



RDMA & BLMA's Joint Newsletter

Newsletter August 2019



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A Fortunate Life - Ernest Brough.
<https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape>

See Where We Work & Live
 P20. Ernest Brough

RDMA President's Report Dr Kimberley Bondeson

Presidents Report – August 2019

We are still having gorgeous winter weather, with night time temperatures dropping to 11 degree's and beautiful warm and sunny days.

The Ekka is here, and along with it the flu season has begun in earnest.

Of interest, I did the school drop off with my sister in Rockhampton on Monday, and the headmaster there said that he was down 300 students in the high school the previous week, my sisters children included, all down with flu.

Central Queensland seems to be hit earlier than the Redcliffe Peninsular and region.

On a positive note, the evening at 'Dinner for the Profession' was enjoyed by everyone.

Both Redcliffe Local Medical Association and Brisbane Local Medical Association members were present. It was a delightful evening, enjoyed by all.

Coming up shortly in September is the AMAQ conference, to be held in Scotland. And I will be attending, and looking forward to it.

The Topics for this years' conference is "Global Trends in Health Care Delivery", with international guest speakers, as well as our own Queensland speakers.

Presentations include "Evolution and impact of genomics in medicine" as well as "Medical history in Edinburgh", and a variety of other topics.

I am particularly looking forward to the

"Medical history in Edinburgh" presentation, as I am sure many other attendees are, as it is been given by Professor James Garden, as throughout medical school as students, we were given snippets of history of the development of surgery from Scotland.



Professor Garden's talk synopsis describes that the pre-eminence of surgeon anatomists in the city of Edinburgh was established through the Seal of Cause awarded to the Guild of Barbers and Surgeons in July 1505.

Edinburgh Medical School was established in 1726, and is renowned for its use of corpses for anatomical dissections and teaching.

It will be with great pleasure that I report back on my experience on my return.

Dr Kimberley Bondeson

RDMA & BLMA's Joint Newsletter
Welcome from
Dr Robert (Bob) Brown
 President Brisbane Local Medical Association

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

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

UPDATED

RDMA 2019 MEETING DATES:

For all queries contact Anna Wozniak or Amelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	26th
Tuesday	March	26th
Tuesday	April	23rd
Wednesday	May	29th
Tuesday	June	25th
Wednesday	July	31st
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	20th
Wednesday	September	18th
Tuesday	October	29th
NETWORKING MEETING		
Friday	November	29th



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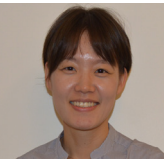
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BLMA 2019 MEETING DATES:

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CPD Points Attendance Certificate Available
Venue: Riverview Restaurant, Bris
Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

1	February	12th
2	April	9th
3	June	11th
ANNUAL GENERAL MEETING - AGM		
4	August	13th
5	October	8th
6	December	(10th) TBC



NEXT MEETING DATE 20TH AUGUST 2019

RDMA Meeting 31.07.2019

Dr Kimberley Bondeson RDMA President Introduced Sponsor Representative: Julie Cameron, Intake Coordinator who then introduced the Speaker Dr Jatheesh Pala Valappil for the night:

AMAQ Special Guests: Dr Dilip Dhupelia Pres, Dr Chris Pery VP

Speaker

Dr Dr Jatheesh Pala Valappil
Psychiatrist.

Topic : "A Case Discussion-A Young Mother of 2 with Symptoms of Depression, Anxiety with Panic and Fatigue."

Sponsor: Pine Rivers Private Hospital

Photos (Left to Right & Down):

1. Pine Rivers Representative Robyn Carrington with Speaker Dr Jatheesh Pala Valappil.
2. **New Member** Sharon Heng with Dr Wayne Herdy
3. Dr Chris Perry with Richard Buzcott.
4. Wayne Herdy, Dilip Dhupelia AMAQ Pres, Pravin Kasan
5. Pine Rivers Rep Julie Cameron, Wayne Herdy and Robyn Carrington.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 20th of August 2019

TIME: 7pm for 7:30pm start

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

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

AGENDA:	7:00pm	Arrival & Registration
	7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
	7:35pm	Sponsor: Gilead Represented by: Asha Lindsay
	7:40pm	Speaker: Dr Wayne Herdy, GP Topic: "Everything you ever wanted to know about Hepatitis C - but were afraid to ask"
	8:20pm	Main Meal served through out presentation
	8:30pm	Question Time
	8:40pm	Dessert, Tea & Coffee served General Business
	8:45pm	AGM

RSVP: By Friday 16th of August 2019

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

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The team behind your result



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Classifieds subject to the Editor's discretion.

