RDMA
RDMA & NLMA's Joint Newsletter

Newsletter
DECEMBER 2015

RDMA End of Year Festival Celebration 4th December 2015 pages 3 and 20

See Where We Work & Live continued on pages 3 and page 20.

President's Report Dr Kimberley Bondeson

What a fabulous Christmas celebration, at both Redcliffe and District Medical Association (RDMA) and the North Side Local Medical Association(NLMA) !

Both were very individual, and equally enjoyable. The RDMA meeting, with the "The Three Amigos" was probably the most fun I have had in a long time, with Dr Bob Brown and I filling in for one of the missing Amigo's. There were only 2 of "The Three Amigo's" able to attend, so, naturally, I stepped up to help, and so did Dr Bob Brown! Absolutely loved it!

So, to the third Amigo who was unexpectedly unable to attend, we did our best, hope we did not embarrass you, and look forward to your presence next year. And then there will be "The Three Amigo's" plus an extra two…. Or more?….

The NLMA Christmas End of Year function was extremely educational and enlightening. Thank you so much to our guest speaker, Dr David Seaton, your talk was fascinating and educational. I particularly loved the picture of the mechanical heart, back to mechanical basics, as well as looking forward into the future, showing us where medicine is going, and the ability of brilliant scientists, engineers and doctors and what they are able to do.

Of course, one of the most difficult constraints is costs, and the Australian Government is struggling with this, with budget blow outs, and estimations at this time that the Australian Economy will not be back to a surplus until 2020.

Unfortunately, Health and Medical Innovation, Research and Science will suffer because of difficulty with funding. When I was a research biochemist (in a previous life), I can remember when the human genome was sequenced! It was considered one of the greatest achievements and milestones of the Scientific Research community at that time.

And, yet, when I saw the diagrammatic pictures shown by the guest speaker ,Dr David Seaton, of "The Mechanical Heart", I was taken back to my University years, pre medicine, where that picture would have been considered 'science fiction'. And no, I do not think I am getting old, it is just that the world of research and science is developing so quickly, what is medically possible today, with scientific and engineering skills, is incredible, and only dreamt of in the past. It is now amazing watching it come to fruition.

So we move onto a new year, with new challengers, and new solutions, and new hope. Have a lovely Christmas break, and Happy New Year.

Kimberley Bondeson
RDMA President

RDMA & NLMA's Joint Newsletter

Merry Christmas

Dr Robert (Bob) Brown
President Northside Local Medical Association

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

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RDMA 2016 MEETING DATES:

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

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Tuesday	May	31th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 February 2016
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W: www.redcliffedoctorsmedicalassociation.org

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For all queries contact Miranda Russell
Meeting Convener: Phone: (07) 3121 4029
Email: Miranda.Russell@qml.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	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th

Next Meeting Date 24th February 16

RDMA December Meeting 04.12.2015

Members partners and family attended the RDMA End of Year Christmas Party on the 04/12/2015. Above left from clockwise: The Executive Team, Carmel Brown, Gillian Hill and Yvonne Hemish, Diane and Fred Bittar, Bob & Carmel Brown and Geoff Harding, Chris and Peta McLaren, Jai Raj & Frank Cao, Martin Darcy Evans, Eugene Lim, Paraban Rateesh, Premila Balakrishnan and Lydia Mowlem, Centre Row: Emily Sproles, Wayne & Monique Herdy, Centre bottom row: Margaret & Ken Fry. Right: Glenn Sproles and Michael Cross. Bottom row from right clockwise: Marie Scott & Andrew Houston, Lydia Mowlem, Philip Dupre & Sheena Thornton

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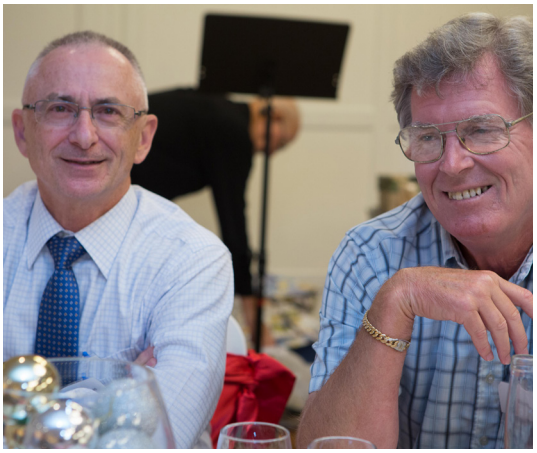


INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT
North Coast Councillor Report
Dr Wayne Herdy

Government Issued Photographic Identification, Phone Medicines Regulation and Quality and Doctor Shoppers Hotline.

This month I am departing from the expected socio-political commentary and teaching my learned colleagues how to suck eggs:

IS THIS PATIENT A DRUG-SEEKING DOCTOR-SHOPPER?
We have all been caught out as the unwitting prey of drug-seeking frauds. We are all paranoid about being a victim of fraud again. We are even more paranoid about getting a reputation as an easy mark for drug-seekers. On balance, we should be just as paranoid about missing the genuine patient and stereotyping the wrong person.

Be cautious about stereotypes. The tattoos and dreadlocks and histrionics might seem to be a giveaway, but even old track marks are no guarantee that the patient in front of you is a fraud. With over two decades in the addiction field, most of the patients who have successfully deceived me have been suit-and-tie presentations.

I refer to "controlled substance" as a group. We all have alarm bells ring with a patient unknown to us asks for narcotics, but we are just as much a target for benzos (luckily, alprazolam is now S8 listed) and to a lesser extent Seroquel is subject to abuse. OxyContin has an increasing reputation as the drug of choice for doctor shoppers – unfortunately, because it is a useful tool in the pain armamentarium.

Fortunately, it is available as the constipation-preventing variant Targin, which is not loved by the drug-abusing community. But OxyContin is rapidly being overtaken by fentanyl patches as the drug of choice for doctor shoppers, and not all doctors are yet switched on to the changing pattern of abuse consumption.

With a few guidelines, we can filter most of the errors out. When I look back at the times that I have been deceived in the recent past, it is because I failed to follow these steps.

