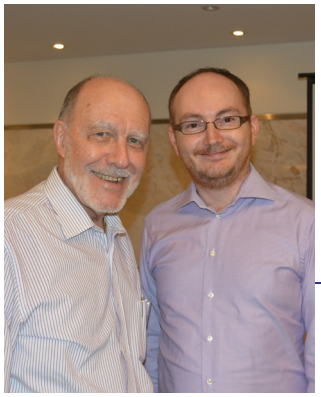
Time: 6.45 pm for 7.15 pm

1	February	14th
2	April	11th
3	June	13th
ANNUAL GENERAL MEETING - AGM		
4	August	8th
5	October	10th
6	December	12th

Next Meeting Date 26th April 2017

RDMA Meeting for 28.03.17
Dr Kimberley Bondeson, RDMA President introduced Sponsor Bayer Representative's Manager Brandon Grieg, Elnarie Heidstra, Damien Walker. Mr Walker introduced the Speaker Dr Jason Butler, Haematologist BMT/Clinical Haematology Unit, Cancer Care Services, RBWH: Topic was Deep Issues of the Venous Kind. .

Below:
1. Bayer's Reps Brandon Grieg, Elnarie Heidstra and Damien Walker.
2. Bayer Reps, Speaker Dr Jason Butler & Richard Buzacot
3. Jason Butler & Geoff Hawson.
3. New Member Dr Jason Wong.



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 26th of April 2017**
TIME: 7pm for 7.30pm
VENUE: Regency Room – The Ox, 330 Oxley Avenue, Margate
COST: Financial members, interns, doctors in training & 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
7.35pm Sponsor: BioSCL
7.40pm Speaker: Dr Tim Grice, Pain Management Physician & Specialist Anaesthetist. Topic: Chronic Pain Management - Time to Rethink your Approach
8.15pm Main meal, question time
8.40pm General business, dessert, tea & coffee

RSVP: By Friday 21st of April 2017
(e) RDMA@qml.com.au or (ph) 0466 480 315

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QML Pathology
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Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Wednesday 24th of May 2017**
TIME: 7pm for 7:30pm
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
7:35pm Speaker: Dr Robert Brown
Topic: AMAQ
7:45pm Speaker: Dr John Yaxley, Urologist.Topic: An update on the investigation and management of prostate cancer, including the role of the GP.
8:20pm Main Meal, Question Time
8:40pm General Business, Dessert, Tea & Coffee

RSVP: By Friday 19th of May 2017
(e) RDMA@qml.com.au or 0466 480 315

qml.com.au

QML Pathology
Specialists in Private Pathology since the 1920s

INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT

Dr Wayne Herdy, North Coast Councillor

457 Visas.

The 457 visa allows a non-resident with special skills to work in Australia under relatively loose conditions. The visa conditions have been breached on innumerable occasions.

Far and away the biggest user of the 457 visas is the State. The most common employment category is the health sector. In remoter parts of Australia, we still see something like 80% of doctors being foreign graduates.

The Commonwealth government is trying to walk a line between jobs for Australian kids on the one hand and providing skilled and necessary services on the other hand.

At a time when young Australian medical graduates are not guaranteed a training position or a job after graduation, we have to ask why Australia has to import health workers.

In some sectors, especially nurses in aged care, we see high proportions of NESB professionals, while experienced Australian nurses have to find work outside their profession.

Part of the problem is work expectations. Foreign graduates will work in positions that are unattractive to local graduates – remote locations, nursing homes, deputising services, lower paid jobs, more dangerous or less comfortable working conditions.

The 457 decision is hazardous and politically complex. Many wonder why a new class of temporary visa is necessary rather than just renovating the existing system. A majority of health workers under the 457 visas are from the sub-continent, and now India is making threatening gestures about trade agreements.

It is also curious that the 457 announcement was made on social media hours before the traditional and conservative conventional press announcement. It cannot be a coincidence that the 457 announcement was made almost at the same time that Donald Trump made a similar announcement about tighter controls on work visas for foreigners entering the US.

It also seems to be hardly a coincidence that within days of the 457 announcement, the Prime Minister made another announcement about tightening the rules on granting Australian citizenship.

Continued on Page 5

AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

That decision appears aimed at Islamophobia. Not at Muslims, but at the fear, that Australians voice over Muslims. That distinction is important.

Whatever the real reasoning, the announcement about citizenship following so closely on the announcement about 457 visa immigration policy creates speculation about how the two will work together.

The AMA has cautiously welcomed the 457 visa announcement. Our prime concern is that Australian graduates will have training positions to go to, and will enjoy career paths that will lead to Australian doctors filling all positions in the future.

For our patients, we want the highest quality graduates with, not to put too fine a point on it, language skills that permit the highest levels of communication.

The AMA has always argued that we should be a nett exporter of professional talent, not plundering the medical schools of nations that have much lower doctor-patient ratios than our own. However, the transition towards an ideal Utopia has to be measured, so as to not risk precipitating a dangerous shortage of health professionals in those sectors where our local graduates hesitate to tread.