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

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AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



MEDICAL REPORTS AND PRIVACY - DOES IT EXIST?

AMAQ Councillors Report – August 2019

Medical Records and Privacy – does it exist?

The Department of Health Services recently sent out a letter to 50,000 patients who has been prescribed lithium inviting them to take part on a bipolar study.

None of the patients had given consent for their medical records and mental health history to be given to a third party (ie. The research team who wrote the letters, at QIMR Berghofer Medical Research Institute).

Apparently, the Research team had been given the information by the Department of Health Services. None of the prescribing doctors or psychiatrists responsible for the patient's care had been notified that this was going to happen.

They became aware of it when angry patients contacted them accusing them of breaching their privacy. And I agree, it is a complete breach of privacy.

The research team and Department of health Services are just lucky that one of these irate patients who take lithium, did not have a psychotic episode and go on a suicide/homicide rampage against the research team, or their doctors.

According to Australian Doctor (8th August 2019) a leading psychiatrist has stated there was no data breach, no release of personal information (about individual patients) to the researchers associated with this study. I personally disagree with this, as I feel that a person's name, address and medication history are personal information, and their privacy has been breached, and not by their treating doctors.

And there are other 3rd parties getting into the act, with the online booking platform, Health Engine, selling patient details to Health insurance brokers, as well as censoring online reviews without disclosing either practice to consumers. The ACCC is taking Health Engine to court over this issue.

A recent article in the Australia (9/8/19) has revealed that "Life insurers have trawled through the medical records of 150,000 Australians in an attempt to deny payouts in the 18 months since a parliamentary inquiry called for new restrictions on access to personal health data.

Whilst the issue of Insurance companies accessing personal health records is not new, the evolution of the new My Health Record has made it simpler for them to do so.

Life Insurance companies are refusing to cover or not process insurance claims without full access to medical companies, according to the Australian.

As a GP, I have had several requests from insurance companies for full medical records of a patient (with the patients consent form attached), and have noted on the consent form that the insurance company has also requested access to the patients My Health Record, separate from my medical records.

One of the unintended outcomes of this type of trawling through medical records by insurance companies, is that patients are likely to withhold important medical information from their doctors.

And again, as a GP, I have seen this occurring in my patients.

On Page 6 we have a pictorial from the recent Dinner for the Profession Eveing at Brisbane.

Photo 1. Dr Kimberley Bondeson and Mrs Gaybriella Burey

Photo 2. Mr Peter Kemish, Dr Geoffrey Hawson and Dr Kim Irving

Photo 3. The BLMA and RDMA committee members who attended are from right to left Dr Graham McNally, Dr Bob Brown, Dr Kimberley Bondeson, Dr Geoffrey Hawson & Dr Paul Bryan.

Photo 4. Function Event Venue, Brisbane

Photo 5, Dr Paul Bryan, Vice President, BLMA, Bob Brown in foreground President BLMA.

Photo 6, Mr Peter Kemish and Dr Geoffrey Hawson

Photo 7. Mrs Gaybriella Burey

Photo 8, Dr Geoffrey Hawson and Dr Kim Irving

Dr Kimberley Bondeson



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Dr Agnieszka Malczewski



Dr Adam Stirling

Haematologists



Dr Jason Butler



Dr Robert Hensen



Dr Ashish Misra



Dr Jason Restall

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Thank you

A big thank you to all of those who attended the RACGP Accredited 'BEHIND THE CLINIC DOOR CONFERENCE II'

Collaboration and teamwork are key to Sports & Spinal providing quality patient care as we welcomed the opportunity to learn & discuss cases with you.

Special thank you to the exceptional speakers:

Dr Stephen Byrne (Neurosurgeon)

Dr Karnie Falk (Radiologist)

Dr Daevyd Rodda (Ortho)

Dr Paul Frank (Pain)

Dr James Tunggall (Ortho)

Narrator Dr Rob Park

Dr Matthew Dwyer

Travis Schultz

Dr Roger Faint

Sports & Spinal Physiotherapists & Staff members

See you next year!!





**Dr Dilip Dhupelia,
President AMA Queensland
and
Jane Schmitt,
CEO AMA Queensland**



A new platform for members

AMA Queensland will soon be launching a member platform for real-time, online peer-to-peer discussions with your colleagues. It will be a place to discuss and debate issues affecting you, your practice, patients and the health system, along with other practical advice from our partners and team eg. general finance, insurance, legal and workplace relations matters. We will keep you abreast of progress with the platform development.

Member survey findings: Your three top issues

AMA Queensland recently conducted two member surveys asking our Private non-GPs Specialist and ED Physicians members to rank the urgent issues confronting them and the key issues they wanted us to take forward in 2019.

