



See Where We Work & Live RDMA Christmas Party Pictorial on page 20

RDMA Christmas Party

President's Report Dr Kimberley Bondeson

For those of you who attended, the RDMA Christmas Party it was a great success and enjoyed by all. The Three Amigo's had everyone in stitches with their entertaining songs and parody's and you will be pleased to know that I have booked them for next year!

I also attended, with my husband, the Northside LMA end of year Networking Function, which was thoroughly enjoyable and educational. It was good to see that several of the Northside LMA members, are also regulars at our Redcliffe Meetings, and had attended our Christmas Party too. Thanks Bob, the venue was excellent, as was the company and the talks of exceptional quality."

Many thanks again to Nick from the Golden Ox, for without his support, the RDMA Christmas Party would not have been possible and we look forward to next year's, which will be even better, now that we have the formula right.

Please make sure you put forth your suggestions for any improvements – one that has been put forth is that the current AMAQ President, who normally attends, comes a little earlier, so that he can mix and talk to interested members on specific topics of interest.

Now onto the hot topic of Co-payments – The latest news is that the planned \$7 co-payment for all patients was axed. Instead it has been proposed that GP's will have \$5 cut from rebates for non-concessional patients over 16yo, a freeze on all GP items until 2018, and an extension to the consult time for a level B item to a minimum of 10 minutes. (Lets also hope that there is a freeze on inflation until 2018 as well,...)

A recent statement by the Federal Health Minister, Peter Dutton, states that GP co-payments and rebate cuts will not be imposed by regulation, if they continue to be blocked in the Senate. Mr Dutton has also stated he had received legal advice that the government's plans to bring in a \$7 co-payments for GP visits by July 2015, (stalled by Senate opposition), could not be achieved

without legislation to support it. In theory, the new proposed \$5 rebate cut to MBS rebates for GP visits via regulation is possible – however Mr Dutton states that "We're not planning on cutting the rebate by \$5 through regulation, we're planning on getting our deal through the senate because that is the best way we can make Medicare sustainable".

I find it interesting that the government feels that by cutting GP's incomes, via the new \$5 rebate cut, it will make that much difference to the sustainability of Medicare when GP's are only responsible for 4% of the health budget (personal communication).

I have concerns about the government's calculations on what they see as their proposed savings. After all, the GP Superclinics are an expensive failure, with the Redcliffe GP Superclinic situated in the Redcliffe Hospital grounds, now named the "Morton Bay Integrated Care Centre". Will watch the developments with interest.

Merry Christmas to All, and a Happy New Year.

Kimberley Bondeson
President RDMA



**RDMA & NLMA's
Joint Newsletter**
WELCOME FROM
Dr BOB BROWN
President Northside
Local Medical
Association

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HAPPY NEW YEAR**

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The Redcliffe & District Local Medical Association
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monthly newsletter.

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RDMA 2015 MEETING DATE CLAIMERS:

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

**CPD POINTS & ATTENDANCE CERTIFICATE
AVAILABLE**

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Meeting Dates to be Confirmed Feb 2015

Next → Tuesday February 24th
Wednesday March 25th
Tuesday April 28th
Wednesday May 27th
Tuesday June 30th
Tuesday July 28th
Wednesday August 26th **AGM:**
Tuesday September 15th
Wednesday October 28th
NETWORKING:
Friday November 27th or December
4th TBC

RDMA NEWSLETTER DEADLINE

Advertising & Contribution is **14th February 2015**

Email RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2015 Bi-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries contact:

Meeting Convener:

Lucy Smith, QML Marketing Office,
Contact Details:
Phone: (07) 3121 4565, Fax: (07) 3121 4972
Email: lucy.smith@qml.com.au
Website and Link:
Northside Local Medical Association Website
Link: <http://northsidelocalmedical.wordpress.com/>

Meeting Times: 6.45 pm for 7.15 pm

2015 Date Claimers: TBC Early 2015

1	10 th February 2015	2	14 th April 2015
3	9 th June 2015 TBC	4	11 th August 2015 TBC
5	13 th October 2015 TBC	6	8 th December 2015 TBC

CLASSIFIEDS remain FREE for current members. To place a classified please email: RDMAnews@gmail.com with the details. Classifieds will be published for a maximum of three placements. Classifieds are not to be used as advertisements.