And nobody is sure that the abolition of 457 visas is a truly measured response.

MAY YOU LIVE IN INTERESTING TIMES.

So says the ancient Chinese curse. And aren't we living in truly interesting times. As I write, we have a volatile and unpredictable American president posturing against an even more volatile and unpredictable North Korean leader. Nuclear war has been openly threatened, although it is probably less likely than during the days that saw a Bay of Pigs standoff.

As doctors, we have to turn at least a few neurons to considering what would happen if the unthinkable actually happened. A nuclear winter in the Northern hemisphere would inevitably produce a rush of refugees into the Southern hemisphere, potentially increasing our population tenfold or more. Could we accommodate such an influx? Probably not.

The limiting factor on Australian population is water, which cannot support even double our present population without dramatic changes in technology and living standards. We can probably produce enough food, but we lack the infrastructure to support a doubled population. With our presently sparse population, our public transport is pathetic by world standards.

Hopefully, most refugees would be those wealthy enough to make the journey and would include a proportion of the professional class and tradesmen.

But would it include a proportionate number of law enforcers and military defence personnel? Not likely – they would stay at home to perform their special roles in their homeland.

And farmers would probably stay at home, feeling obliged to do their duty to their country in times of need. in times of need.

Oh well, maybe I might just wander down to my vege garden and toss in a bit more chook manure just in case.

Wayne Herdy,
Branch Councillor,
North Coast Branch

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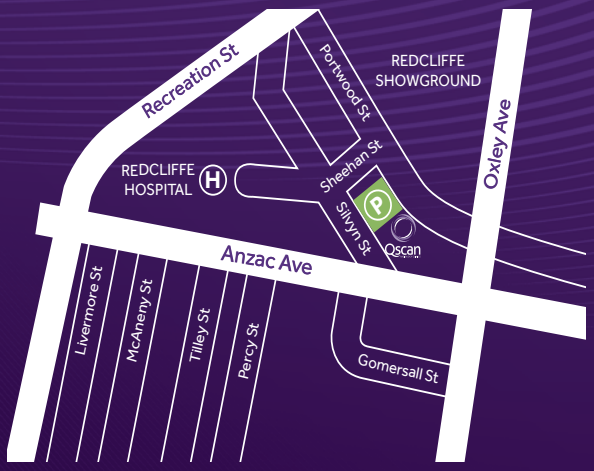

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North Lakes Sports & Spinal opened on the 14th of November and is run by leading Rehabilitation & Neck Pain Physiotherapist Cameron Greinke.

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AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

New Rules to 457 Visas, Medical Practitioner Workforce Plan for Queensland

The new rules to the 457 Visa's is creating potential difficulties for Research Institutes. The Association of Australian Medical Research (AAMRI) is concerned that removal of key medical research roles from the list of eligible occupations, will prevent brilliant researchers from been able to come to Australia and work in a research institution and contribute to Australia's research community.

These changes will also impact on the employment in Australia of International Medical Graduates Australia is currently graduating sufficient medical graduates for its projected needs, but there are insufficient training places for its graduates. Queensland had 347 domestic medical graduates in 2007, and this increased to 700 in 2014.

This is predicted to increase to 8100 in 2020 according to data from the Medical Practitioner Workforce Plan for Queensland, released recently by the Queensland Department of Health. (MPWP4Q - Medical Workforce Planning and Development in Qld over the next 10 years). The MPWP4Q states there are current shortages in Psychiatry, Obstetrics and Gynaecology (GP Obstetricians included), General Medicine, General Surgery, Orthopaedic and Paediatrics – this data is taken from Queensland Health Facilities, which are having difficulty filling these positions.

It also predicts that there will be a number of shortfalls of specialist by the end of 2020 in the following areas – Addiction Medicine, General Practice, Ophthalmology, Psychiatry, Radiology and Sexual Health Medicine, calculated by responses to labour force surveys.

The report goes on to say how it would support training in these areas, specifically from a Queensland Health Hospital viewpoint.

NDIS – National Disability Insurance Scheme – is growing larger, and larger. It now has included mental (psychosocial) and educational (learning and social interaction) into it's disability portfolio.

This will stretch the sustainability of the system, which is now estimated to cost $22 billion/year when fully rolled out in 2020 – which is $7 billion more than estimated by the Productivity commission in 2012.

At the recent Osteoporosis Meeting which was held in Sydney I also met up with fellow attendees Drs Mal Mohanlal and Karen Flegg.

Dr Mal Mohanlal and Dr Karen Flegg

Dr Kimberley Bondeson, RDMA President, catching up with Drs Mal Mohanlal and Karen Flegg.