These questions yielded a variety of responses.

Our Private Specialists said their main concern was the MBS fee review and the enormous effect it may have on private physician fees and the ability to see inpatients, with the private health fund rebates for private operation not covering patients' costs to access private care being their second top priority.

Other issues included:

- Continual increasing costs of maintaining private practice without increasing patient gaps
- Public/private health dysfunction

Our ED Physician members identified extra funding and resources for staff to allow workable rosters and reasonable working hours as one of their top priorities. This reflects doctors' long-held concerns about the lack of staffing in hospitals, the high workload, and the significant levels of responsibility placed on hospital doctors.

Other key issues emerging from the ED Physician survey included overcrowding, insufficient ED beds and bed block causing ED beds to be occupied by accepted and admitted patients. AMA Queensland and ACEM representatives will be heading to Cairns at the end of August to discuss ED physician issues. We will report back to members after that meeting.

Both survey results painted a picture of a struggling system being held together by hard-working and dedicated doctors, both in the private and in the public health system. These responses show that there is much more work to be done to improve the health of our medical workplaces and their culture.

We thank you all for your feedback. We are already working on a number of responses to these issues and it is reassuring to know we are on the right track.

New Workplace Relations Advisory Package

In direct response to member feedback on services you would find of value, we are pleased to announce that AMA Queensland has developed a new **Workplace Relations Advisory Package (WRAP)**, specifically created to assist you navigate the complex and ever-changing rules for managing employees, with give you up-to-date and practical employment support.

Continued Page 11

WRAP will give you access to:

- the latest employment contracts;
- comprehensive workplace relations manuals;
- workplace and industrial advice; and
- free attendance to workplace relations training events and webinars.

We are also pleased to announce the launch of our **Practice Manager Affiliate (PMA)**.

We will be launching WRAP and PMA at this year's AMAQ Private Practice Medico-Legal Conference, on 30 -31 August in Brisbane.

We encourage you to come along to the conference and take the opportunity to speak with our workplace relations team about the new WRAP services.

Voluntary Assisted Dying in Queensland

In July, AMA Queensland President Dr Dilip Dhupelia and Dr Chris Moy, Head of AMA Ethics and Medico-Legal Committee gave evidence to a Queensland Government Inquiry reinforcing AMA Queensland's opposition to Euthanasia and Voluntary Assisted Dying (VAD).

AMA Queensland made the following points:

- The Queensland Government needs to fully fund and support a comprehensive Palliative Care Program in Queensland before VAD is considered.
- The decision to introduce VAD in Queensland is ultimately one which needs to be made by governments and the community.
- Should the state government legalise Voluntary Assisted Dying in Queensland, AMA Queensland believes the medical profession needs to be involved in developing the relevant legislation and guidelines to ensure appropriate safeguards are in place.

You can read AMA Queensland's submission at www.amaq.com.au/advocacy.

If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

The AMA - ? A Friend or Foe

By Dr Mal Mohanlal

I sent my RDMA Newsletter article "AHPRA INVESTIGATES" published in the May Issue, to the Federal President of the AMA, Dr. Tony Bartone.

The purpose was to see how we, as a profession, should respond to the type of bullying and intimidatory tactics employed by AHPRA. His bureaucratic response published here has floored me.

Note letter printed on Page 11 for review.

I want all our members to read it and decide what they think of the AMA. The following is the reply I have given to Dr. Bartone:

"Thank you for your letter dated 30 July 2019 in response to my AHPRA investigation files and my letter dated 19 May 2019.

To say the least, I am very disappointed with your reply. It is indeed unimaginable for me to think that the AMA is co-operating with an outside bureaucratic body, such as AHPRA, to allow them to dictate to us how we should practice medicine.

I think the AMA and the Royal Colleges have themselves turned into bureaucratic bodies who do not know what role they should be playing. You do not know whether you are Arthur or Martha.

You do not realise how bureaucratic your thinking has become. Either you are for your members or against us. You cannot have both ways.

You cannot possibly defend and protect the interests of the medical profession and doctors this way.

It is clear to me that the AMA and the Royal Colleges are suffering from a

disorder of perception. At present, you are playing the role of Porky Pig selling pork chops and pork sausages to the government.

You will be risking your mental health if you continue on this path.

Do you realise that the medical profession is the only profession that deals with the physical and mental health of people?

It is a unique profession, unlike any profession. Unless we clear up our own perceptions first, how can we help others?

Do you think the AMA and the Royal Colleges need to reassess the role they are playing at present? We should be fighting for an independent medical profession free of politics, not playing politics.

Politics is a game of distorting people's perceptions. We should be exposing politics. Health should never become a political football.