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RDMA 2015 MEETING DATES TBC Early 2015

- February 24th Tuesday
- March 25th Wednesday
- April 28th Tuesday
- May 27th Wednesday
- June 30th Tuesday
- July 28th Tuesday
- August 26th Wednesday
- September 15th Tuesday
- October 28th Wednesday
- November 27th or December 4th Friday (**TBC EARLY 2015**)

AGM
Networking Function



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AUSTRALIAN MEDICAL ASSOCIATION QLD PRESIDENT



Dear members,

By now, you have undoubtedly heard the news of modifications to the proposed co-payment. As Federal AMA President A/Prof Brian Owler has stated, the new model appears to be a mixed bag.

On the one hand, we're glad to see the Medicare rebate will remain unchanged for concession card holders and those under 16, and are happy to hear that the rebates will remain unchanged for pathology and radiology services.

On the other hand it is very disappointing that other patients will have their rebates reduced by \$5. Ultimately, this puts doctors in the tough position of deciding how and if they will recoup the cost. The additional freeze on Medicare rebates until at least 2018, in a time where inflation continues to rise, has the potential to threaten the viability of GP practices across the country.

AMA and AMA Queensland will be reviewing the model in the coming weeks and will continue to advocate on behalf of the best interests of our members.

It's clear that 2015 will be another challenging year for the medical profession and it's now more than ever that we value the support of our members who have helped shape AMA Queensland into what it is today – a strong organisation that works tirelessly to support doctors at all stages of their career.

We recently held our member milestone event where I was able to meet long-time members who have been instrumental in shaping AMA Queensland. With members celebrating 40, 45 and 50 years, it was evident how far the organisation has come and how much the profession has been

able to accomplish by working together across disciplines toward a common goal of a better healthcare system.

As the year comes to a close, we are also looking forward to how we can better serve members and the profession. We are currently working to develop our strategic plan for the next three years, which will influence how we operate internally and externally.

We are always looking for your feedback, whether that is about key issues that concern you, events you would like to see, or ways we can improve our member offerings. The AMA Queensland team are available on 07 3872 2222 and always look forward to hearing your thoughts.

Next year promises, to be a busy but exciting time for the profession and your membership is more important than ever. If you haven't yet renewed your membership, please do so before 31 December. If you are not yet a member, I urge you to join so you can better support the profession.

On one final note, the AMA Queensland office will be closed for the holiday period from 3 pm on Tuesday, 23 December and reopening at 8.30 am on Monday, 5 January. Membership applications and renewals can still be made online or via fax during this time, and our team will answer all other queries upon their return.

As the festive season approaches, I wish you all a Merry Christmas and a Happy New Year spent with friends and family.

Sincerely,
Dr Shaun Rudd AMAQ President

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY



RIP THE CO-PAYMENT

Well, the co-payment debate has finally been laid to rest. Or has it?

Firstly, the latest plan is going to be enacted by regulation. That means that the Senate has to ratify it within 12 months. Otherwise, it does not become law. Can you imagine how the government is then going to refund all the moneys paid illegally by patients??

Secondly, the latest plan still involves a kind of co-payment. Like the phoenix bird emerging from the ashes of its nest, the Clayton co-payment (you know, the co-payment you have when you are not having a co-payment) will affect some patients who are being bulk-billed. The AMA and public opinion won the biggest concession that we sought, to exempt the vulnerable groups, pensioners and children, mental health and residential aged care patients. That covers about 80% of our patients. In reality, this is mostly going to affect the clinics that wholly bulk-bill, even patients who are not within the exemption categories. Most GP's will be unaffected, but the bulk-billing practices will have to reconsider how they bill the "private" patients. I think that most of those practices will not take a \$5 hit and will pass the cost on to the patient.