Sincerely
Kimberley Bondeson

AUSTRALIAN MEDICAL ASSOC PRESIDENT
DR CHRIS ZAPPALA

MEMBERS' UPDATE

From the ages of 15 to 44 years old suicide remains the most frequent cause of death in Australia (as an aside it is drowning from ages 1-14 years and malignancy from 45 onwards, but ischaemic heart disease remains the most frequent cause of death overall given its prominence in later life and presence in the top 10 causes of death from age 25 years of age onwards).

Colleagues will be aware that the profession has suffered the loss of several junior doctors recently and this is in the context of a higher risk of suicide among doctors compared to the general population. All of this once again highlights a professional problem with which we are yet to fully engage or take effective action to ameliorate. For some sobering reading I urge you to consider the traumatised perspective of this young colleaguehttp://www.kevinmd.com/blog/2017/01/something-rotten-inside-medical-profession.html.

Tragically, suicide is almost invariably the result of inadequately treated mental illness that may or may not include substance or alcohol abuse, coupled with a proficient knowledge of and access to lethal means. Depression is even more common in medical students and residents than in the general population. A causative or at least exacerbating factor is undoubtedly the increasing stressors associated with medical school, pre-vocational and vocational training and establishing one's practice. I actually do believe it is harder than what it was a generation ago. For example, the current over supply of doctors (felt most keenly amongst vulnerable junior doctor ranks) is a new phenomenon only destined to worsen. I remain relatively alone in suggesting that medical student numbers need to be globally reduced in this country – the geographic maldistribution of the workforce is a problem that must be solved in other ways than flooding the market with doctors.

I'm, however, especially troubled by the thought that many doctors who tragically suicide or succumb to under-recognised or inadequately treated mental illness or substance abuse have already accessed assistance. This assistance has clearly not been sufficient to provide restorative care. Confounding this difficult realisation is that doctors may under-report difficulties due to the possibility it may affect their training, career or result in conditions on their registration. Approximately 15 per cent of the entire medical profession was the subject of a complaint to the OHO in 2016 alone, so this pathway is now likely to be trod by us all at some point. Unease is therefore to be expected. Our politicians, who cultivated a culture whereby complaints regarding absolutely anything against doctors were welcome, must accept some blame for this persecutory environment. Unfortunately, doctor bashing is becoming a popular past-time for all politicians – it feeds a mistaken self-perception of strength and achievement.

AMA Queensland has developed the Resilience on the Run Program and we are hoping Queensland Health will assist in rolling this out more widely than the centres where it has so far been used quite successfully for junior doctors. Professional and personal reliance is perhaps the quality we can help provide. There is no reason why a discussion and teaching of these attributes and skills shouldn't be at least an occasional part of the structured learning program within hospitals.

We also need to make sure all doctors know what assistance they can access outside their normal reporting lines at work. This includes the Doctors Health Advisory Services in Queensland on Ph (07) 3833 4352. This confidential service can provide any doctor with help and is almost certainly under-utilised.

The AMA Queensland has also been talking to parliamentarians about relaxing mandatory reporting rules in this state so that doctors can access care from a colleague without fear of their treating doctor being obligated to report their patient to the medical regulator. The only state that currently has this relaxation in place is Western Australia and there is no reason the same cannot be applied in Queensland. It makes such obvious sense and it would appear to require no political capital to enact. The reticence of both sides of politics beyond perfunctory but passive agreement with the notion is therefore perplexing – but probably points to the bored nonchalance with which politicians regard many doctor concerns at present.

Continued on Page 11

Variety – the Children's Charity supports children and families who are facing many challenges through sickness, disadvantage or living with a disability

Bash locations

Caloundra — Chinchilla — Nindigully — Charleville — Blackall — Longreach — Longreach — Alpha — Moranbah — Bowen

Sunshine Coast to Airlie Beach via Longreach 30 Aug - 8 Sep 17

Dr Wayne Herdy's Team is revved up and ready for the Surf & Turf Bash and primed up for sharing Health Education with Communities along the route. Join us in the fun and fund raising by being one of our sponsors.

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variety the children's charity

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"Digital Disruption" Taxis versus Ride-Sharing

Uber ride-sharing arrived in Australia five years ago.

Undoubtedly, it has been popular and a great commercial success, much to the detriment of the established Taxi industry.

There were initial issues about the legality of private drivers taking fare-paying passengers, but Governments have bowed to public pressure and have allowed Uber to blossom, and left the Taxi industry to wither on the vine.

But I'm right behind the Taxi lobby who are understandably furious about their livelihoods being trashed by Uber.

Just a quick look at the economics before driving off shows that Taxi owners were paying up to $500,000 for a Taxi plate in a highly regulated industry.

Owners of the Taxi plates then forked out $50,000 for a Toyota Camry Hybrid with the GPS and cameras for security along with regular safety checks and expensive insurances.

I've just spent some time in Melbourne sampling various ways of getting around.

A trip from Richmond to the Tullamarine Airport cost me $75 in a cab.

The driver who owned the cab had no kind words for Uber.

He said the cab would gross about $300 in a 12 hour shift.