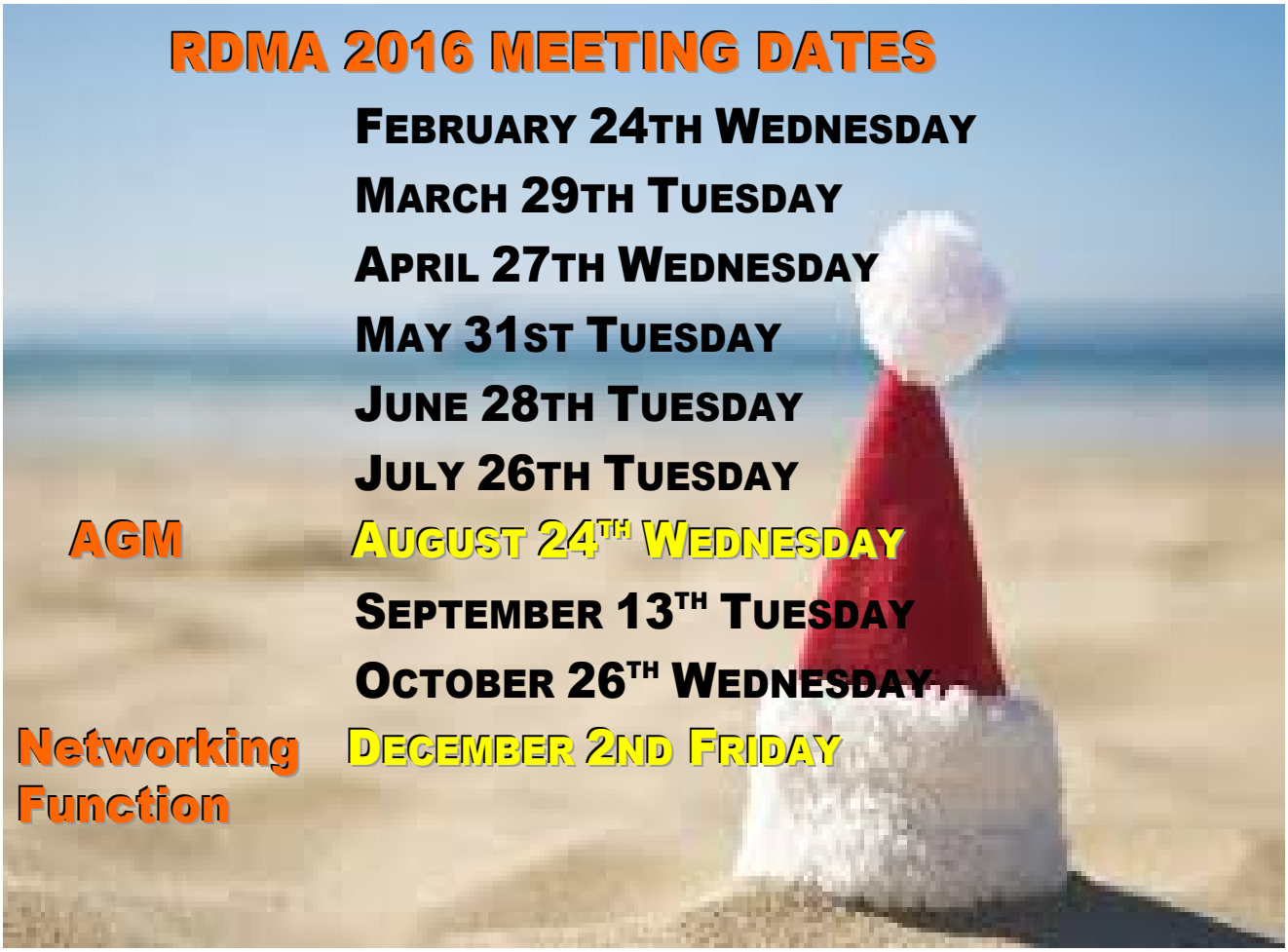
1. GOVERNMENT-ISSUED PHOTOGRAPHIC IDENTIFICATION.
It is fairly difficult to obtain a driver's licence or 18+ card or passport unless the person in the photo is actually you.
First rule of thumb for the new patient seeking a controlled substance – no photo ID, no script for controlled substances. The gym membership card is just not good enough, and credit cards or pension cards don't carry photos.

The faded crumpled letter from the previous prescriber also doesn't convince. If it is more than a few months old, it can be disregarded. If you can't speak to the writer (or at least the dispensing pharmacy near the erstwhile legitimate prescriber), ignore it. It doesn't prove the patient's identity unless the other prescriber can describe some very clear distinguishing features. Rarely, I will accept the other doctor's description of an unequivocal tattoo or similar – but very rarely.

2. PHONE MEDICINES REGULATION AND QUALITY.
There are two telephone numbers that must be familiar to you. The first is MRQ (3 years ago DDU, the Drugs of Dependence Unit, was re-badged with the same people, the same phone number, the same office, the same role). 332 89890. The number is manned 24/7. Outside work hours, you can still be told that the patient is or ever has been on the Queensland Opioid Treatment Programme, if there are current approvals to another prescriber, what scripts have appeared in the last 3 months (but with a lag time so you don't get the last few weeks). If they are currently on the QOTP, simple answer – you do not have authority to prescribe. If they have EVER been on QOTP, you need prior approval (during government business hours) to prescribe.

3 DOCTOR SHOPPERS HOTLINE.
The second must-know telephone number is 1800 631181. Also Continued Page 6

2016 Date Claimers



Dr Wayne Herdy's North Coast Councillor's Report

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manned 24/7. They won't know if the patient has been treated in Queensland for addiction, but the prescription information will raise or erase most red flags. It is a national service, so you will get information about interstate prescriptions, which MRQ can't give you.

4. STAGED DOSING.
If the patient passes the first three tests but you still have your suspicions, arrange staged dosing, maybe every dose supervised by the pharmacy until you have had enough time to confirm or refute the patient's bon fides. It will cost the patient a few dollars extra for each dose, but at worst the fraud will only get a few doses before they are identified properly.

For a few dollars per dose, they can be given a choice – take it or leave it. Even if the patient fails every test, sometimes you still have to prescribe beyond the rules. The presentation with one end of the fractured femur going up through the pelvis is probably a legitimate pain.

At the end of the day, we are doctors, we have clinical acumen, and despite all the alarm bells ringing sometimes it is still clear that the patient in front of us is genuine. Even drug addicts get genuine pain.

Bottom line: MRQ will send you a nasty letter if you consistently overlook the safety rules. Nobody will send you a nasty letter if you have genuine reasons (and documented the reasons) for actually caring for a patient in real need.

As always, the opinions expressed herein are those of your humble correspondent

Wayne Herdy.