So a small minority, patients who can afford to pay, will shell out an additional \$5. OK, that's another lesser concession, reducing the co-payment from \$7.50 to \$5.

And suddenly radiology and pathology are exempted. Again, most investigations in the community are performed on sufferers of chronic disease, who would mostly be covered by the exemption of card-holders.

So the original co-payment has been diluted so severely that it is almost non-existent.

However, there is the inevitable sting in the tail. Rebates for GP consultations will be frozen for 4 years. This is going to save the treasurer a lot more money than the co-payment. We GP's are used to the fact that the annual review of rebates only aligned with CPI/inflation indexation once, in a year when inflation was only about 2%. Every other year, we have been indulged with a rebate increase about half the CPI. Since our costs rose in proportion to CPI and comprise something like 50% of our incomes, which has represented a real freeze in nett incomes for two decades.

For the next four years, our ever-rising costs are going to start eating into our take-home incomes as well. The result will be that those GP's who prefer to bulk-bill but are not handcuffed to the policy will be reconsidering the extent to which they can withdraw from bulk-billing. Inevitably, bulk-billing rates will decline. And a lot of GP's will be reviewing their policies on services previously performed free of charge, such as telephone requests for prescriptions or certificates.

Then there is the funny little bit about extending the time scales for brief consultations. The government has this odd emotional idea about 6-minute medicine. We are now going to see the burgeoning of the 11-minute consultation. That is more about the emotive content of the term "six-minute medicine" than it is about costs or health outcomes. I will wait with bated breath to see if this change has any effect on health.

Cont: Page 6

RDMA December Networking Meeting

05.12.2014 Sponsor: Redcliffe & District Local Medical Association. Chair President Dr Kimberley Bondeson, Guest Dr Shaun Rudd, Entertainment: Redcliffe Choir, Denis, The Amigos

CLOCKWISE; RDMA President Kimberley Bondeson, NLMA President Bob Brown and Carmel Brown. Pravin Kasan, Bob Brown & AMAQ President Shaun Rudd, Pravin & Vas Kasan, Anthony Houston & Karen Flegg, The Redcliffe Choir, Hamma & Mal Mohanlal. NLMA Year End Function, Bob Brown introducing the Sponsor. Continued Page 20 RDMA Year End Pics.



AMAQ REPORT NORTH COAST REPORT

Dr Wayne Herdy Continued from Page 5:



outcomes. Since Australian GP's are among the most efficient in the world, and Australian life expectancy statistics are at or near the top of the world expectations, are we really going to see any material change?

I think that over the coming decades, health outcomes in Australia will continue the downward slide that we are already anticipating, not because of health funding but because our national culture is geared towards the obesity epidemic and our health system has been yet been able to out-lobby the fast food industry and the world of electronic entertainment. Eleven-minute medicine is not going to improve our health statistics any more than 6-minute medicine did.

Finally, does anybody really know when this is going to come crashing down on us

from the lofty heights of Canberra?

There will be a lull while the surveys sort out how the public will respond to this offering, and while the government haggles with the cross-benchers to try to get it ratified early in the Senate rather than risk the embarrassment if the regulation is denied some time next year.

Nevertheless, I think that after all the nasty public feuding over the original co-payment proposal, the public and the cross-benchers will breathe a collective sigh of relief and accept that it could have been a lot worse.

Only the poor old GP will be left tightening his belt and making the old car last out another tax year.

Wayne Herdy.



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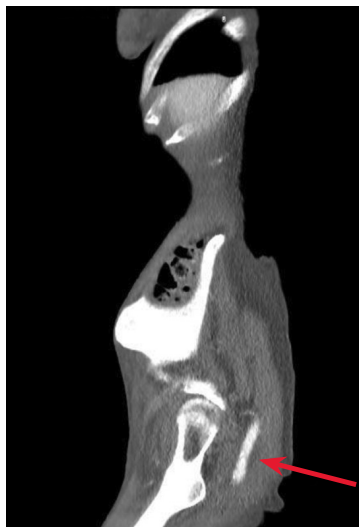
Persistent sciatic artery

Diagnosis

Persistent sciatic artery on the right.