The driver kept $165 or 55% of the fares, and with most drivers doing five 12 hour shifts (60 hours per week) the drivers would gross about $825 per week.

After paying for fuel and running costs the Taxi owner kept $80 to $90 per shift.

That's not a great return for anyone considering the hours worked by the driver and the capital outlay by the owner.

He told me that the cab did about 10,000 kilometres per month and had an annual mechanical inspection.

It was also inspected for safety every time it was serviced every month.

The same trip in an Uber would have cost me $44 to $57, or much, much more if there was surge-pricing in peak demand times.

The Uber owner's only outlay was $32,000 for a Hyundai i40 diesel and a few dollars per week for an iPhone.

The Uber driver also told me that he worked 60 hours per week, broken up into five hour shifts each morning and five hours each evening, six days per week.

He liked the fact that he could spend most of the day-time at home with his family and he would only drive for Uber when the demand was high.

He told me that he was happy to pick me up because I rated very highly with Uber!

I didn't have the courage to tell him that my Uber rating was based on an N=1 because I'd only taken a single trip with Uber Black before in Sydney which cost me a small fortune to go

Australian Medical Association President Report cont from page 8
Dr Chris Zappalla

The action highlighted from this whole issue is that we perhaps need to emphasise collegiality and fellowship within the profession.

These are concepts and terms we sometimes use quite loosely, but in fact a greater investment in the esprit de corp of the profession is a valuable contribution we could all make.

Support to colleagues who may not be coping due to personal stressors, physical/mental illness or work pressures should be immediate and offered by us all.

There is no work target or financial outcome which transcends this professional requirement and such hardship regardless of whether perceived as disproportionate by others who feel they have endured more, should always elicit an empathic and genuine attempt to help. For the compassionate profession we profess to be there is definite scope for us to do more to support and care for our colleagues.

Please start the conversation with your colleagues and friends, in your practice and institutions as to how we can take some positive action to better support all colleagues, assist those experiencing health concerns or stressors and provide resilience to our profession.

Dr Chris Zappala

AMAQ President

MEDICAL MOTORING with Doctor Clive Fraser

"Digital Disruption" Taxis Versus Ride Sharing Continued

from Potts Point to Coogee Beach.

The Uber driver told me that he was driving about 8,000 kilometres per month and that he'd done over 200,000 kilometres in the Hyundai i40 in the past two years.

He'd bought the Hyundai because it had a 5 year unlimited kilometre warranty and he was fairly sure he wouldn't be spending anything on the car other than basic service items.

He told me that he made about $2,000 per week doing Uber (minus $120 for fuel plus other vehicle running costs).

At this point in the chaotic world of digital disruption I decided to take a reality check and Google the fine print of Hyundai's 5 year warranty which said that: "Hyundai warrants against defects arising in materials or manufacture for all vehicles other than vehicles used at any time during the warranty period for commercial application."

I wondered whether the good people at Hyundai would regard an Uber ride-share (aka Taxi) as a "commercial application".

I also thought it was best not to ask about insurance as I was a fare-paying passenger in a private vehicle.

I was after all trusting my safety/ livelihood/ career into the hands of a total stranger.

I decided definitely not to raise any of these concerns with the Uber driver lest he gave me a bad review which would immediately halve my rating as N would then equal 2 and I might be left by the road-side from now on.

Whilst I'm all for the free-market and competition, unlike many of my colleagues I haven't fallen in love with Uber.

Safe motoring,

Doctor Clive Fraser

VIOLENCE & COMMUNICATION- REVISITED

By Dr Mal Mohanlal

There is never a hard and fast rule about bringing up children. It is all boils down to communication, how we communicate with a developing mind. It all has to do with love, care, attention and discipline we give to our children.

Being born is a violent experience. One should consider oneself lucky to be born alive and healthy. It is all about survival and learning afterwards. Remember a child is not born knowledgeable; it has to be taught social values. Parents and also our teachers therefore, have a great responsibility of training and teaching a child how to communicate and relate with the outside world.

This necessarily involves social conditioning. If the parents and teachers do not teach a child how to be responsible for its action and how to be considerate and respect other members of the family and society, we have a recipe for a social disaster.

There is not a day that goes by without some news on unruly youth behaviour and violence. Youth violence is found not only amongst themselves in the form of bullying and physical punch ups but also directed towards other members of society in the form of vandalism and criminal behaviour.

It has reached a stage in society where even the police today are finding it hard to cope. They have to use violence to control them. How did we get to this state? Where have we gone wrong?

Clearly the lack of discipline and training at home is the main cause of our problem. It is negatively influencing our children. Abdication of parental responsibilities by doting parents in this consumer age cannot possibly help this situation where they will side with the child rather than the teacher in matters of discipline. Then with the laws we have, preventing parents and teachers to discipline any child under any circumstance, further compounds the problem by giving these children the impression that the world owes them a living.