North Coast Branch Councillor

AMAQ BRANCH COUNCILLOR REPORT
Greater Brisbane Area
Dr Kimberley Bondeson

A Reality Check and Incentive Payments

Now back to reality, we, the medical profession, are still having difficulty treating the common cold, and educating families about the importance of immunisation. The latest fad is “chicken pox parties”, being offered by members of the anti- vaccination group, on Facebook. This has occurred just recently in Brisbane, Queensland, so we cannot ignore this trend. Let us just hope that they do not move onto “polio parties”, and “pertussis parties”, or “diphtheria parties.

Human memory is far too short, and the death and destruction that these diseases can cause, is not in the memory of most of the population of parents of young children in Australia. It is our job as Doctors, to continue to educate our patients and particularly parents, about prevention and the importance of immunisation to protect our children against these preventable diseases’.

Another new “innovation” by the government is there current plan to cut health costs by scrapping Incentive Payments which were in place to allow Pathologists and Diagnostic Imaging to bulk bill patients, eg. Blood tests and X-rays. The government is hoping that the cuts will be absorbed by the private sector. Does this sound familiar? “Co-payments by stealth”? The pathology incentive meant providers were given an extra $1.40 to $3.40 per patient. The diagnostic imaging incentive payment was 10% of the set Medicare fee for each service with the exception of MRI procedures which attracted a 15% subsidy.

The change means that from July, 2016, no pathology service will attract an incentive payment, which of course, will force many private pathology service providers to look at how they are going to recoup costs – ie. Extra out of pocket fees for patients. For diagnostic imaging, the bulk billing incentive will only be paid for concession patients, eg. Pensioners and children under 16yo.

One of my elderly patients is already having sleepless nights, worried about how he is going to pay for his CXR and CT scan of his chest for monitoring of his lung cancer. His blue nursing visits to assist him with his daily wound care has already been cut in half due to lack of funding. This has forced him to catch a taxi to his GP Surgery on the days he can’t get blue care to change his dressings. It also means he can now only have 1 shower a week.

He is not happy, and has already written letters to the local newspapers, and politicians. His neighbours have stepped up to help him with visits to the GP Surgery to have his dressings and wounds attended to.

One of the options he will be forced to consider, is attending the local A & E Department to have his wounds dressed, swabbed for culture and sensitivities, have his blood tests (he is an insulin dependent diabetic), and also now, to have his CXR and CT scan of his lung condition.

I suspect this will cost the government more than the pathology incentive payment and the diagnostic imaging incentive payment they are planning on withdrawing, plus the ambulance call, when he cannot get a neighbour to drop him down to the local hospital – hang on, most of his appointments are at the nearest Tertiary Hospital, (which he is eligible for) , as he is legally blind and unable to manage public transport.

Sounds like “co-payments by stealth”, which again, has not been thought out by the government, and certainly they have not considered the full consequences, and subsequent increased cost on the public hospital system. Or are they planning on charging a co-payment in the public system, to public patients? We will continue to watch.

Kimberley Bondeson
Branch Councillor
Greater Brisbane Area

AUSTRALIAN MEDICAL ASSOC PRESIDENT
Dr Chris Zappala

Member's Updates

Dear Members,

I recently spoke to the media about the topic of nurse endoscopies – something I have monitored with active interest over the last several months.

As many practitioners would be aware, thousands of people across Queensland are currently waiting for endoscopies while endoscopy suites lie idle and gastroenterologists stand ready to provide increased capacity and training within the public system.

Despite the fact that there is no shortage of medically trained endoscopists, Queensland Health's proposed solution is to train nurses to perform these critical procedures. This measure is despite evidence from a new systematic review that concluded non-medical endoscopists are less efficient and more expensive, due to repeat procedures and consultations. This does not consider the limited scope of diagnostic practice they are trained in. Doctors are still called in for tasks such as emergency work and treatment plan development. The irony is that if we need to conduct more scope sessions, we gain next to nothing by sidelining the doctors and instead using the nurses as the endoscopists! This is a policy driven by sectional interests without consideration of the current evidence.

Medical endoscopists are the most cost-effective and efficient option as they are able to manage the full range of patient needs, generally without the need for repeat procedures or consultations. Additionally, their ability to perform over double the number of endoscopies in a session means more quality procedures can be done in a particular timeframe.

Our healthcare system has a range of urgent needs, and nurses are better suited to address those needs on wards, within theatres and in outpatient specialist clinics. Recently the State Government announced more funding for another raft of nurses to meet patient to nurse ratios – an early Christmas for the Queensland Nurses' Union.

We will continue working with Government to develop a reasonable model of care that ensures all health professionals are performing the roles that suit their skills and meet the most urgent demand in a common sense and cost-effective way. Doctors will always be better suited for certain tasks within healthcare and we should not be shy in making this point. Medical leadership needs to come back into vogue or our patients and the system will suffer.

Of course, waiting lists on services such as endoscopies are just one aspect of the Queensland healthcare system that needs improvement. We must also address bigger issues, particularly those which affect broader communities, such as mental health, obesity, smoking and alcohol/drug-related harm.

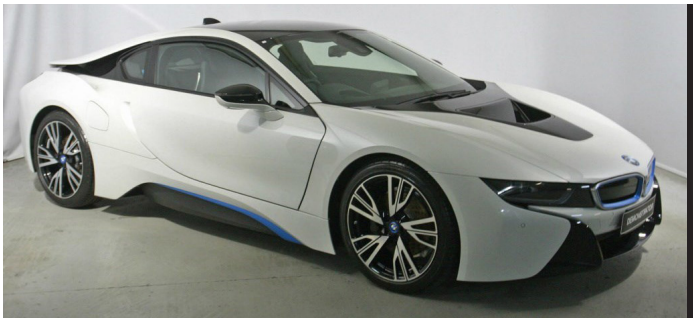
In the first part of AMA Queensland's Health Vision, we called for the development of a whole-of-government health plan to ensure policies and initiatives are not just driven by politicians, but developed with the input of clinicians, health advocacy groups, community organisations, and allied health professionals.

In this year's budget, the Government announced it would be investing $7.5 million in the development of a Queensland Health Promotion Committee (QHPC) to serve many of the functions I've just mentioned. AMA Queensland recently provided a submission in the consultation phase of the QHPC and we look forward to being a part of its development in the 2016 year. Perhaps a renewed focus on preventing and addressing drug and alcohol-related harm should receive some focus.