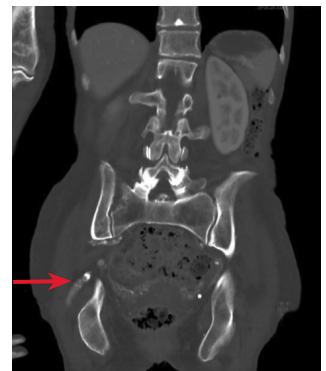
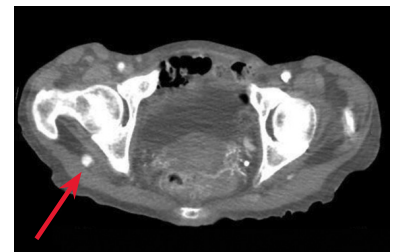
Discussion

- A persistent sciatic artery is a rare vascular anomaly where there is persistence of the sciatic artery into the thigh through the greater sciatic notch. It can be bilateral in up to a 1/4 of cases. On routine angiography of the lower extremities, persistent sciatic artery



has a reported frequency of .025 to .04%.

- It is an anatomical continuation of the internal iliac artery which passes into the posterior thigh through the greater sciatic foramen.
- Complications include aneurysm formation and early atherosclerosis within the vessel



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REFERENCES

<http://radiopaedia.org/articles/persistent-sciatic-artery>

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Dr KIMBERLEY BONDESON**



B Consultation Changes & Health Workforce Australian Predictions



Well, this is embarrassing. The changes to level B consultations will come into effect on 19th January, 2015.

However, full registered GP's (Vocational Registered (VR)) will attract between \$4 and \$9 less in rebates than Nurse Practitioners and non-VR GP's for short consultations.

This is because level B rebates for VR GP's have been cut from \$37 to \$11.95 for consultations under 10 minutes.

Nurse Practitioners and non-VR GP's can claim \$20.95 and \$21 respectively from the 6 minute mark.

Well done.

The government has just made being a trained, Vocational Registered General Practitioner even more unappealing than ever.

They have certainly not thought this out properly at all.

It would certainly appear that they are absolutely determined to slash GP incomes in whatever way they can.

However, this is going to have consequences that have not been thought out.

In fact, some practices will have to close, as they will not be able to sustain the cost of running a private practice with such dramatically decreased income into the practice.

This is turn, will have consequences for the Emergency Departments in public hospitals.....

And it goes on.

Now, onto Health Workforce Australia predictions.

The National Medical Training Plan based on workforce projections to 2030 have just released a report (just after their funding was cut).

The report found that Australia now has an oversupply of doctors due to the increase in domestic medical students.

In 2012 there were 2335 intern training places for 2558 graduates.

By 2024 there will be 3272 intern places for 3961 graduates – a shortfall of 689 places.

Already there is a postgraduate bottleneck with the increasing number of domestic medical graduates, competing for limited postgraduate training places.

This is going to get worse.

Lets hope that coming into the New Year, these problems are addressed, and changes implemented.

Merry Christmans and have a Happy New Year.

Dr Kimberley Bondeson,
AMAQ BRANCH COUNCILLOR,



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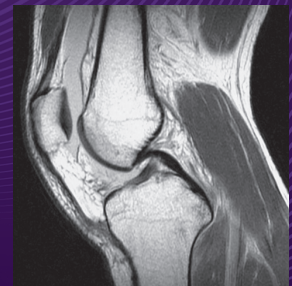
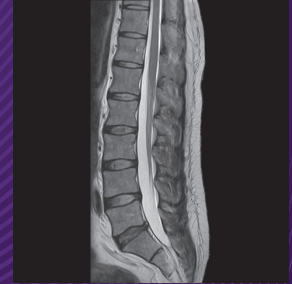
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It's been twenty years since Brisbane was hit by its worst hailstorm ever.