Now if parents cannot discipline their children at home and teachers cannot discipline them at school, who is going to teach them any social values? Is it not farcical to note that it is illegal to use 'violence' against children at home and school for disciplinary purposes yet we are forced to use violence against them when they are out of control as teenagers? This is like trying to shut the gate after the horse has bolted. Has this measure achieved any reduction in any violence of any type to date?

I assume that the reason for not using 'violence' against children, besides feeling good about ourselves, was to show the world that we are a civilised society that could raise children without exposing them to violence, and these children who were unexposed to violence would then grow into less violent citizens. Well by abandoning discipline in the home and in the classroom we have really thrown the baby out with the bathwater.

Just look at the cases of road rage, criminal behaviour, domestic violence and abuse increasing in society. Surely with the laws we have with no 'violence' (discipline) against any child, this problem should be decreasing. Don't you think this is directly related to the way we bring up our children without any discipline or consideration for other people?

Whether we like it or not, violence is in our blood and is derived from our territorial and survival instinct. We hate, we fear, so we cannot eliminate violence by just by philosophising or legislating against it. It is a form of communication as a last resort, otherwise why do we have to fight wars?

Senseless violence occurs when there is no insight or self-discipline in a person's behaviour. There is no sense of responsibility towards oneself or society. Clearly our law makers have failed us in their duty of care towards parents, teachers and society by formulating laws that encourage irresponsible behaviour.

Consumerism panders to the desires of the individual ego. This leads to distorted perceptions. Distorted perceptions lead to mental ill health and also anti-social behaviour. If you depended on the politicians to address this issue of discipline in the home and in the classroom it is not going to happen because they are only interested in buying votes from you.

Disciplining children in the home and the classroom is an emotional and sentimental issue so no one wants to go near the subject. Yet if you are a teacher, a parent, a law enforcement officer or become a victim of crime, you will be forced to confront this subject as the juvenile behaviour all round you gets out of control. You should be first to try to influence the **Continued on Page 13**

PERSONALISED HEALTH CARE – EVOLVING HEALTH CARE NEEDS THROUGH THE CYCLE OF LIFE

Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the *Annual AMA Queensland Conference* in Rome.

The program will feature high-profile European and Australian speakers on a range of medical leadership and clinical topics. RACGP points will be on offer.

To find out more about the conference program or to register, please contact:

Neil Mackintosh, Conference Organiser
P: (07) 3872 2222 or
E: n.mackintosh@amaq.com.au

Download a conference brochure from the events calendar at www.amaq.com.au

VIOLENCE & COMMUNICATION- REVISITED By Dr Mal Mohanlal P12 continued

politicians to bring back some discipline in the home and the classroom. Remember discipline does not mean one has to be violent. It means yes means yes, No means no. There has to be consistency in communication.

If you do not take any positive steps to bring this about, it means that you are ignoring and not correcting the fundamentals that are the basis for law and order in any society. It means you are living in a Fools' Paradise and abdicating your responsibilities as a parent or a teacher. More rules and regulations later in life cannot be the answer.

Governments are spending millions of dollars in trying to correct human behaviour after the damage has already been done. They should be spending this money on parents to look after the first five year of a child's life to see that proper care and attention is given. It is the first five years of how we influence the developing mind that counts. Dysfunctional families will produce dysfunctional children. As this number grows, please be prepared for more violence, tears, heartbreak and grief. This surely cannot be God's will.

Clearly one does not need to be a prophet to predict the future. The future is already here staring at us right now. When are we going to wake up?

As I have said this before. In reality there is no such thing as time or future. The future is what you create through the type of actions you take in the present. If no action is taken, your present becomes your future. But alas, does anyone really grasp and appreciate the truth and significance of what is stated here?

Please stop chasing the shadow. Read "The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind" and chase the substance.

Learn how to change your perceptions. If you do not change your perceptions, you never change. You will always be the same person.

Visit website: https://theenchantedtimetraveller.com.au/

Redcliffe GP Liaison Officer Update- Dr James Collins

GPs Invited to Attend Redcliffe Hospital Grand Rounds

GPs interested in hearing about the latest developments in Metro North public hospitals are invited to attend the grand rounds at Redcliffe Hospital, which are held every Thursday at lunchtime. GPs have already been attending these grand rounds and have found them very useful.

Grand rounds complement the GP education events held throughout the year, including the recent neurology and gynaecology events where 85 GPs attended the free Cat1 QICPD event held at Royal Brisbane Hospital. Upcoming free Cat 1 and evening education events can be found on the Metro North GP referral site www.health.qld.gov.au/metronorth/refer
If you would like to find out what grand round lectures are coming up or how to attend please email MedEd-Redcliffe@health.qld.gov.au.

GPs Will Soon Gain Access to "Real Time" Public Hospital Results

For the first time, online access to clinical information about patients receiving care at Queensland Health facilities will be available for all Queensland GPs mid-year. GPs will be granted secure, online read-only access through a Health Provider Portal (the Portal) to healthcare information once their personal and professional identity has been confirmed.