It is my sincere hope, and the goal of the organisation, that in 2016 Queensland will make further steps in improving the streamlining, accessibility and fairness of the health system. I'm determined for doctors to achieve a return of stature and leadership within the health care system. Our patients and future generations of doctors depend on it!

Sincerely,

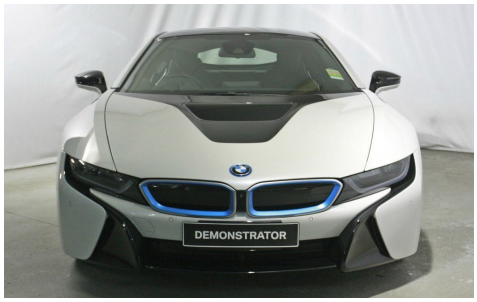
Dr Chris Zappala
AMA Queensland President



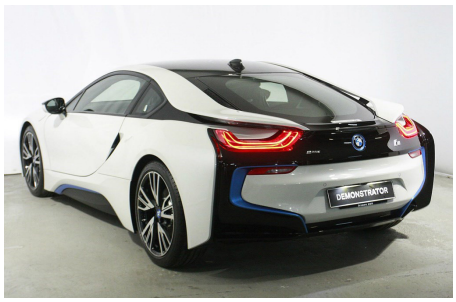
An Unforgetable Day With An i8

Dr Wayne Herdy

Do you think Cam Shaft would allow me to usurp his position with a guest article on a car that I suspect he has not yet driven? I was just given the chance to drive the new BMW i8 for a day. One unforgettable day!!.

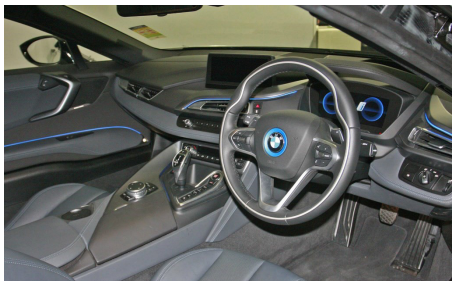


The i8 is a whole new concept in BMW's. The i3 was produced by a special sub-branch of BMW, and the i8 is the next evolutionary step. And as an evolution it is more like a revolution.

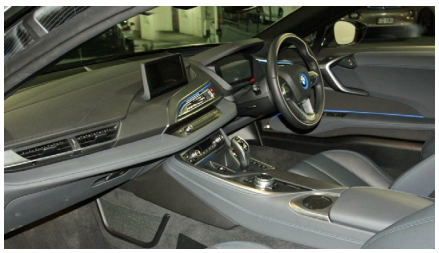


The concept has two outstanding features:

Firstly, BMW has come pretty close to perfecting carbon fibre technology, which makes this an ultra-lightweight piece of machinery. Lightweight makes for challenging acceleration, 0-100 in 4.4 seconds is claimed. This puts it way in front of the fastest car that I have ever owned personally, and I used to think that my Porsche 911 was pretty quick at about 6 seconds.



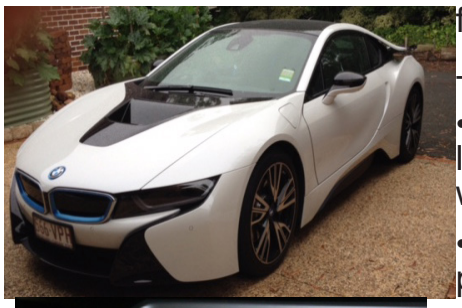
Secondly, the car is half-electric, half-petrol. Not the now-familiar hybrid technology, but an electric motor driving the front wheels, and a petrol motor driving the back wheels. The driver can choose either or both. There is no mechanical linkage between the front and rear drives, but don't ask me how they got around the 4-wheel-drive wind-up phenomenon. It is when you throw it into sports mode and engage both drives that you get the brilliant acceleration. Although there is a little notchiness to the acceleration, not as smooth as you would get with a single drive train. Now we come to the next surprise. The petrol engine that fires this pocket rocket is a tiny 1.6 litre turbo-charged. This oversized lawnmower engine is returnS 2.7 litres per 100 km.

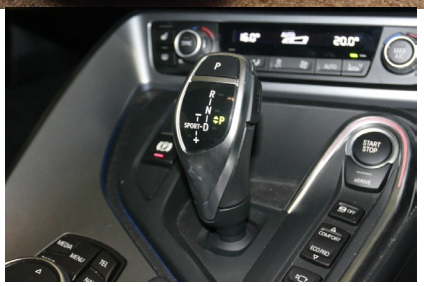


What really hits the eye is the ultimate style of the exterior design. It draws attention just sitting still, and the wow factor goes into overdrive when you open the doors – the scissor action takes the door almost straight upwards. When I parked this car at the supermarket, young girls (OK, young women) drove up asking to have their photo taken with the car. Parked at work, the women in the adjoining office were going down and taking their photos draped across the bonnet, presumably trying to take advantage of the ultimate sex toy.

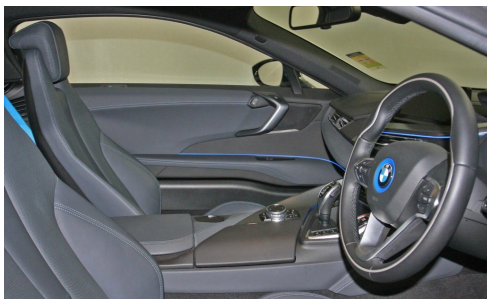
Of course there is a downside. Well, more than one downside. For starters, the price tag is more than an average suburban house; if you have a spare mill you can take home just three of these babies. Cheap, if you are in the market for a Ferrari. Next, despite the scissor-action doors, ingress and egress requires gymnastics to wrap the driver's capsule around you. No woman in a skirt is ever going to look dignified getting in, and even less so getting out. For the price, most luxury cars give the proud owner a lot more gadgets to pay with, but this

little beauty does not even have a split air conditioner. The rally driver in me thought the lights were pretty ordinary, but they are putting laser headlights in next year's model. The electric motor has a range of only 57km, and strangely is not recharged by the petrol engine when it cuts in. Last of all, the luggage compartment is big enough to take a briefcase (unless you are a barrister). This is not the car to take shopping, let alone to the airport for a week away. Standard for a real sports car, the rear seats have more of a decorative role than a genuine function.