I recall looking up on the afternoon of Friday the 18th January 1985 and seeing a very menacing dark green sky as I left the Royal Brisbane Hospital car-park to head home during peak hour.

I didn't get far in the traffic before I had to pull over as visibility in the storm was down to zero with the rain (and hail) bucketing down.

The sound of hail stones as big as cricket balls hitting the roof of my 1980 Chrysler GH Sigma was deafening.

Thinking that I might protect my panels with some towels I bravely ventured out of my vehicle, only to make a hasty retreat after copping a blow to the head from a large chunk of ice.

I might have thought twice about braving the elements if I'd known that 55 mm of rain had fallen in ten minutes and that wind gusts of up to 187 km/h were being recorded at Brisbane Airport.

The wind was so strong that the hail was being driven horizontally and my car was being hit from all angles.

The damage to my vehicle was not immediately obvious that night, but in the morning light my car looked like it had taken hundreds of blows from a hammer.

I recall that it cost \$4,000 to cut off my roof, replace the bonnet and boot and put body filler in the hundreds of dents all over my \$8,000 car.

The cost to the community overall was \$300 million (\$900 million in today's money). 20% of Brisbane's cars and 20,000 homes were damaged. 2,000 homes were un-roofed.

Repairs to vehicles took up to a year as there were simply not enough spare parts in Australia to fix the thousands of cars that had been damaged.

Automotive repair methods have changed considerably since 1985 with stronger and



thinner metal panels and modern flexible paint.

Nowadays there is a fair chance that most if not all of the automotive hail dents can be repaired without body filler or re-painting.

It is possible to pull the dents out by attaching a stick with a dab of glue, applying a heat gun, freezing gas or compressed air. But the most common high-tech means of fixing a dent is to push it out from behind with a pointy stick.



I should have known that this was possible because I'd been a surgical registrar and I'd elevated the depressed zygomatic arch many times with a Howarth elevator using the Gillies method.

Modern automotive pointy sticks have a magnetized rotating ball on the end which allows the operator to see exactly where the stick is internally situated by placing a ball-bearing on the outside of the panel.



Repairers have a highly practised technique with most repairs having a circular motion from the outside to the centre.

All of this is only possible of course if the metal (and paint) isn't stretched (too much).

On Thursday 27th November 2014 Brisbane copped another massive hailstorm during peak-hour and another \$200 million dollars worth of damage.

I'll be out there with my Howarth elevator to lend a helping hand if needed.



Hail facts:

Hail forms when an up-draft of air in a storm causes water to freeze and solidify and fall back to Earth.

A cricket ball weighs 160 gm.

A 7.2 cm (cricket ball) sized hail stone weighs 195 gm and will fall to the Earth at 48 m/sec or 173 km/h.

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Dr Mohammed Mansour..... 07 3832 3232

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Retirement Notice – Dr Jonathon Davies

This notice is to advise that Doctor Jonathan Davies, General Surgeon, will be retiring from 23rd December, 2014. I wish to take this opportunity to thank the Medical Fraternity of the Redcliffe & District Medical Association for their support over the last 33 years.

It has been a pleasure and an honour to care for the many patients referred to me over the years. Dr Roderick Borrowdale and Dr Hugh McGregor, General Surgeons, would be happy to continue in the care and management of Dr Davies' patients.

Dr Jonathan Davies

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Health = Wealth, but Wealth may need to fund Health.

By Kirk Jarrott

It can be said that health is your wealth, but when your patients need to go into Aged Care they can be severely hamstrung from a financial perspective. This article gives you some idea of the costs involved with Aged Care and we also discuss eligibility to the Commonwealth Seniors Health Card (CSHC).

The Living Longer, Living Better (LLL) legislation came into effect on 1 July 2014. These changes are in response to Australia's ageing population and the resulting challenges facing the current aged care system. While the changes are designed to make aged care costs more transparent for consumers, aged care will remain a highly complex area.