The Portal will improve communication of discharge summaries, radiology and pathology results for GPs who can view these in 'real time'. It will ensure GPs have access to timely and accurate clinical information on their patients.

If patients don't want their information accessed by GPs, they will have the right to 'opt out' of the process.

To prepare for the launch, GP practices will need to update their details with Queensland Health. You can update your GP details using the Secure Transfer Service (STS) GP address Book Update Form, as well as the usual GP details you will need to include Medicare provider number, Healthcare Provider Identifier Individual (HPII) and AHPRA number. This information will be used to validate GP's accessing the Portal. The GP's name must be the same as that on their AHPRA registration.

To update the STS GP address book details go to https://www.health.qld.gov.au/metronorth/refer and click on "Update GP Practice Details" tab in top right corner where you will be taken to the latest STS Update form. Simply complete the electronic form, save it to the desktop then submit it via email or via fax. For further advice speak to your Brisbane North PHN primary care liaison officer or email the project team at GPTV@health.qld.gov.au.

Media Release
Thursday, 20 April 2017

AMSA concerned about impact of 457 visa abolition on international medical students

The Australian Medical Students' Association (AMSA) broadly supports the Government's new visa arrangements, but is concerned the impact on international medical students graduating in Australia has been overlooked.

AMSA is the peak representative body for Australia's 17,000 medical students; 2,550 of which are international students from USA, Canada, Singapore, Malaysia, UK and many other countries.

Under the new changes, which see the 457 visa replaced with the Temporary Skills Shortage (TSS) visa, international medical students wanting to stay in Australia may be forced to take an enormous gamble on their career. Following graduation, it will be a race against visa expiry to enter specialty training in order to meet eligibility requirements to stay in Australia.

The new TSS visa requires holders to have completed two years of work experience, which graduates can complete on a 485 visa. However, since Resident Medical Officers (RMOs) are only on the short-term skilled occupational list (STSOL), graduates will only have two to four years to begin their vocational training. This timeline does not allow flexibility for unforeseen circumstances. Further, the STSOL does not include a pathway into permanent residency, leaving many international students uncertain about the future.

Andreas Hendarto is an international medical student about to graduate from University of Melbourne. He said: "The information that we've received is not yet complete, but I feel that there is a great cause for concern.

"As a fresh graduate, I will have to apply for a short-term two-year visa under the new scheme, ensuring that at the end of that visa, I will have to renew it again for another two years and hope that by the time that expires, I will be a registrar in a medical specialty listed as eligible for the four-year medium-to-long-term visa, which will allow me to stay in the country - provided my specialty is still listed as part of the PR skilled occupation list. If I fail at any stage of this process, I will receive no reprieve.

"I had been looking forward to graduating and contributing back to the Australian healthcare system, which kindly hosts and teaches many international medical students for up to seven years.

"What then, can I do? I have spent the best part of eight years in this country, and I look forward to spending many more. But this new TSS scheme means that after many more years of working hard, I might still be forced to take my hard-earned experience and knowledge in Australian health care elsewhere - simply because I was here at the wrong time."

Since the announcement was made on Wednesday, the moods in hospitals have been low. Wojtek Arnal, a James Cook University medical student, said: "Coming to a regional hospital in Queensland today was sombre. The doctor and pharmacist I work with were visibly upset. When I asked why, they asked if I had heard about the new visa changes? Even though they were Australian-trained and had worked at the hospital for a while, they did not know what the future held for them and if they would have to leave. The rest of the shift went on without many words."

Wojtek's experience learning medicine in Australia has led him to dreaming of becoming a Rural General Practitioner and continue to work in rural and remote communities. He says: "These communities have taken care of me during my training and I want nothing more than to return the favour during my career. It breaks my heart that under the new immigration scheme and even after following all steps in the pathway, that I could still be forced to go home after 10 to 12 years and leave another rural community without a much needed doctor."

AMSA, in conjunction with the International Students' Network (ISN), has written to the Department and Minister for Immigration to raise their concerns.

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Italy
Lake Garda

by Cheryl Ryan

Lake Garda, the largest of the Italian lakes, spans the regions of Lombardy on its western shores, Veneto to the east and Trentino at the top of the lake.

Although carved out of the limestone rock by glacial action, the lake lies only 65 metres above sea level and is like a fragment of the Mediterranean transferred to the shadow of the Dolomites. The northern end of the lake has a dramatic, almost fjord-like appearance on the western shoreline, while to the east the mass of Monte Baldo (known as The Garden of Europe) runs down alongside the lake. The southern end of Lake Garda has a flatter, gentler landscape. Nearby is the beautiful city of Verona, made famous as the setting for "Romeo & Juliet". Verona is second only to Rome for the number of historical monuments found within the city. One of these, L'Arena, built in AD30, is the largest open- air lyrical theatre in the world and famous for its summer opera season.

Climate
It has a mild sunny climate with average temperatures of mid to high twenties from May to September with daily sunshine of 11-12 hours per day.

