RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
DECEMBER 2017

Thai Burma Railway and Hellfire Pass continued:

See Where We Work & Live on page 20.

http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

President's Report Dr Kimberley Bondeson

Our Christmas function was a thoroughly enjoyable evening, a chance to relax, and talk to friends and colleagues. Dr Bill Boyd (AMAQ President) attended, and has kindly agreed to attend our next meeting in February, (Tuesday 27th February, 2018) where he will give a formal talk and update on medical politics, and answer questions.

I also attended the Northside LMA Christmas Function, which was also thoroughly enjoyable.

Queensland has a new Health Minister, the Honourable Steven Miles. Annastacia Palaszczuk was voted back in as Premier.

2017 has been an extraordinary year – we have seen Victoria legalise voluntary assisted dying and marriage equality has become law. These two major reforms have been instigated and led by the Australia people themselves.

The Health Care Homes trial has commenced on the 1st of December – it is unknown if this will be successful, if the 190 pilot practices are able to survive financially – if patients are better off – all unknowns at this point. It is designed around a new bundled-payment system for chronic disease patients. Will it die a natural death, or will it be the way of the future – only time will tell.

An After-hours Corporate is under investigation for giving away 10,000 tickets to Dreamworld, after GPs branded the promotion an inducement to use its Medicare-Funded Services. The scheme cost $195,000 and was paid for by a bulk-billing company and a Dial A Home Doctor. The incident occurred in November, where the group booked out two exclusive nights for its patients at the Gold Coasts' biggest Theme Park. The group claimed that it wanted to ''raise community spirits'' after the flu season. It is currently being investigated by the Medicare Integrity Division. There is growing speculation that the Federal Health Minister, Mr Hunt, will announce cuts to after-hours rebates following recommendations of the MBS Review Taskforce.

The TGA decision to ban over-the-counter codeine medications has caused discord between the Medical Profession and the Pharmacy Guild. The Pharmacy Guild of Australia is trying to create special ''exemptions'' to the TGA's up-scheduling that would enable them to continue dispensing codeine for acute pain. As yet, this has not happened.

Mandatory Reporting of impaired doctors has been a major concern for the medical profession during the last 12 months. It is the biggest single issue that has seen the medical profession come together and classify as a priority. What the doctors want is simple: end mandatory reporting of doctors seeking help and treatment for mental health issues, namely, the same as the Western Australia model, where mandatory reporting does not exist. This has occurred in response to a number of tragic doctor suicides.

Let us all enjoy the New Year, and see what 2018 brings!

Kimberley Bondeson, RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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

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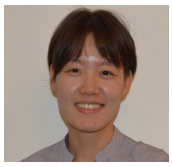

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RDMA 2018 MEETING DATES:

For all queries contact Anna Wozniak or Emelia 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	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 February 2018
Email: RDMANews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2018 MEETING DATES:

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

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	13th
2	April	10th
3	June	12th
ANNUAL GENERAL MEETING - AGM		
4	August	14th
5	October	9th
6	December	11th OR 14th

Next Meeting Date 21st February 2018

RDMA Christmas Function 1.12.17

Dr Kimberley Bondeson, RDMA President Introduced the Speaker for the night: Dr Bill Boyd, President AMAQ. Redcliffe & District Medical Association Incorporation was the Sponsor for the night.

Below:

Executive Members and Partners enjoying the festivities and sociality at the RDMA Christmas Function 2017.

Continued on Page 11

INSIDE THIS ISSUE:

Competitive Advertising Rates:

Full page A4: $560.00
Half page A5: $330.00
Qtr page A6: $260.00
Business Card size (new): $70.00
Advertorials: $260.00
Inserts: $260.00

The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- **10% discount for 3 or more placements**
- **20% discount for 11 placements (1 year)**
- **Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.**

CLASSIFIEDS

All classifieds subject to the Editor's discretion.

- **No charge** to current RDMA members.
- **Non-members $55.00**

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

Australia has spoken, Goodbye to Pap Smear, Hepatitis C Treatment on the Sunshine Coast.

THE PEOPLE OF AUSTRALIA HAVE SPOKEN. In a contest between preserving ancient values versus broadening equality, a battle between established traditions of the supposed dominant culture versus changes demanded by vocal minorities, the minorities and equality have won the day. Same sex marriage will soon be a fact of life in Australia.