There are 2 key changes firstly, certain aged care places which cannot impose accommodation bonds (namely high level aged care places without extra services) will be able to go forward. Secondly, the abolition of bond retention by aged care providers (currently aged care providers can retain up to \$19,860 of the accommodation bond over five years) means that the size of accommodation bonds can be expected to rise.

Making the decision to move into aged care can be highly stressful not only for the elderly person involved but also their family, as they decide:

- whether or not to sell the family home;
- what to do with the family home, if retained;
- how to and how much of the accommodation bond to pay;
- how to pay other ongoing aged care costs.

Accommodation bonds average \$327,844 according to KPMG (May 2013). The daily aged care fee is calculated depending upon the individual's income and assets by the Department of Human Resources (Centrelink). The basic daily fee is \$47.15 per day or \$660.10 per fortnight. This does not include extra services so the daily care fee which can be very expensive for a family to finance.

The CSHC concession card provided to self-funded retirees of age pension age who are not eligible to receive the age pension cuts out at \$51,500 for single and \$82,400 combined taxable income for couples.

In summary, when we are considering financial goals for our clients we look towards what they may need if their wealth is to support their health.

Best regards

Kirk Jarrott BComm, DFP, AD(Acc)
kjarrott@poolegroup.com.au

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AMA URGES COMMUNITY AND FAMILY FOCUS ON ROAD SAFETY THIS HOLIDAY SEASON

AMA President, A/Prof Brian Owler, today urged all Australians to take special care on the nation's roads this holiday season to reduce the risk of car and other vehicle accidents.

A/Prof Owler, a Sydney neurosurgeon who regularly operates on the victims of road carnage, said there had been a remarkable reduction in national annual road fatalities over the last ten years – down by 25 per cent since 2003 – but too many lives are still being lost or harmed because of carelessness on our roads.

“Speed cameras, road improvements, random breath tests (RBTs), better policing, and strong public education campaigns have done an enormous amount to change driver behaviour and help prevent crashes,” A/Prof Owler said.

“However, risky driver behaviours such as alcohol and drug abuse, speeding, driver fatigue, and novice drivers and riders continue to contribute to an unnecessary and avoidable high road toll.

“The holiday season sees more people on the road on their way to parties, holidays and family get-togethers, so the risk to drivers, riders, passengers and pedestrians is greater than normal,” A/Prof Owler said.

A/Prof Owler said that careful planning of trips and safer driving could mean the difference between a family outing and a family tragedy.

“Speeding is still a factor in about one-third of road fatalities in Australia, and more than 4,100 people are injured in speed-related incidents each year,” A/Prof Owler said.

“Even driving 5kms over the speed limit doubles the likelihood of a casualty crash.

“Because more people tend to drive just over the limit to avoid speed traps, low level speeding results in more crashes than high level speeding.

“Driver fatigue is one of the top three contributors to the road toll.

“Research shows that fatigue can be as dangerous as other road safety issues, such as drink driving.

“Drivers need to be aware of their tiredness level and plan their trips accordingly, with regular breaks and rests or change of drivers.”

A/Prof Owler said the economic cost of road crashes in Australia is estimated at \$27 billion per annum, and the social impacts are devastating.

“A fatal crash affects not only the individual or individuals who are killed or injured, but their family, friends, witnesses, and the broader community.

“Driving safely, slowly, and carefully will make the holiday season happier for everyone.”

The AMA recommends simple steps to help reduce the risks on the roads this holiday season:

- get a good night's sleep;
- do not drive if affected by alcohol or other substances;
- avoid driving at night when your body will naturally want to sleep;
- arrange to share the driving;
- plan to take regular breaks from driving (use rest areas);
- find out if any medicine you are taking may affect your driving; and
- know the early warning signs of fatigue.

18 December 2014

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A Wonder Called "Borneo"

By Cheryl Ryan

A destination with so much to offer, but so often forgotten.

The largest Island of Asia, Borneo has all the key ingredients to make your holiday worth remembering for a lifetime. From lush green forests to mountainous terrain and from captivating beaches to idyllic villages, a trip to Borneo is for every traveller!