History
Over the centuries, this region has been under the influence or direct rule of many foreign powers, from Germanic tribes to Napoleon, Italian feudal lords to Spanish kings, and it wasn't until the end of WW1 and the departure of the Austrians that the region finally came under the control of a unified Italy. Even today the local dialect spoken here has noticeable Spanish and French influence. The lakeside town of Salo' was set up in 1943 as a Nazi "puppet republic", where the disgraced Mussolini made his last stand, after fleeing Rome as his fascist state began to collapse. Five hundred years earlier Gasparo Bertolotti was born here. Famous as a maker of stringed instruments, he is regarded as the inventor of the violin.

Local Produce
The eastern shore of Lake Garda has long been known as "the Riviera of Olives" with wide scale commercial olive cultivation. It is the northern most area in Europe for this and the olive oil from here is known for its light, fruity and non-acidic flavour.
The southern end of the lake is home to the wine making areas of Bardolino and Valpolicella, best known for their reds; the light Chiaretto, the rich Amarone, and the sweet Recioto. The northern Trentino area is well known for its distinctive dry whites.

Did you know?
The dramatic opening car chase sequence in the James Bond movie "Quantum of Solace" was filmed through the gallerias and twisting curves of the cliffside road on the northern shores of Lake Garda.

Cassone is the location of the river Aril, officially the "world's shortest river", with a length of only 175m.

Punto Veleno - one of the world's steepest bike races is held in September every year from Castello to Prada. Rises 1080m over a 8km distance. This famous race is open to both MTB and road racing cycles.

Red Bull world cliff diving world championships take place from the Castle walls of Malcesine 27m down into the lake.

www.123Travelconferences.com.au

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Covering Ongoing Business Expenses If You Can't Work

Income Protection (IP) is a policy most medical professionals are aware of but if you are self-employed, do you have the right policy to cover ongoing fixed expenses of the practice?

IP covers up to 75% of your gross income but it doesn't provide additional cover for things like rent, administration wages, equipment leases, net cost of a locum, business loans etc. This is where Business Expense (BEX) comes into play where it works similar to IP in that there is a waiting period but it allows you as a practice owner to cover up to 100% of fixed ongoing items. Even if you are in a partnership, you may be responsible for your share of service fees irrespective if you are working or not, hence BEX needs to be considered as part of your overall insurance portfolio.

A lot of self employed clients believe they are covered through business interruption insurance which is a general insurance policy covering the medical premises, however it does not cover you if you are unable to work due to a disability which is what BEX is designed for.

What are the chances you will be unable to work?

How would you pay these expenses if you couldn't work?

Fixed business expense	Covered under business interruption insurance?	Covered through personal income protection?	Covered through business expenses cover?
Rent, rates, taxes and insurance on your premises	✗	✗	✓
Utilities (power, internet, landline, mobile)	✗	✗	✓
Vehicle leasing, registration, insurance	✗	✗	✓
Leasing – equipment, tools, loan repayments	✗	✗	✓
Salaries of non income generating employees, including Super Guarantee and payroll tax	✗	✗	✓
Contracted costs (eg. cleaning, security, advertising)	✗	✗	✓
Other costs eg. bank fees, interest on loans, business insurances	✗	✗	✓

Maximum sum insured

Most insurers will allow you to cover up to $60K per month but the level of cover needs to be justified via a Profit and Loss statement.

Importantly, the policy also needs to cover your specialist needs such as blood borne disease, ability to work part time without restrictions and ability to choose your definition at time of claim. Ensuring there are also no offsets such as ongoing practice profit is also vitally important to ensure there are no reductions on the monthly benefit at time of claim.

Business Expense is a specific self-employed policy that requires specialist insurance advice to ensure the policy is tailored to your needs.

If you would like to discuss please call Hayden White at our office.

Article written by Hayden White DFP, Risk Specialist at Poole Group Accounting & Investment. Sources 1. Australian Disability Table, 1AD 89-93 Class 2, 2. Interim Report for the Disability Commisttee Institute of Actuaries Australia 2000.

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AMA

"AMA CAUTIOUSLY WELCOMES NEW VISA ARRANGEMENTS FOR OVERSEAS DOCTORS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The AMA has cautiously welcomed the Government's new visa arrangements, but is seeking more detail and clarification of the possible impact of the changes on medical workforce shortages.

The current 457 visas will be abolished from March 2018, and replaced by a new Temporary Skills Shortage Visa, which will have tighter conditions and have a smaller number of eligible occupations. It will also be harder to progress to permanent residency from the new visa class.

The AMA has been advised that doctors will still be eligible for the new visa, but there is little detail about medical specialties or groups.

Existing 457 visa holders will continue on the same conditions they have now. It is important that doctors with these visas who have been working hard towards permanent residency are not disadvantaged.

AMA President, Dr Michael Gannon, said that international medical graduates (IMGs) have made a huge contribution to the Australian medical workforce, especially in rural areas and during periods of chronic workforce shortages.