But will there be a medical cost? Contrary to conventional wisdom, there is now some science to refute the widely held assumption that children of non-traditional marriages will grow up in some way disturbed. However, there remains an underlying concern that same-sex couples will always be regarded as different, and will attract discrimination. When the broad community recognizes same-sex relationships, those relationships will become openly identifiable. Will that open the doors to acceptance by professional practitioners? Or will non-traditional couples find themselves in the same boat as disadvantaged groups?

GOODBYE TO THE PAP SMEAR. As I write, Australia bids a farewell to cytology-based cancer screening and a very guarded welcome to virology-based screening. The new test can predict HPV-related disease years before the now-discarded Pap smear. Because of the longer lead time between a positive test and frank disease, it requires less frequent testing, welcome news to women who rarely approach the Pap exam with any enthusiasm

But what a dog's breakfast the new screening programme has turned out to be. A camel is said to be a horse designed by a committee, and what we have here is at least a two-humped camel. The flow-chart for eligibility for the test looks like the plan for a Babylonian tomb and is equally written in foreign-sounding hieroglyphics. Why did it have to be so complex? And why did a 5-year testing interval become a surprisingly rigid 57 months? I tried to enter the programme's website to undergo the self-learning process to understand the new test, and found that I had to set up a new account with a password that didn't work, so I remain as ignorant as ever. The wholesome plan for self-collection of specimens has been temporarily abandoned because, days before implementation on1st December, it was determined that the swabs ordered for self-collection were not accredited, so cannot be distributed. I can only hope that the committee that designed this camel will simplify the plan so that what we humble practitioners have to ride looks more like a thoroughbred than like a dromedary.

HEPATITIS C TREATMENT ON THE SUNSHINE COAST. When Sussan Leahy was Minister for Health, she was advised that the cost of hepatocellular carcinoma in Australia was escalating exponentially and within decades would dominate if not bankrupt the health budget. HCC is the end-product of cirrhosis, and hepatitis C is a leading preventable cause of cirrhosis. It will be cheaper to minimize the incidence of Hep C in Australia (the optimistic word "eradicate" was aired) than to countenance the inevitable cost predicted. Until two years ago HCV treatment was complex and difficult, with cumbersome lengthy and unpleasant treatments with interferon and ribavirin acting indirectly to kill the virus, with reasonable but imperfect success rates.

Since the advent of the direct-acting anti-virals, and especially the emergence of a few that claim to be polygenomic (ie can kill all genotypes) the treatment is now much simpler, shorter, has fewer side-effects, and success rates in the range of 97%. Treating HV has been transformed from the role of sub-specialists to fall within the province of every GP. All that remains is to motivate the GP's to expand their role, and to give them as much training as they require. There are only a handful of doctors on the Sunshine Coast who have experience in treating HCV, and most GP's need prompting to learn the process.

The PHN has finally started looking seriously at setting up a condensed training course for GP's, possibly one of the first in Australia aimed solely at community GP's. If the GP's take up the challenge, we can look forward to the prospect of the Sunny Coast leading the country in high cure rates for HCV. Stepping back a little and taking a broader perspective, I wonder if one day we will look back with amusement at the change in anti-viral treatment, transformed from the province of super-specialists to being an everyday event, just as we have forgotten how antibacterial antibiotic treatment was at first a daring experiment and is now commonplace.

Wayne Herdy

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

Mandatory Reporting and My Health Record Updates

The AMA, RACGP and the Federal Department of Health have stated that Australia's General Practitioner shortage is over, and that the Government should stop granting working visas to new IMGs. ''If the current system of using OTDs and IMGs to meet demand for general practice services continues with no strategy for addressing vocational training shortages, there will be a pool of highly qualified yet unemployed Australian-trained medical graduates."

It is predicted that Australia will face an oversupply of doctors by 2025. The RACGP has stated that "Medical workforce issues in Australia are no longer a matter of supply, rather a matter of maldistribution". The college goes on further to state that Australia has relied on OTDs to work in regional, rural and remote areas. However, evidence shows that this is not an effective method of ensuring that doctors remain in areas of need. IMG doctors are able to work anywhere in Australia once they have fulfilled their obligations under the 10-year moratorium and many end up working in the major cities. Since 2000-01, there has been a 150% growth in overseas trained GPs practising in major cities, compared to only 20% growth of Australian trained GPs. Overseas trained GPs now account for 49% of total FSE GPs practising in major cities, compared to just 24% in 2000-01" – according to Australian Doctor, Dec 2017.

Now that there are sufficient graduates coming through, the next vital piece of workforce planning is to ensure sufficient training places for these young doctors. This is a difficult issue, and the government needs to get on top of this as soon as possible, or we are going to see unemployed Australian medical graduates.