But if you can live with the inconvenient entry/exit calisthenics, and don't need to carry much this is an absolutely brilliant car. Even ignoring the sex appeal (an impossible ask), the technology that has gone into this machine makes it a trend-setter for the future of motoring.



This car would suit:

• A gymnast with an uncontrollable desire to get into trouble with police and young women.

• An avid technophile with a tax problem.

• Anybody who really enjoys the finest of machinery, isn't fixed on extra creature comforts, and never need to carry more than a briefcase and one passenger.

I come into all three categories, but much as I am thankful to Brisbane BMW for the opportunity, this truly remarkable car is unfortunately not on this year's Christmas list for me. I'm still trying to work out why not, but it might be partly explained by the fact that my wife would always find a reason why she has to have this car on this day and I am stuck with her old jalopy.

Wayne Herdy

VARIETY BASH

Dr Wayne Herdy has registered to take part in the Variety Bash next September.

This is a charity event, raising funds for Variety Queensland, a long-established children's charity. Check out their website to get a taste of the wide variety of activities that they fund for Queensland kids.

You are being asked to make a donation to the charity. All of your donation goes direct to the charity – none of it goes to the participants. The deduction is fully tax deductible.

Dr Herdy is asking every health professional in our area to donate $100 (or more) to Variety Queensland.

The donation can be made by getting on to the website and using the user-friendly link. Just go to

https://2016varietybash.everydayhero.com/au/wayne

and follow the links. Your reference should include "Car 55" so that Variety Queensland can keep track of how generous Queensland doctors can be to kids in need.

Watch this space – you will be getting updates on the car and its painful progress. Did I forget to mention – the qualifying criterion is that the car must be at least 30 years old. I have bought a 1986 Mercedes-Benz 280S. Cost me $800! And then I needed a supply of spare parts, so I bought another car, this time a 1987 Mercedes-Benz 280S. That one cost me $300!

Dr Wayne Herdy, Car 55!!

MEDICAL MOTORING
WITH DOCTOR CLIVE FRASER
"Hiring a Car for the Holidays"

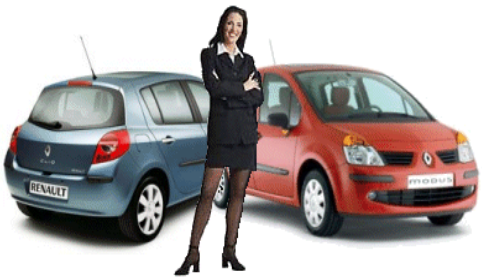
Safe motoring,
doctorclivefraser@hotmail.com.

Christmas is that time of year when most of us are thinking of taking a well-earned break. And with flying now cheaper than ever why not go even further afield for a getaway.

It's always tempting to snap up one of those fly-drive packages.

But the ACCC have recently been warning us about the airlines using "drip-feed pricing" to lure us into a deal that ultimately costs us (much) more.

Just as well then that the car hire part of the package doesn't contain any hidden extras, or does it?



I have yet in nearly sixty years ever hired a car when I haven't had that uneasy feeling that something unexpected might suddenly catch me out and cost me more than I had budgeted for.

I guess it all started on my honeymoon with my partner when the brakes on my/our Peugeot 306 failed at the top/bottom of the French/Swiss Alps.

I diagnosed the problem by taking a front wheel off only to notice that the almost red hot wheel nuts had melted into the bitumen.

My dearly beloved made her best efforts to speak in a non-native tongue to the French call-centre to explain that the car was "les dangereux".

We were told to keep driving to Chur which I thought was just a place that sounded like my teeth grinding together.

I resolved that we weren't going any further on our honeymoon in a car with no brake pads.

Eventually a replacement car (with an empty fuel tank) arrived and a French dare-devil drove our hire car back to the depot via a series of mountain passes, still with no brake pads.

I reasoned that they thought we were Americans because we spoke English and that they were trying to kill us.

Either way the experience left us traumatised, and yes, it still Hurtz!

But the worst part of all was finding on my return to Australia that my credit card had been raided by the car hire company to fill the defective returned vehicle with fuel even though I was given a replacement car with an almost empty fuel tank.

Numerous phone calls to the Number One car rental company in the world couldn't resolve the disputed transaction.

I swore that I'd stay one step ahead in any future encounter involving hiring a car.

Fast forward to New Zealand's beautiful South Island where my travel voucher said that the CDW (collision damage waiver) was included in my fly-drive package when their computer said it wasn't.

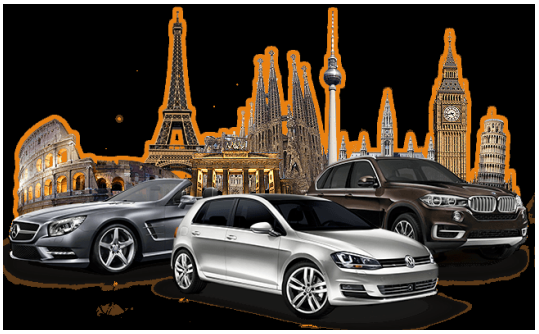
Once again it seemed to Hurtz a lot, particularly when their Ford Territory had a chip as big as a bullet-hole in the windscreen and the vehicle report showed no pre-hire damage.

Continued Page 15

Dr Clive Fraser's Medical Motoring: Hiring a Car for the Holidays
CONTINUED

I am not intending to single out any particular car hire company, but I do think one needs to be extra careful about the fine print when a credit card has been swiped, my credit card in particular.

My best hiring experience so far has been with, of all things, hiring a trailer. I had some furniture to move and I thought a large enclosed trailer would do the job.



The small hire company was really helpful and said that for only a few dollars more than the cost of hiring a trailer that I could hire a whole truck with a tail-lift loader.

No hitching up and 37 cubic metres of space with no lifting at all. What a bargain I thought. They did warn me that the rear wasn't water-proof as evidenced by six inches of water sitting in the back, but this could be overcome by only parking the truck in an up-hill direction.

But what I was most impressed about was the effort that the attendant made to document that all of the damage to the truck's cab was pre-existing by photographing every bit of damage on his iPad.

He found dents and scratches that I hadn't noticed and on the return of the undamaged truck I knew there would be no surprises on my credit card statement.
I wonder if that firm hires out motor-homes for a second honeymoon?