"Many communities would not have doctors if it were not for the excellent work of IMGs," Dr Gannon said.

"Australia is presently in the fortunate position of producing sufficient locally-trained medical graduates to meet current and predicted need.

It is time to focus our energies on training the hundreds of Australian medical graduates seeking specialist training.

"But we still need to have the flexibility to ensure that under-supplied specialties and geographic locations can access suitably-qualified IMGs when locally trained ones cannot be recruited.

"It is important that we strike the right balance between filling vacancies with locally trained graduates and ensuring that communities, especially in rural and remote Australia, have doctors in the right numbers and with the appropriate specialist skills and experience to meet patient needs.

"The AMA welcomes the emphasis of the new arrangements to better target recruitment and the mandatory requirement for labour market testing, which the AMA has been calling for in light of the significant increases in locally-trained medical graduate numbers.

"We also need to see the Government step up policy efforts to encourage local graduates to work in the areas and the specialties where they are needed."

18 April 2017

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http://twitter.com/ama_media:http://twitter.com/amapresident: https://twitter.com/amaausmed
https://www.facebook.com/AustralianMedical Association

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available

Get Your Membership Benefits! Socialise! Broaden your Knowledge!

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 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 speakers are most welcome. Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; GJS2@Narangba-Medical.com.au

ABN 88 637 858 491

1. One Member (July to June: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (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 064 122 AC: 0090 2422

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 23 Redcliffe 4020

2) Or Emailing to GJS2@Narangba-Medical.com.au

ANZAC Stories: Roy Cornford AIF, 2/19 Battalian

http://anzacportal.dva.gov.au/veterans/stories/roy-cornford

Roy's Story Part 2 continued:
The submarine surfaced. The name of the submarine was the [USS] Growler and it attacked the destroyer. Luckily they fired two torpedoes at it head-on and one of the torpedoes hit it. That caused a fire and a lot of damage to start with, and then the second torpedo they fired blew it up. Well, I was on deck when the first torpedo hit it and there was only a bright flash from that. And the Japanese guard near us says: "Oh, a fire on the island." And when the next torpedo hit that destroyer and it blew up he never said anything. But the prisoners near us said: "Hello, the island's blew up".

Then the panic started. That destroyer – that submarine pulled out of the chase then. As it surfaced to dodge depth charges they lost track of the convoy and the other three submarines attacked the convoy and they sank a transport ship near us. I was on deck and we saw all this. Then they sank a transport ship on the other side of us. And then there was an oil tanker about 500 metres from us and they sank it. But before it sank you could see the Japanese sailors trying to run along the deck in the burning oil and [then] it exploded. Next they sunk an oil tanker on the other side of us.

It was then we copped one. Luckily the first torpedo hit the hull on the forward part of the ship which was full of rubber and that took most of the shock, but the big splash of water that came up over the deck washed us and roughed us all up against the deck cabins and things like that. For the people down in the hull, the water poured down on top of them and of course they were screaming and panicking.

The second torpedo was only about 10 to 12 seconds later than that and it hit the engine room. And when it hit the engine room the ship sort of just dropped about 10 feet. And it sort of laid over on its side a bit. But then all the Japanese were getting into the lifeboats and getting away and we were tossing rafts over. So many men were getting on each raft. And when we got down to the rafts there was only one raft left and there were eight of us. We said 'Well, we'll have a drink of water first. So we went and got a belly full of water and we tossed that raft over and we all jumped in the water and got on it.

We'd only got about 100 metres away from the ship and another Japanese naval boat came back flashing lights everywhere, but then it got torpedoed. And the concussion of those torpedoes hitting the ship affected our stomachs and I got as sick as anything and lost all the water I drank. Well then we got on the raft, eight of us, and we pushed our way away from the ship a bit, and all the rafts kept coming in close together and we were all pretty close together.

Roy's Story Part 3
On the first day on the raft, the water was very calm. And when you sat on the raft, the whole 18 of us, the raft used to go quite far under the water but then the life jacket you had on would take your weight and you'd just float up and down with the rise of the current. Well we just talked of good things back in Australia and what we'd do when we got home and all this. No one talked of death or not being rescued or anything. And then on the second day we noticed a couple missing. We spotted a Jap – dead. You used to see lots of prisoners floating in their lifejackets that were dead and we'd say "Oh, there goes so-and-so and there goes so-and-so".

Then I spotted a Jap come close to us and he had a water bottle around his neck. I said "Well, I'll get that water bottle." So I dog paddled about five metres to it, got the water bottle and I was flat out dog paddling back to the raft then. They pulled a stick from under the raft, as we'd been shoving sticks under the raft and bits of plank and such under the raft to help hold us up higher in the water. They poked the stick out and pulled me aboard and we got the water bottle, it had no cork in it and was full of salt water. That was I think the second day, and then on the third day it rained. Well, we put our hands up to our mouths, and I'd say everybody would have got a couple of good mouthfuls of water.

Continued next Edition Roy's Story Part 3