With such a cosy relationship between AMA and AHPRA, I think the medical profession deserves the type of treatment we receive from the government. Who needs enemies when we have friends like the AMA and the Royal Colleges to defend us?

I can only hope that you can see the point I am making and do something about it.

Regards and best wishes."
Dr Mal Mohanlal

18/199

30 July 2019

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Via email: malkosh1@optusnet.com.au



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Dear Dr Mohanlal

National Regulation and Accreditation Scheme for Health Practitioners

Thank you for your letter dated 19 May 2019 regarding the notification process used by the Queensland Office of the Health Ombudsman and the Australian Health Practitioner Regulation Agency (AHPRA). The AMA supports the National Registration and Accreditation Scheme for Health Practitioners (the Scheme) in so far as it delivers:

- registration arrangements that enable medical practitioners, who are qualified and safe, to work anywhere in Australia;
- independent accreditation of medical education and training that meets international guidelines;
- medical practice registration standards set by the Medical Board of Australia (the Medical Board), with clear jurisdiction over all health care provided by medical practitioners; and
- a notification process for the Medical Board to receive, consider and determine concerns about the health, performance or conduct of individual medical practitioners where there is a risk of harm to the public, and which is efficient and affords due process to the medical practitioner under review.

The AMA is satisfied that the Scheme has met the expectations of the medical profession in respect of the first three of these points. We continue to work collaboratively with the Medical Board and AHPRA to improve the notification and compliance functions of the scheme.

In our submissions to reviews of the Scheme, we have highlighted specific concerns we have with the operation of the Scheme, in particular, the negative experiences of medical practitioners who are investigated as a result of a notification. You can find our most recent submission at this link:

<https://ama.com.au/submission/ama-submission-second-stage-reforms-national-registration-and-accreditation-scheme>.

In particular the AMA has been very vocal in trying to have the mandatory reporting provisions of the National Law changed, and also trying to get the Medical Board to reverse their decision to link tribunal outcomes to practitioner's registration records:

- <https://ama.com.au/submission/ama-mandatory-reporting-submission-2018>
- <https://ama.com.au/ausmed/medical-board-backs-down-naming-doctors>.

We have been partially successful in both these areas but will continue to raise these issues wherever possible.

The AMA participates in an annual workshop with the Medical Board and AHPRA which aims to improve the notification and investigation processes, to identify where the scheme can be made more efficient and more effective to afford due process to practitioners under review. Through these workshops we have made significant gains, but there is still much more that must be achieved.

At the last workshop we focused on improving timeliness of managing notifications and particularly improving triaging practices to curtail processes quickly. We also focused strongly on the practitioners' experience trying to highlight to the AHPRA and Medical Board staff what their processes and words mean to practitioners. We have approached AHPRA and the Medical Board to hold another workshop this year and I am proposing that we use your article and other documents as an example of where AHPRA can improve its practices.

I can assure you that the AMA believes in a strong commitment to ensuring professional openness and transparency free from bullying and harassment. We recognize the negative impact and stress bullying and harassment can cause and we will continue to raise concerns, such as yours, with the appropriate bodies.

I hope you can see from this that the AMA tries to work with the Medical Board and AHPRA to ensure that the Scheme is continually improved. I personally meet with the Chairs of both the Medical Board and AHPRA on a regular basis to discuss and resolve the issues raised by AMA members.

Thank you for taking the time to write to the AMA on this key issue.

Yours sincerely

A handwritten signature in black ink, appearing to read "Tony Bartone".

Dr Tony Bartone, President

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AMA

PHARMACY GUILD POLICY PAPER PRESCRIBES POORER HEALTH OUTCOMES FOR PATIENTS AND COMMUNITIES

AMA President, Dr Tony Bartone, said today that if the Pharmacy Guild wants pharmacists to be doctors, then pharmacists should spend 10 to 15 years studying for a medical degree.

Dr Bartone was responding to the release of a Pharmacy Guild policy paper – *Community Pharmacies: Part of the Solution* – which proposes that pharmacists move way beyond their scope of practice to perform specialised roles currently undertaken by GPs.

Dr Bartone said that patients and communities receive the highest quality health care when health professionals work as a team within their respective scopes of practice.

“Patient care suffers, and health and lives are put at risk, when there is fragmentation of health care and the loss of continuity of quality health care,” Dr Bartone said.

“GPs study and train for more than a decade to provide quality holistic care for individuals and families through all stages of life.

“The Guild claims that a pharmacist’s *‘half a decade training prior to being registered’* is sufficient to practise as a doctor, with all the complexity and specialised skills and knowledge that entails. This is simply not true or possible.