Health and Competency checks on clinicians over 70yo have been announced by the Medical Board. The Medical Board is however, concerned, that this plan might be open to challenge on discrimination grounds. These new proposed rules will include peer reviews of practitioner with multiple substantiated complaints against them and stronger requirement for continuing professional development for all health practitioners. There is a yet no validated tool to judge a doctor's competence. It will be interesting to see how this unfolds, without discriminatory profiling of GP's, or invasion of privacy.

All of the doctors I have spoken to who are approaching 70 or over 70yo and still working in the medical profession feel that this is discriminatory, that they are been singled out and criticised. My personal view is that the current CPD requirements would already select out doctors who are incompetent, and who often, elect, themselves, to retire. This assessment of competency is surely the role of the colleges, to ensure standards and competency. To have this forced upon the profession by yet another body: the Medical Board: seems to be process duplication. Is there any proof, that this extra assessment is necessary? Surely medical practitioners with multiple substantiated complaints against them have already been weeded out? Conditions on their practice imposed, and safeguards put in place to protect the public?

Why is it necessary to impose another layer of Health and Competency checks on older clinicians? Where is the evidence that this is needed? Where is the evidence that this will "protect the public" – or is this another layer of bureaucracy which will cause unnecessary stress, and result in doctors retiring before the age of 70yo? If this was to occur, and result in the loss of the over 70yo medical practitioners in the workforce, I feel this would be a considerable loss to the medical profession.

Is this age discrimination? Is it profiling? Is it invasion of privacy?

Sincerely

Kimberley Bondeson

PET Positron Emission Tomography

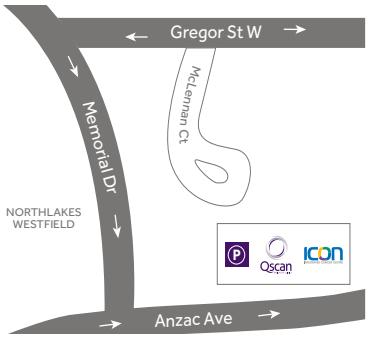
Qscan North Lakes New PET-CT Service

Qscan RADIOLOGY CLINICS

With great pride, Qscan Radiology Clinics announces the opening of a state-of-the-art PET-CT and oncology imaging service at North Lakes.

PET-CT services run by Dr Phillip Law (MBBS (UNSW), FRANZCR, FAANMS) local Qscan Oncologic Radiologist

- Latest Siemens ultra-large wide bore PET-CT
- Comprehensive range of PET-CT and oncology investigations
- Ultra HD time of flight corrected PET images
- Specialised interventional oncology procedures
- Bulk billing all Medicare eligible PET-CT scans
- Ample free on-site parking for patient convenience
- Urgent appointments available



Qscan North Lakes
9 McLennan Crt, North Lakes 4509
Mon - Fri: 8:00am - 5:00pm
P: 07 3448 8840 | **F:** 07 3880 6118
petnorthlakes@qscan.com.au

Interesting Tidbits NATTY MOMENTS:

DR. DEMENTIA HAS TEST FOR YOU (IF I DID IT--YOU CAN TOO!). Here's another trick of Doctor Dementia's to test your skills.

"There is nothing in a caterpillar that tells you it's going to be a butterfly".

R. Buckmaster Fuller

Can you meet this Challenge?
I cdnuolt blveiee that I cluod aulaclty uesd-natnrd what I was rdanieg.

The phaonmneal pweor of the hmuan mnid, aoccdrnig to a rscheearch at Cmabrigde Uinervtisy.

It dseno't mtaetr in what oerdr the ltteres in a word are, the olny iproamtnt tihng is that the frsit and last ltteer be in the rghit pclae.

The rset can be a taotl mses and you can still raed it whotuit a pboerlm.

This is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the word as a wlohe.

Azanmig huh? Yaeh and I awlyas tghuhot slpeling was ipmorantt!

If you can raed this forwrad it.

To my 'selected' strange-minded friends:

Only great minds can read this.

This is weird, but interesting!

If you can raed this, you have a sgtrane mnid, too. .

Olny 55 people out of 100 can.

Donated by Dr Philip Dupre

CEO UPDATE:

LMA NEWSLETTER COLUMN – DECEMBER 2017

Over the past months, the AMA Queensland Workplace Relations Team has been working closely with doctors in the public system to identify key issues and priorities for the next round of the Medical Officers' Certified Agreement 5 (MOCA 5) negotiations with Queensland Health.