Safe motoring, Doctor Clive Fraser

Interesting Tidbits NATTY MOMENTS:

What A Boy Wants For Christmas
Darren remembers accompanying his father out shopping in the toy department of Hamleys one Christmas Eve. Dad said, 'What a marvellous train set. I'll buy it.' The girl behind the counter looked pleased and murmured, 'Great, I'm sure your son will really love it.' Dad replied with a glint in his eye, 'Maybe you're right. In that case I'll take two.'

What A Girl Wants For Christmas
The Santa Claus at the shopping mall was very surprised when Emily, a young lady aged about 20 years old walked up and sat on his lap. Now, we all know that Santa doesn't usually take requests from adults, but she smiled very nicely at him, so he asked her, 'What do you want for Christmas?' 'Something for my mother, please,' replied Emily sweetly. 'Something for your mother? Well, that's very loving and thoughtful of you,' smiled Santa. 'What do would you like me to bring her?'Without turning a hair Emily answered quickly, 'A son-in-law.'

Reindeer's Story at Christmas
According to the Alaska Department of Fish and Game, while both male and female reindeer grow antlers in the summer each year, male reindeer drop their antlers at the beginning of winter, usually late November to mid-December.

Female reindeer retain their antlers till after they give birth in the spring. Therefore, according to EVERY historical rendition depicting Santa's reindeer, EVERY single one of them, from Rudolph to Blitzen, had to be a girl.

We should have known... ONLY women would be able to drag a fat man in a red velvet suit all around the world in one night and not get lost.

Christmas Riddles
- **What do lions sing at Christmas? Jungle bells!**
- **When is a boat like a pile of snow? When it's adrift.**
- **How do snowmen get around? On their icicles.**
- **What does Santa call reindeer that don't work? Dinner.**
- **What do you call the fear of getting stuck in a chimney? Santaclaustrophobia**
- **The other day I sent my girlfriend a huge pile of snow. I rang her up and asked, 'Did you get my drift?'**
- **Christmas: The time of year when everyone gets Santamental.**
- **What is a webmaster's favourite hymn? Oh, dot com all ye faithful!**

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MYEFO – GOVERNMENT SHIFTS MORE HEALTH COSTS ON TO AUSTRALIAN FAMILIES

AMA President, Professor Brian Owler, said today that the Government's MYEFO statement is another chapter in the Coalition's consistent health policy since being elected – cut health funding and shift costs to patients.

Professor Owler said the axing of the bulk billing incentives for pathology and diagnostic imaging services will increase the health cost burden for Australian families, with the poorest and the sickest being hit the hardest. "These measures are simply resurrecting a part of the Government's original ill-fated co-payment proposal from the 2014 Budget," Professor Owler said. "It is yet another co-payment by stealth.

"The Government is continuing to retreat from its core responsibilities in providing access to affordable, quality health services for the Australian people. "Cutting Medicare patient rebates for important pathology and imaging services is another example of putting the Budget bottom line ahead of good health policy. "These services are critical to early diagnosis and management of health conditions to allow people to remain productive in their jobs for the good of the economy.

"The AMA strongly opposes these measures, and we will be encouraging the Senate to disallow them."

Professor Owler said the AMA welcomes the belated introduction of new MBS items for sexual health medicine services and addiction medicine services, which were recommended by the Medical Services Advisory Committee (MSAC).

"These new items will provide better access to these services in the private sector, where currently most people need to wait for these services in public hospitals," Professor Owler said.

Professor Owler said the health sector needs some detail and explanation from the Government on other unexpected cuts."The Government has announced savings of $146.0 million from redesigning 24 health
programs covering population health, medical services, eHealth, and health workforce," Professor Owler said. "And there is a further $31 million in savings over four years for public hospital services, again without explanation.

"All up, MYEFO has delivered another significant hit to the health budget with services and programs cut, and more costs being shifted on to patients. "Continuing a worrying pattern, there has been no consultation with medical and health organisations about the nature and extent of these cuts.

"It does not fill us with confidence about the Government's ongoing range of reviews, including the MBS Review, the Primary Care Review, and the review of the private health insurance sector. "The Government is repeatedly cutting away at the Health budget despite there being no evidence of a health funding crisis. "It is folly to frame health policy on the basis of outdated spending projections from the Commission of Audit," Professor Owler said. Other key MYEFO measures include: the abolition of the National Hospital Performance Authority (NHPA) and its highly valued health reporting arrangements; the abolition of the National Health Funding Body and Funding Pool (the death of activity based funding?); on the plus side, there is extra money for the Rural Health Multidisciplinary Training Program, which supports clinical training in rural areas; and $93.8 million is flagged for an integrated medical training pathway for rural areas, a concept lobbied for by the AMA.

15 December 2015

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Media Release:

17th December 2015

Medical students welcome Federal Government investment in rural medical workforce

The Australian Medical Students' Association (AMSA) is pleased to see the Government investing constructively in the rural health workforce by enhancing rural training pathways.

The Federal Government announced nearly $100 million in rural medical workforce initiatives in the Mid-Year Economic and Fiscal Outlook, with most activities commencing in 2017 and and up until 2018-19. Pre-existing Rural Clinical Schools will become regional medical training hubs. There will be 240 rotations in general practice settings for rurally-based intern doctors, equal to roughly 60 full-time equivalent new internships. There is also an expansion nearly 100 specialist training places in rural areas over the next three years.

AMSA President, Mr James Lawler, said the measures were an important step forward in supporting the training of medical professionals in rural settings.

"This package will enhance rural training pathways and will benefit medical graduates at all different stages of their medical training - from student to specialist," Mr Lawler said.

"Australia doesn't have a shortage of doctors - we have a maldistribution problem. It is important that Government policy is not only encouraging rural students to study medicine, but that they can complete their postgraduate training in those areas too. That will ensure that more doctors end up staying in rural areas, which should be the true measure of success."

Mr Lawler also said the measures would help address the increasing number of medical students, who required further specialist training in order to become fully qualified doctors.

"The number of medical graduates in Australia has nearly doubled over the past decade. These young doctors need years of further training upon graduation to ensure they can become GP's, surgeons, or cardiologists, but in recent years there have been serious concerns that there is a 'bottleneck' of young doctors who simply will not be able to become fully qualified.

"This package should help ease the training bottleneck."

However, Mr. Lawler said he was worried that the Government had made savings by abolishing the Clinical Training Fund. This program, started under the now abolished Health Workforce Australia, provided thousands of clinical training places for undergraduate health students, including in rural areas.

"It is unclear what the impact of this will be, but it would be unwise to expand postgraduate medical training at the cost of training medical, nursing, and other health students.