“I do not think that busy, dedicated community pharmacists – who work daily in a collaborative partnership with local GPs, hospitals, and other health professionals in towns and suburbs across the country – would agree with the Guild’s push for pharmacists to take over the work of doctors.

“The collaborative relationship between local GPs and pharmacists works well, and should not be eroded.

“GPs know the medical histories of their patients and their families. The enduring long-term and trusted doctor-patient relationship is at the core of safe, high-quality health and medical care in Australia.

“Undermining or diluting this relationship, as the Pharmacy Guild is proposing, is irresponsible and dangerous,” Dr Bartone said.

Dr Bartone said the Pharmacy Guild’s policy paper is clearly a stunt to take the focus off the Guild’s frantic lobbying of the Government over the next Pharmacy Agreement and the controversial location rules, and the threats being posed by Chemist Warehouse, other pharmacy retail chains, and the big grocery chains.

“The Guild should be focused on the interests of its members and individual pharmacists, not looking to make profits from usurping the roles of other health professions,” Dr Bartone said.

“The Guild’s policy paper will no doubt be discussed at the meeting of the AMA Federal Council later this week in Canberra.”

Background – some key factual points to clarify some inaccuracies/misinformation in the Pharmacy Guild’s policy paper and media release:

- Medical practices all around Australia have provisions for providing urgent care to their patients. Many practices keep “book on the day” appointments for urgent attendances or will fit patients in when required. Patients may have to see another doctor within the practice at short notice, but they do get to see a doctor.
- Medical practices often provide 24/7 availability for accessing a GP either directly through the practice, or by a deputising service after hours.
- The Productivity Commission Report on Government Services highlights that around 75 per cent of patients can get a GP appointment within 24 hours.
- The AMA supports pharmacists to supply and dispense S2 and S3 medicines. Pharmacists also have an important role in assisting patients with medication adherence and education - this is their field of expertise.
- The dangerous part of the Pharmacy Guild proposal is that pharmacists are not trained to assess a health problem or diagnose medical treatments – including medications. Just this month we saw media reports of pharmacists in Queensland over-medicating babies who suffer gastrointestinal problems, including powerful acid suppressants that can be harmful to babies.
- GPs do a great deal more than just give the patient a script in a consultation - they implement preventive care and opportunistic medicine, which will be undermined if pharmacists prescribe.
- Department of Health data shows that 86.1 per cent of GP services were bulk billed in 2017-18. Data also shows that only 4 per cent of people are put off seeing a GP due to cost.
- The health practitioner regulator (AHPRA) has a clear national pathway for other health practitioners to prescribe, which requires clear steps in determining community need, a comprehensive survey of training/standards/accreditation, and a requirement to gain approval at various levels. This is a nationally agreed process that applies to all regulated health practitioners, including pharmacists.
- The Pharmacy Guild is mischievous and misleading in implying that the AIHW figures on out-of-pocket expenses relate mostly to medical services. The figure used, \$29.4 billion, is mostly made up of 37 per cent prescription and non-prescription medications (\$10.8 billion), 19 per cent dental services (\$5.7 billion), 23 per cent aids and other health care, such as aids and allied health services outside Medicare (\$6.7 billion).
- The proportion of health expenditure funded by individuals has remained steady at around 16 or 17 per cent for the last 10 years. Importantly, of that 17 per cent, only 10 per cent is spent on non-hospital referred medical services (even less when looking at primary care).

14 August 2019

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GP Liaison Update – Dr James Collins

Contact us – mngplo@health.qld.gov.au

Metro North GP education sessions

Sat 24 August 830am -430pm – Keeping Kidneys in the Community. Venue - Caboolture Hub, 40 CPD Category 1 event- Register at www.bit.ly/keepingkidneys-workshop

Thurs 12 September 6-845pm – Common Challenges in Primary Care – Heart Failure GP Update - Prince Charles Hospital Cat 2 event. Register at administration.integration@brisbanenorthphn.org.au

Sat 26 October 8am-5pm –GP Alignment Program – Gynaecology Workshop- RBWH -40 CPD Category 1 event. Register at administration.integration@brisbanenorthphn.org.au

Are you using Brisbane North Health Pathways?

Brisbane North Health Pathways is a GP hub for busy GPs with access to latest local health service news, useful services, health alerts and management & referral guidelines and much more. It is available for GPs in Brisbane North region.

To access go to: www.bit.ly/hpathways or phone 07 3630 7300 for easy login details.

New Inflammatory Bowel Disease phone advice service available at Redcliffe Hospital

Redcliffe has started a new IBD Helpline for patients with existing or previous diagnosis of Inflammatory Bowel disease (IBD) – (they don't have to be part of the service already). Unconfirmed/Suspected IBD should be referred through to outpatients via the central patient intake via the preferred electronic referral process.