For the Nature Lovers

Borneo's 130 million years old rainforest plays host to a wide variety of flora and fauna, apart from being the natural habitat for the endangered Bornean Orangutan. The rich biodiversity has put Borneo on the world map along with its African counterparts.

Though Orangutans at Sepilok are the star attraction, Borneo is also a refuge to the Pygmy Elephants, Clouded Leopards & Sumatran Rhinos at Kinatatangan as well as the endangered Green and Hawksbill Turtles at the Turtle Island.

Beach Is Your Calling!

A tropical paradise with unspoilt white sandy beaches, Borneo offers the adrenaline junkies a variety of water activities to choose from. The magical islands around Tunku Abdul Rahman Island are perfect for Snorkeling and Scuba diving, with the abundant sea life making it a spectacular holiday. If not adventurous, just sit back and relax on the beach, splash around the water and soak in the beauty of this exotic island.

The Rich Heritage

For those looking for a less stressful vacation, mystical Borneo is a treasure trove of natural & cultural delights.

Explore one of the many water Villages, learn about the ways of life of the local tribe and be teleported back to the ancient and magical Borneo.

City Person

The capital Kota Kinabalu, full of hustle bustle, acts as a gateway to the splendor offered by Borneo. However, the city in itself breathes life and character. With colonial buildings, lively waterfront and an enviable culture, a couple of days in the city are a must.

Ah...Mountains Are What Give You a Kick



The towering Mount Kinabalu offers a lot of opportunities for scenic walks and treks. Home to thousands of varieties of Flora fauna, the mountains are an explorer's delight.

What Have We Planned For You?

Our itinerary has been developed keeping all the attractions of Borneo in mind. We also ensure there is something for everyone!

The Must Do – Visiting the Orangutans

We explore the rainforest from the river in a boat, enjoy the captivating jungles and look for Orangutans. Our experts will take you as close to the Orangutan nests as possible

Explore a Local Village

Enjoy the hospitality of a local village; soak in the traditions and simplicity of life by exploring the local village and savoring the culture first hand.

Get the Thrills

Go Snorkeling - enjoy the wonders of the sea world. For the less adventurous, just sit back, relax and enjoy the pristine beaches and peace of Borneo

Visit Mount Kinabalu

This is a walking tour to explore the wonders presented at the base of the mountains. Be prepared to be amazed by the splendors of the flora around

Get off the beaten track, get ready to explore the wild side as well as immaculate beauty of life, get ready for Borneo!

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ACTION NEEDED ON MEDICAL WORKFORCE PLANNING

AMA Vice President, Dr Stephen Parnis, said today that the AMA is concerned that medical workforce planning in Australia has stalled since the abolition of Health Workforce Australia in the May Budget.

Dr Parnis said that effective and coordinated medical workforce planning is essential to ensure we have a highly skilled medical workforce in the right numbers and in the right places to meet the future health needs of the Australian community.

“We are currently experiencing ongoing medical workforce shortages in a number of specialties, as well as in regional and rural Australia,” Dr Parnis said.

“The AMA acknowledges the strong efforts made by the Commonwealth to address medical workforce shortages, in particular the expansion of medical school places since 2004.

“But it is projected that, by 2017, there will be more than 3800 graduates of Australian medical schools. “These medical graduates must have access to sufficient postgraduate training positions in the right specialties and locations so that the future medical workforce is delivering the services that the community needs.

“Robust medical workforce planning is needed to maximise the benefits that these highly trained future doctors can bring to the health system.

“The AMA had worked closely with Health Workforce Australia (HWA), which had undertaken substantial long-term national workforce planning projections for the medical profession.

“Early this year, HWA, overseen by the National Medical Training Advisory Network (NMTAN), had started work on a National Training Plan that would include extensive speciality workforce projections and recommended training intakes.

“With HWA now gone, the AMA wants to see the National Training Plan progressed.

“The essential functions of HWA have been into the Department of Health, but the AMA understands that only seven former HWA staff accepted offers of employment with the Department.