"AMSA is looking forward to working with the Government on its plans for rural medical workforce initiatives, but calls upon the Government to clarify the outcome of the abolition of the Clinical Training Fund.

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Discover Croatia & The Alpine Countries

A Place for All Tastes

By Cheryl Ryan

Croatia is a part of Eastern Europe that offers diversity to its travelers through its beautiful deep blue waters, sparkling waterfalls from Dinaric Alps, and the gorgeous medieval architecture.

Whether you want to lie on a sun-kissed beach or perhaps get the essence of it through its Middle Ages towns or sit amid serene nature, Croatia will leave you delighted with its many things on offer!

Sun, Sea, and Sand!

Croatia has beaches of all kinds, from pebbly to sandy beaches, ideal for family fun or for those who want to lay in seclusion to soothe the heart and core.

Following are some of the must-visit beaches on your trip to Croatia:
1) Zlatni Rat Beach: The Europe's third popular beach, Zlatni Rat Beach is a half kilometer long beach, ideal for families.

2) Banje, Dubrovnik Banje is a pebbly and sandy beach, offering breathtaking views across the sea. Enjoy a swim in the crystal clear waters or just laze around on the beach the entire day!

3) Sunj, Dubrovnik: Surrounded by lush green Mediterranean forest, Sunj beach in Lopud with shallow waters, ideal for children, families, and those who want to experience adrenaline rush through plenty of water sports.

4) Dubovica, Hvar: One of the most gorgeous beaches and only a few kilometers away from the lively town of Hvar, the Dubovica beach is a must-visit beach for all. If you love diving or want to explore the colorful underwater sea life, Dubovica it is!

Pamper your History and Culture Loving Self!

1. Hvar: The longest island in Adriatic Sea, Hvar houses some beautiful historical

monuments that will pamper your history loving core. Some of the places to visit in the city include The Square of Hvar, Fortress, The Cathedral of St. Stephen, and The Franciscan Monastery.

2. Zagreb: Comprising museums, art galleries, churches, and many other architectural splendors, Zagreb is a must-visit city for history and art lovers. From the city's popular Mimara museum, 13th century old Lotrscak Tower, to baroque church and plenty of art galleries and museums, you will have a great time in Zagreb exploring its gorgeous centuries old sites.

What have we planned for you?

We have formulated a fun-filled and comprehensive itinerary that includes the best of Croatia:
• Guided and historical trip to Zagreb, the capital city of Croatia.
• Visits to the National Parks of Croatia as the country is abundant in national parks. Some of the must-visit parks include Plitvice Lakes National Park, Krka National Park, and Paklencia National Park
• Tours to the UNESCO World Heritage sites, such as the Old City of Dubrovnik.
• A visit to the beach, Zlatni Rat Beach, in the region of Dalmatia, popular for its unusual shape and picturesque beauty.
Tour Dates: 12 June – 5 July

www.123Travelconferences.com.au

Exit Strategy Planning

One of the biggest issues for Australian small and medium (SME) business owners when they consider an exit strategy is to calculate net proceeds - or in simpler terms work out exactly how much cash I end up with in my pocket after I sell my business. Obviously, there are minor transaction costs legal fees, possibly stamp duty, possibly fees for advisers, business brokers et cetera. But by far the largest cost for most business owners will be capital gains tax and unfortunately many people simply forget or ignore this cost and others find it ridiculously complicated to determine exactly what the taxation impact will be and therefore vastly underestimate the cost.

For small businesses, the taxation law provides a significant concession known as the small business CGT concessions which are designed (on purpose) to minimise or reduce the impact of CGT upon sale of businesses. However, the CGT small business concessions are complicated and require businesses to jump several hurdles in order to qualify and meet the conditions to allow the concessions to apply to the capital gains tax upon sale of the business.

Most business owners know and understand that capital gains tax applies to the sale of assets and in very simple terms is a tax (most commonly applied at the business owners marginal tax rate) on the gain or increase in value of the assets over the time that the business owners have owned the business. In its most simple form if I purchased the business for $500,000 and sold it to $2,000,000. – five months later then I would simply pay tax at my marginal rate on the gain - $1.5M

This is very rarely the case in practice, as the law is far more complicated, and whilst the legislation is designed to reduce this taxation (as long as we meet certain criteria) the criteria is not simple and often multiple tests need to be successfully completed in order to qualify. If the capital gain we are considering happened after 21 September 1999 then we may be able to reduce the gain using either or both the CGT discount or one or more of the four CGT concessions available for small business owners.

The CGT discount - This is probably the most simple means of reducing capital gains tax and simply relies on ownership of the asset for at least 12 months. If you are in a partnership, a trust or an individual then the discount allows you to reduce your capital gain by 50%.Importantly companies cannot use the simple CGT discount

Small Business CGT concessions - Firstly, we need to determine if the small business owner qualifies for the concessions at all - this simply means they need to meet the definition of a small business which under this legislation requires satisfaction of two key tests:

Firstly, the business needs to have an annual turnover of less than $2 million or the total net assets of the owner (see below for a further more detailed explanation) are under $6 million (excluding both the family home and any superannuation assets). This test sounds ridiculously simple, however this is not always the case as we need to consider related party assets and often other investments (investment properties, share portfolio etc.) when added to the value of the business exceed the limit and therefore neither concessions apply.

This qualification clause raises the first serious issue for small business owners and that is the question of whether we are selling the business and goodwill or the shares in the company that owns the business and goodwill - this seemingly simple choice will have a significantly different taxation outcome - as we have mentioned previously companies are normally not entitled to the CGT discount.

Assuming we are able to meet the qualification clause and therefore become a small business under the legislation then there are four possible CGT concessions which might be available to us: Firstly the small business 15 year exemption allows a total exemption for a capital gain on the CGT asset if we have continuously owned the asset for more than 15 years and the relevant individual (see below) is 55 years or older and retiring or is permanently incapacitated.

The small business 50% active asset concession provides a 50% reduction of the capital gain and whilst this sounds incredibly simple is actually not the case as we need to determine the level of active assets throughout the ownership period of the business - this can be quite complicated in practical terms.

The small business retirement exemption allows for a reduction of capital gains up to a lifetime limit of $500,000. If the relevant individual is under 55 years of age before they make the election then the amount must be paid into a superannuation fund or retirement account. The small business rollover concessions allow us to defer all or part of the CGT on a business asset for a minimum of two years as long as we acquire a replacement asset or make a capital improvement to an existing asset within the two-year period then the gain is deferred until you either dispose of the replacement or improved asset or change its use.