You can call the Redcliffe Hospital IBD helpline on 07 3049 9738

Has your 50-74 yr old patient completed their National Bowel Cancer Screening?

Australia has one of the highest rates of bowel cancer in the world. Around one in 23 Australians will develop bowel cancer during their lifetime. Screening in Metro North is currently below 50% of all patients eligible who are sent their packs in the post. Please could you remind your patients to do this valuable screening program which should be done every 2 years from 50-74 yrs old. Patients will receive the pack within 6 months of their birthday and if they haven't received it they can call the information line on 1800 118 868.

Saturday appointments now available at Breast Screening Queensland

BreastScreen Queensland are now offering Saturday screening appointments and encourage all eligible women, in particular those aged between 50 and 74 years, to make an appointment at one of the many BreastScreen Queensland services. A breast screen is the most effective method of detecting breast cancer at a very early stage even before a lump can be felt or seen. This is important because finding breast cancer at an early stage gives a woman the best possible chance for successful treatment and wellbeing.

GP Liaison Update Contined - Dr James Collins

Saturday screening appointments are now available at Chermside and the Indooroopilly services. No doctor's referral is necessary.

To make an appointment please call 13 20 50.

Flu cases at record levels

As you have heard in the press, lab confirmed cases of influenza are much higher than in previous years.

Graphs demonstrating how the flu season is tracking for this year compared to prior years is available in the Queensland health weekly surveillance flu reports found at www.bit.ly/qhflu2019 This can be useful to show your patients unsure about immunisation.

Queensland Health has a webpage dedicated to the latest information on influenza www.bit.ly/qhflu. It includes the latest vaccine guidelines for children, pregnant women and over 65s, and resources such as flu prevention posters.

If you are visiting aged care facilities be aware that the Metro North Public Health unit can assist in providing Oseltamivir for influenza outbreaks. For more information contact your local public health unit - (07) 3624 1111

All public health notifiable conditions **weekly** data can be found at www.bit.ly/qhnotifications

Over 180,000 pathology results uploaded to MyHealthRecord in May 2019 alone

Across Metro North there have been some significant increases in uploads of information to My Health Record. Over 180,000 finalised pathology results and over 8000 discharge summaries have been uploaded in May 2019 alone.

Please be aware that patient's can see their pathology results uploaded within 7 days of the test being ordered which may mean the patient can see their results without any interpretation of these results prior to being seen for follow up in an outpatient clinic.

Do you upload any information on to your patient's My Health Record?

For more information on what can be found in My Health Record go to

<https://www.myhealthrecord.gov.au/for-healthcare-professionals/general-practice>

Secure Messaging (Electronic referrals) – preferred way to send outpatient referrals

Practices are increasingly sending referrals via Medical Objects or Health Link from their practice software. The benefits for practices are it provides you with a receipt so that you know the referral has been received by the Central Patient Intake Unit at Metro North HHS and is much quicker than being sent via fax.

If you need support setting this up please contact your Brisbane North PHN Primary Care Liaison Officer found at www.bit.ly/bnphnpclo

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ELEK

by Cheryl Ryan

Elek is a small laid back yet picturesque village in the Bekes County of Hungary known for its nationality traditions.

Located on the Hungarian-Romanian border this undiscovered tourist destination has a rich history and cultural heritage. This petite town is a mélange of minority settlements of German, Romanian, Gypsy and Hungarian people.

Hidden away from the chaotic life in the cities, this quaint village does not even have its own train station and the only closest station is 6km away at Ketegyhaza.

Yet the City Cultural Centre organises many events, camps and courses the year round. If you are looking for a lazy vacation in the European countryside this is your ideal destination.

What Have We Planned For You

Spend your morning at the Roman Catholic Church. This church of the Blessed Virgin Mary built in Baroque style will stupefy you with its splendid architecture and 47 meters high tower.

Be awed by the most significant monument of this locked away town – a national memorial which was built to commemorate the expulsion of the Germans during the troubled times of 1945-46. Created by sculptor Sandor Kligl the memorial comprises five statues against a towering Swabian house - of an elderly couple, a young woman and children dressed in traditional German clothes.

Take a basic course in learning the Italian language or indulge in bakery classes and learn the local specialties to prepare back home.



Admire the City Library which boasts of a separate music department as well as a magazine reader section. The library has reading and lending facilities open to both children and adults.

You could witness the regular events such as literary evenings, musical afternoons, writer-reader meetings, fine art exhibitions and book presentations which are open to non-members too.