Armed with member feedback and in consultation with the Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) and the AMA Queensland Council of Doctors in Training, our Team has drafted both the senior and the junior doctors' log of claims, which will be presented to Queensland Health ahead of the formal negotiation period commencing in January 2018.

You may have noticed expression of interest for MOCA 5 local representatives, ASMOFQ flyers, MOCA 5 timelines around your workplace as our Workplace Relations Team visited hospitals across Queensland to socialise the draft log of claims with members and non-members. The hospitals visited so far included:

- Ipswich Hospital
- Toowoomba Hospital
- Princess Alexandra Hospital
- The Prince Charles Hospital
- Queen Elizabeth II Jubilee Hospital
- Sunshine Coast University Hospital
- Lady Cilento Children's Hospital
- Royal Brisbane and Women's Hospital
- Logan Hospital
- Gold Coast University Hospital
- Townsville Hospital

More than 35 of you have responded to our call and have jumped on board to become MOCA 5 local representatives. Thank you for your support. Your role will be vitally important in ensuring that we achieve the best possible outcomes at the negotiating table.

Hospital site visits are continuing as the negotiations begin and we are still looking for representatives in some regions. For those who may be interested, please email moca5@amaq.com.au.

We also recently hosted free webinars to seek further feedback from members on what changes are needed to ensure safe working conditions and improved clinical care in public hospitals.

You can access the recordings via the links below:

- **MOCA 5 Junior Doctor webinar – click here**
- **MOCA 5 Senior Medical Officers webinar - click here**

We will keep members informed of progress with the development of the claims and throughout the negotiation process. If you have any questions or concerns, please email: moca5@amaq.com.au or call (07) 3872 2222.

Finally, on behalf of the team here at AMA Queensland, I would like to wish you and your families a safe and happy holiday season.

Jane Schmitt
Chief Executive Officer, AMA Queensland

Redcliffe Hospital GP Liaison Update – December 2017

Dr James Collins email- mngplo@health.qld.gov.au www.health.qld.gov.au/metronorth/refer

Have you signed up for real-time access to hospital results & reports? Over 190 GPs have.
Over 190 GPs have so far signed up for access to the Health Provider Portal (HPP) and are raving about having hospital results - including pathology, radiology, and medications at their fingertips. If you haven't signed up yet, here are a few tips to make the process easier.

Because the system operates with strict identification requirements, it's a good idea to have your practice manager check to ensure the details for each of your practice's GPs are up to date. This can be done at www.health.qld.gov.au/metronorth/refer, and clicking *"Update GP Practice Details"* in top right corner, which will access a PDF form, with information on how to complete and return. Once your details are up to date, a GP can register at www.health.qld.gov.au/hp-portal. For more information about signing up, download the factsheet at: www.bit.ly/HPPfactsheet

New Antenatal registration form for patients
Redcliffe Hospital has developed a new online registration form for maternity patients to complete, to start the booking process for their Antenatal Care. Patients should complete this form after their GP has referred the patient to maternity services.

The new form includes administrative and clinical questions to help with triaging and the overall bookings process. The online registration form does not replace the initial referral from a GP. Patients require a referral from their GP, as well as the online registration form. Go to www.metronorth.health.qld.gov.au/redcliffe/healthcare-services/antenatal-registration-form or www.bit.ly/ANform

List of Outpatient Specialist List at Redcliffe Hospital
To find the current specialist list for each department at Redcliffe Hospital go to bit.ly/RHSpecialists, or refer to your e-referral templates on your practice software.

Redcliffe Hospital's New Website
Redcliffe Hospital has launched a new hospital website: www.metronorth.health.qld.gov.au/redcliffe. The site provides much more detailed information to patients and the community on services the hospital offers, and how to access the hospital's care.