In this case the deferred gaining is in addition to any capital gain you make when you dispose of the replacement or improved asset. As long as you are eligible for the concessions then you need to meet any additional conditions that apply specifically to the end of the concessions and hence the complexity spoke about earlier.

You can however apply as many concessions as you're allowed to until obviously the capital gain is reduced to zero if managed correctly - this should allow you to manage the capital gains tax and achieve the best possible taxation outcome based on your particular circumstances.

Article by Don Poole Partner Poole Group /Succession Plus. Phone 5437 9900 if any questions.

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AMA

The Medical Home is the Family GP

AMA Position Statement on the Medical Home 2015

The AMA today released its new Position Statement on the Medical Home 2015.

The AMA has produced the Position Statement to contribute to the current health policy discussion over the future directions of general practice and primary care in Australia.

AMA Vice President, Dr Stephen Parnis, said the Position Statement outlines key principles and requirements for the Medical Home if it is to lead to improved patient care in the Australian context.

"The concept of the Medical Home already exists in Australia, to some extent, in the form of a patient's 'usual GP'.

"The cornerstone of the usual GP arrangement is an established and trusted relationship between doctor and patient.

"Ninety-three per cent of Australians have a usual general practice, and 66 per cent have a usual GP.

"Evidence suggests that patients with a usual GP or Medical Home have better health outcomes.

"If there is to be a formalised Medical Home concept in Australia, it must be general practice. GPs are the only primary health practitioners with the skills and training to provide holistic care for patients."

Dr Parnis said the Government's current review into primary health care, which is investigating options to better support patients with complex and chronic illness, is exploring models of primary health care funding and delivery, including the Medical Home concept.
"With the growing incidence of chronic disease and an ageing population, the AMA recognises that the Medical Home concept of primary care has the potential to better support GPs in providing well-coordinated and integrated multi-disciplinary care for patients with chronic and complex disease," Dr Parnis said.

"This where the Government must focus its Medical Home thinking.

"It must support patients with complex and chronic disease through additional funding to support GPs to deliver comprehensive and longitudinal care, including non-face-to-face activity, patient education, better coordination, and better targeting.

"It is likely that the introduction of the Medical Home in Australia would involve the establishment of a formal structure, such as patient registration, which would link the patient to a nominated GP or practice. Any registration must be voluntary for the patient and the doctor.

"In implementing any Medical Home model, the AMA believes that fee-for-service must remain the predominant funding mechanism, with patients retaining access to their Medicare rebate.

"However, the AMA acknowledges that the Medical Home concept has the potential to provide a platform for blended funding models that reward quality general practice.

"General practice is already delivering very good health care outcomes for patients, with GPs working closely with other specialists and other health care providers.

"But you can't just transplant models of health care from other countries without acknowledgement of local conditions and what is already working well.

"Australia needs to build on what works, and ensure that a local version of the Medical Home is well-designed and relevant to the Australian context.

"Otherwise, it will fail."

If a formal Medical Home model is to be introduced in Australia:

•it must be appropriately funded, including to support administration, additional care coordination, and non-face-to-face work;

•funding should complement existing fee-for-service arrangements, paid on a longitudinal basis;

•it must utilise the patient's usual general practice/ GP as the Medical Home;

•it must be voluntary, allowing patients or GPs to opt out or reverse their decision;

•it must impose minimal administrative burdens on practices; and

•it must be based on a GP led team.

The AMA Position Statement on the Medical Home is at https://ama.com.au/position-statement/ama-position-statement-medical-home.

11 December 2015
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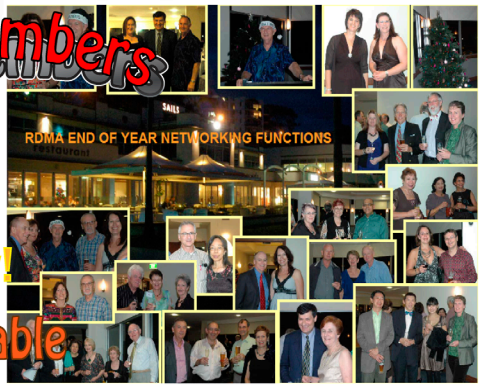

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This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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

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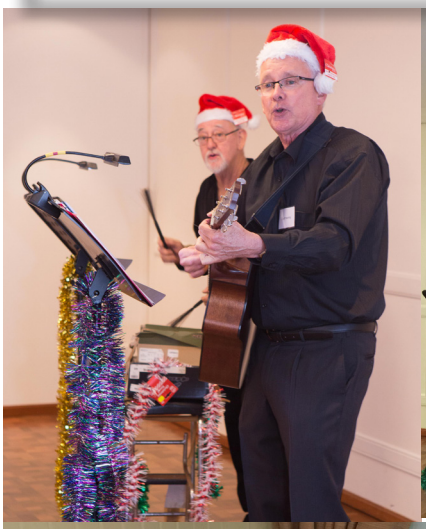
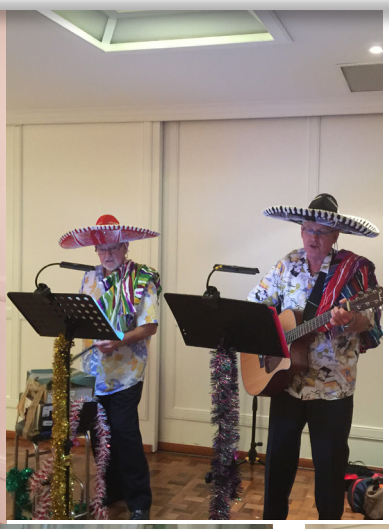
RDMA & NLMA December Meeting 2015





From Left Clockwise: RDMA Christmas Party Entertainment: Geoff Harding in Action. The 3 Amigos minus 1, Robert Cooke and Geoff Harding, Then there was another The Three Amigos, Robert Cooke, Kimberley Bondeson & Geoff Harding. Then there were The Four Amigos, Robert Cooke, Bob Brown, Kimberley Bondeson and Geoff Harding. . Bob Brown the President of the North Side LMA Introduced Dr David Seaton, Guest Speaker on The Mechanical Heart and State of the Art Cardiac Interventions at the NLMA Christmas Party. Margaret & Ken Fry, Larry & Carol Gahan.