Sample the freshly cooked local fare at the Day Care Kitchen which can feed about a thousand people and also caters to family events as well as social events. You can find their weekly menus posted well in advance.

The Roman Catholic Cemetery with its highlight being the stunningly beautiful Calvary is not to be missed! This cemetery houses the tombs of Hungarian Heroes from the World Wars I and II with I and II inscribed on marble plaques.

This yet to be discovered old world town will bring to you the most charming experiences of eating, living and sharing space with peaceful villagers.

Cheryl Ryan -123Travel
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Generation wealth gap

If you read the business pages of the newspaper, you may have seen the term ‘intergenerational wealth transfer’ starting to appear more frequently.

That’s because an estimated \$3 trillion of wealth is predicted to change hands over the next two decades, from households of Australians age 55+ to younger generations.ⁱ This represents a massive shake-up in wealth ownership, given Baby Boomers (those currently age 45-64) own more than half the country’s net wealthⁱⁱ.

At the other end of the spectrum, the potential recipients of some of these funds - Gen Y (those age 25 to 34) - are rich in income but comparatively poor in terms of net wealth. Australian Bureau of Statistics figuresⁱⁱⁱ put the household net worth of Gen Y at \$268 800, less than half that of Gen Xers, who are only a decade older. Both pale in comparison to the net wealth of Baby Boomers, who have a net wealth nearly five times that of Gen Y. This stark contrast is the result of a dramatic shift in economic conditions over the last fifty years, which has seen property prices grow to be out of reach for many young people, while cumulative investment returns have been significant for those now age 55 or older.

What does all this mean for you?

Families have a unique opportunity to take a strategic approach to wealth management and wealth transfer via aged care planning and estate planning. We can help to guide you through a process of family meetings and discussions to develop a plan to support your family goals.

Whatever generation you’re from – don’t leave your future and your family’s hard-earned wealth to chance. We are seeing a marked increase in estate planning and have witnessed some remarkable strategies both from planning phase through to activation. We are here to help so please call us with any questions.

Yours in Aged Care,

Sharon Coleman

Accredited Aged Care Specialist / Accountant



¹ McRindle Research, 31 May 2016, <https://mccrindle.com.au/insights/blog/australias-household-income-wealth-distribution/>¹ McRindle Research, 31 May 2016, <https://mccrindle.com.au/insights/blog/australias-household-income-wealth-distribution/>



AMA URGES DOCTORS IN TRAINING TO SHARE THEIR VIEWS ON MEDICAL TRAINING IN AUSTRALIA NEW NATIONAL MEDICAL TRAINING SURVEY (MTS) OPENS TODAY

The AMA is urging all doctors in training to share the positives and negatives of their medical training experiences by taking the new national Medical Training Survey (MTS), which opens today and will run until 30 September 2019.

AMA President, Dr Tony Bartone, said the MTS in an important opportunity for Australia's 30,000 doctors in training to tell medical educators, employers, governments, regulators, their peers, and the next generation of medical students what to expect with medical training, and how it can be improved.

It is open from 1 August to 30 September 2019, in line with the annual registration renewal cycle for most trainees.

Dr Bartone said the survey is based on existing surveys and includes questions about supervision, access to teaching, workplace environment, and culture and wellbeing.

"The MTS will identify issues that could impact on patient safety, including environment and culture, unacceptable behaviours, and the quality of supervision," Dr Bartone said. The survey is anonymous, completely confidential, and accessible online. It is a safe environment to provide the necessary feedback, with the appropriate protections where the data is not sufficient enough to protect anonymity.

"Survey results will be used to improve medical training in Australia and be reported publicly, while protecting individual privacy." Dr Bartone said that the AMA and its Council of Doctors in Training (AMACDT) has spent years pushing for the creation of a national training survey to track and compare training across the prevocational and vocational spectrum - in hospitals, primary care, and anywhere else doctors in training work.

"We have been involved with the MTS since its inception," Dr Bartone said. "We were part of the robust discussions on the questions to be included in the survey, and we argued and gained agreement that you can't divorce training from other components of work such as supervision and workplace culture.

"It has been a genuine team effort to develop the MTS. Doctors in training, the specialist Colleges, employers, educators, the AMA, and the Australian Medical Council (AMC) worked very closely with health practitioner regulators to develop the survey." There will be five versions of the survey, tailored to specific groups of doctors in

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training:

- prevocational trainees;
- specialist non-GP trainees;
- specialist GP trainees;
- interns; and
- International Medical Graduates (IMGs).

More than 80 per cent of questions are common across the surveys. The MedicalTrainingSurvey.gov.au website went live on 22 July 2019. It will be a one-stop shop with all the information about the MTS in one place. The MTS questions are published on the website.