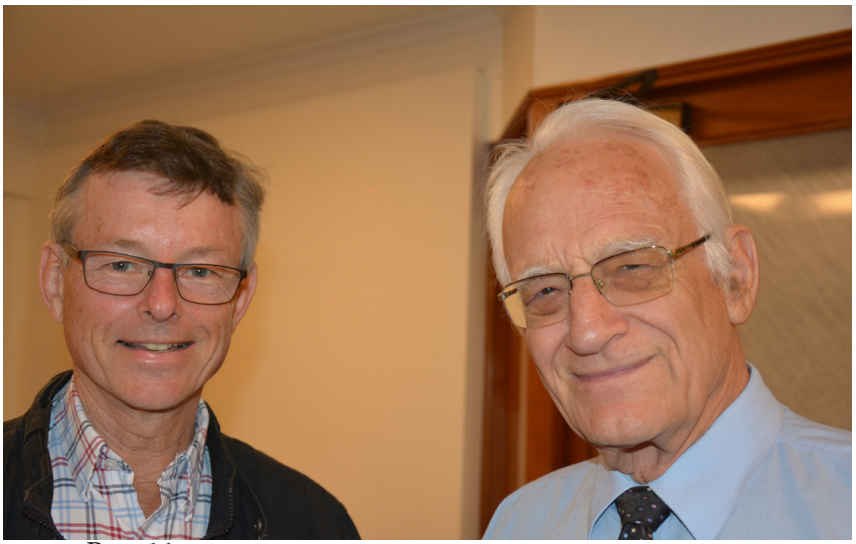
The website also includes a specially designed section for healthcare providers: http://metronorth.health.qld.gov.au/redcliffe/health-professionals, with information about how to refer patients to the Hospital, and referral guidelines.

Where to send Outpatient Referrals
All referrals to specialist outpatients (including fracture clinic) at Redcliffe Hospital should be referred through the Metro North Central Patient Intake (CPI) electronically via your e-referrals on your practice software (preferred) or via fax to 1300 364 952
CPI can be called on 1300 364 938

New GP Resources Hub
HealthPathways is a centralised GP hub developed specifically for Brisbane North GPs to access the latest health sector news and local guidance for the assessment, management and services of a range of medical conditions.

For access go to:
www.brisbanenorth.healthpathwayscommunity.org
To login use (case sensitive): Username: Brisbane Password: North
This complements the hospital GP Hub www.health.qld.gov.au/metronorth/refer

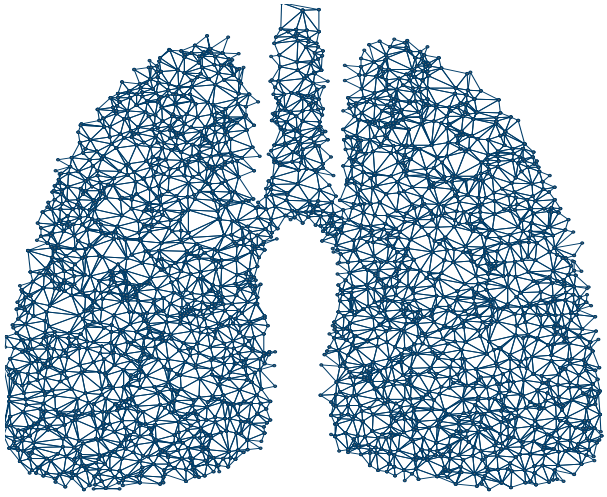
RDMA Christmas Function 1.12.17 Dr Kimberley Bondeson, RDMA President Introduced the Speaker for the night: Dr Bill Boyd, President AMAQ. Redcliffe & District Medical Association Incorporation was the Sponsor for the night continued from page 3.



ICIF COPD Project

GP Active Learning Module - Wednesdays

The latest in Chronic Obstructive Pulmonary Disease (COPD) diagnosis and management



GPs associated with the COPD Project are invited to participate in an Active Learning Module (ALM) on Chronic Obstructive Pulmonary Disease (COPD) diagnosis and management to work toward better outcomes for their patients.

Background

COPD remains a chronic disease which is largely underdiagnosed and misdiagnosed. This ALM aims to increase the knowledge, confidence and skills of general practitioners in the diagnosis and management of COPD.

Learning objectives

- recognise the impact of COPD in the Australian community
- identify patients at risk and confirm a diagnosis of COPD
- explain effective non-pharmacotherapy and pharmacotherapy interventions for the management of COPD
- develop a comprehensive plan of care with a patient, including a COPD Action Plan for managing exacerbations
- utilise evidence based resources to assess and manage patients with COPD.

Activity Number: 109989 Allocated 40 Category 1 points in QI&CPD Program for the 2017-2019 triennium.

RACGP QI&CPD Accredited Activity CATEGORY 1

Workshop details

This ALM is delivered over three evening sessions.