“As a result, work on the National Training Plan appears to have lost all momentum.”

Dr Parnis said the Health Workforce 2025 report predicted a significant bottleneck in entry to vocational training by 2016, along with a potential shortage of resident medical officer (RMO) training places.

“The AMA is also starting to see emerging evidence of shortages in public sector positions for new Fellows in a number of specialties, such as anaesthetics, particularly in metropolitan areas.

“Rural workforce shortages also remain an acknowledged problem. 2

“Conscious of these shortages, and noting that the advertising of posts and applications for entry to vocational training in 2016 will occur in mid-2015, the need for a detailed National Training Plan is clearly taking on increased urgency.

“The reality is that already there is probably insufficient time for substantial work to be done to inform vocational training numbers for 2016.

“It is vital that the important work of NMTAN and the development of a detailed National Training Plan is reactivated quickly.

“Workforce planning is falling dangerously behind, and it is patients and communities who will miss out on the highly trained doctors they need in the future if we don’t get the planning right now,” Dr Parnis said.

The AMA has written to Health Minister, Peter Dutton, outlining these concerns.

11 December 2014

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AMA SCHOLARSHIP WINNERS AMONG LATEST GROUP OF INDIGENOUS MEDICAL RECRUITS

AMA President, A/Prof Brian Owler, today congratulated all Indigenous medical graduates around the country, with special mention to Murray Haar and Gemma Johnston, both recipients of the AMA Indigenous Peoples' Medical Scholarship.

A/Prof Owler said the AMA is very proud of Murray and Gemma's achievements, which will inspire more Indigenous students to pursue a career in medicine.

"The AMA hopes that Murray and Gemma's success will lead to more Indigenous medical students applying for the 2015 AMA Scholarship," A/Prof Owler said.

"Murray and Gemma are among 20 Indigenous men and women to become doctors since the scholarship began in 1994, many of whom may not otherwise have had the financial resources to study medicine.

"These wonderful doctors are now the pride of the medical profession and their communities, and role models for Indigenous Australians who want a career as a doctor or other health professional.

"An important part of closing the Indigenous health and life expectancy gap is to train a highly skilled medical workforce that includes more Indigenous doctors and health professionals. "The AMA is proud to help increase the number of Aboriginal and Torres Strait Islander people in the medical workforce."

Murray Haar graduated from the University of New South Wales this week, and Gemma Johnston graduated from the University of Western Australia (UWA) at the end of November.

Both Murray and Gemma thanked the AMA for helping them through a long and challenging, but very rewarding journey.

"Receiving the AMA's scholarship from third year onwards made it possible for me to survive financially as a medical student and to focus 100 per cent on my studies," Murray said.

"The scholarship has supported me for the last

three years and enabled me to give it everything I've got, especially over this last year." Gemma was the first UWA medical student to receive the scholarship.

"UWA's Centre for Aboriginal and Medical Dental Health introduced me to the scholarship, and it has been immensely important to me," Gemma said.

"It took the burden off wondering where I was going to get the money for rent, textbooks, or a new stethoscope after I broke mine."

Murray now heads off to Albury Base Hospital to start his internship and residency, planning to later specialise in a mixture of anaesthetics and psychiatry to enable him to work in pain medicine.

Gemma is looking forward to undertaking her internship at Perth's Fiona Stanley Hospital, and has many options to consider for the future.

"I've got too many ideas about specialisation. Rural general practice? Obstetrics? I can't decide," she said.

Scholarship recipients receive \$10,000 each year for the duration of their course.

Applications for the scholarship must be received by 30 January 2015.

To be eligible for the scholarship, applicants must be currently enrolled at an Australian medical school, and be in at least their first year of medicine.

Applicants must be people of Aboriginal and/or Torres Strait Islander background.

For further information on how to apply for the 2015 AMA Indigenous Peoples' Medical Scholarship, visit www.ama.com.au/indigenous-peoples-medical-scholarship-2015

17 December 2014

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