It also includes videos from AMA members talking about why doctors in training should get behind the survey. A similar survey is run in the United Kingdom, with results suggesting tangible improvements to the quality of the training experience for doctors in training. Survey results will build the first comprehensive, national picture of the strengths and weaknesses of medical training across States, Territories, and medical specialities in Australia.

Results will identify current strengths and provide a baseline for ongoing improvements. Dr Bartone said that the AMA plans to use the results as a direct advocacy tool through the AMA's Federal and State/Territory communications networks. "It will allow us to identify areas that are performing poorly, and advocate directly with the services responsible for the management of these areas," Dr Bartone said. "This may be as broad as a national issue such as doctor mental health or a specific training College, or as focused as a local health service or district.

"We will be able to identify areas of positive feedback and then campaign at a national or State level for wider adoption of these successful local practices."

Further information on the MTS is available at <https://www.medicaltrainingsurvey.gov.au/>

1 August 2019 CONTACT:
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Don't waste time! Join now!

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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 educational 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.

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

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Where We Work and Live

"A Fortunate Life: Ernest Brough"

<https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape>

The three swam across icy rivers, traversed snowy mountain passes, and hid under piles of leaves and in lofts and ditches wherever they could. They were nearly caught countless times, escaping once by pretending to be Germans. "We learned to kip on the hard ground, back-to-belly, cuddling one another for warmth and rotating every hour or so," he said in his book. "When we woke, our clothes would be stiff [with the cold] and it would be ten minutes before we could say a word to each other, we were so cold." They developed a special bond between them as they depended on each other completely for their survival. "It's a great thing to have faith in one another," Brough said. "We'd have a good place to camp for the night behind a shed, or somewhere like that, and the boys would say ... 'Oh, this is a good spot, we'll stay here again tonight,' and I would say, 'No, we'll keep moving.' You never stay there a second night because someone will come along and say those blokes are still up there sleeping, but we wouldn't be there sleeping, we would have moved on. We used to move on every night to a different place."

But their daring escape nearly came undone when they had to swim across the Drava River. They built a raft to carry supplies, and stripped naked, bundling their clothes and stores of food on the raft, but Berry got a cramp, and Brough, who wasn't a strong swimmer, struggled too. If it wasn't for Batty, they wouldn't have survived. "It was so cold it hurt," Brough said in his book. "It seemed an eternity later that we pulled the raft up onto the far bank, exhausted; and fairly devastated. The raft had proved to be a bit of a disaster ... Our clothes were sodden and I'd seen several of our food parcels float away into the night ... We were in a state of shock. Allen and I weren't sure we could go on."

But go on they did. They hid in a tunnel, and dried their clothes as best they could over a fire they started using twigs and a cigarette lighter. Brough remembers being so cold and hungry that they were grateful for any food they could get. "One of the ladies once gave us a big heap of brown Spanish onions," he said, laughing once again. "Well, have you ever tried eating brown Spanish onions on their own? We sat in an old dug out, and the three of us were eating these onions, and the tears were bloody streaming down our faces."

Finally, they made it to Croatia and were taken in by a group of Partisans, the Yugoslav resistance fighters who wore the distinctive plain



Ernest Brough, pictured second from right, with a group of Partisans and a British liaison officer. Allan Berry is pictured third from left and Eric Batty is behind him. Photo: Courtesy Ernest Brough.

caps sporting the red star of communism. "I called into this place to get some bread because we were out of tucker," Brough said. "The manager came along and he said, 'Well, if you're not who you say you are, you're going to be executed.' And we thought, 'Shit, that will be nice, a bullet in the head.' They didn't want any strangers coming in amongst them, you see, so they said, 'We'll sort it out and see what happens tomorrow.'"

Brough and his mates travelled with the partisans for weeks as they raided villages and clashed with the Ustashi, the ultra-nationalists who ran Croatia and were allies of the Nazis. The partisans didn't take prisoners, and Brough even saw one execute his own brother, but he learnt to hold his tongue and not get involved. "If I'd kicked up a fuss, the next bullet would have been for me," he wrote. They eventually made it to the outskirts of Banja Luka in the north of Bosnia, and on 10 June 1944 – more than two months since they had broken out of the prison camp in Austria – they were told a plane was coming for them. That night, they watched helplessly as it overshot the makeshift runway and disappeared down the side of a hill. They found it bogged in a swamp, and the American crew wanted to burn it so that the enemy couldn't get their hands on it, but Brough and his mates were having none of it. With the help of locals and a team of bullocks, the plane was salvaged and they were flown to Bari in Italy on 12 June 1944.

Continued next month.