Date

Wed 28 Feb 2018

Wed 7 Mar 2018

Wed 14 Mar 2018

Time

6.00 pm - 8.30 pm

Venue

Caboolture Hub,
4 Hasking Street,
Caboolture QLD 4510

Cost

Free: Kindly sponsored by the Integrated Care Innovation Fund

Contact details

Amie Horwood
COPD Project Coordinator
amie.horwood@
brisbanenorthphn.org.au
Phone: 07 3490 3454
Fax: 07 3630 7454

Proudly supported by Queensland Health's Clinical Excellence Division

Queensland Government

Supported by funding from the Queensland Health Integrated Care Innovation Fund, the COPD Project is a collaboration between Metro North Hospital and Health Service, Brisbane North PHN, the Australian Centre for Health Services Innovation and Lung Foundation Australia.

ICIF COPD Project

GP Active Learning Module - Wednesdays

The latest in Chronic Obstructive Pulmonary Disease (COPD) diagnosis and management

Program - Wed 28 Feb 2018

Time	Activity
6.00pm	Registration
6.25pm	Sharon Hodby, Facilitator - Welcome
6.30pm	Judy Powell, Lung Foundation Australia – COPD Case finding
7.10pm	Joanne Mitchell, Respiratory Clinical Nurse Consultant – Spirometry interpretation for GPS
8.30pm	Close

Program - Wed 7 Mar 2018

Time	Activity
6.00pm	Registration
6.25pm	Dr Cherri Ryan, Tutor in case based learning and communication skills, Faculty of Medicine, UQ – Welcome
6.30pm	Dr Stephen Kearney, General Practitioner – Non-Pharmacotherapy interventions for COPD
7.00pm	Susan Marshall, Psychologist – Self-management
7.30pm	Dr Stephen Kearney, GP – Care planning
7.40pm	Susan Marshall, Psychologist – Case study
8.00pm	Dr Cherri Ryan, Tutor in case based learning and communication skills, Faculty of Medicine, UQ – COPD medicines
8.30pm	Close

Program - Wed 14 Mar 2018

Time	Activity
6.00pm	Registration
6.25pm	Sharon Hodby, Facilitator - Welcome
6.30pm	Professor Ian Yang, Respiratory Specialist – Managing exacerbations of COPD
7.30pm	Pauline Hughes, Nurse Practitioner-Respiratory – Inhaler device technique
8.30pm	Close

RSVP by 21 February 2018 (1 week out from event)

Complete details below and fax to 07 3630 7454 or email Amie.Horwood@brisbanenorthphn.org.au.

Name: .....

Practice name: .....

Contact ph: .....

Contact email: .....

Dietary requirements: .....

AusHSI Bringing health innovation to life

Lung Foundation Australia
when you can't breathe... nothing else matters

Queensland Government

phn BRISBANE NORTH
An Australian Government Initiative

Supported by funding from the Queensland Health integrated care innovation fund, the COPD project is a collaboration between Metro North Hospital and Health Service (MNHHS), Brisbane North PHN, the Australian Centre For Health Services Innovation and Lung Foundation Australia.

Australian Medical Association Limited
ABN 37 008 426 793

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STAGE IS SET FOR NEW ERA OF 'BIG PICTURE' MEANINGFUL HEALTH REFORM – BUT GOVERNMENT MUST INVEST HEAVILY

AMA Pre-Budget Submission 2018-19

AMA President, Dr Michael Gannon, said today that the culmination of key reviews, under the guidance of Health Minister Greg Hunt, provides the Government with a rare opportunity to embark on a new era of 'big picture' health reform – but it will need significant long-term investment.

Releasing the AMA's Pre-Budget Submission 2018-19, Dr Gannon said the key for the Government is to look at all health policies as investments in a healthier and more productive population.

"The conditions are ripe for a new round of significant and meaningful health reform, underpinned by secure, stable, and sufficient long-term funding to ensure the best possible health outcomes for the Australian population," Dr Gannon said.

"The next Budget provides the Government with the perfect opportunity to reveal its health reform vision, and articulate clearly how it will be funded.

"We have seen years of major reviews of some of the pillars of our world class health system.

"The review of the Medicare Benefits Schedule (MBS) is an ambitious project.

"Its methods and outcomes are becoming clearer. Its best chance of success is if the changes are evidence-based and clinician-led and approved.

"A new direction for private health insurance (PHI) has been determined following the PHI Review.

"We must maintain flexibility and put patients at the centre of the system, but recognise the fundamental importance of the private system to universal health care.

"The Medicare freeze will be lifted gradually over the next few years.

"There is now a greater focus on the core health issues that will form the health policy battleground at the next election.

"There is no doubt, as shown at the last Federal election, that health policy is a guaranteed vote winner … or vote loser.

"Our Submission sets out a range of policies and recommendations that are practical, achievable, and affordable.

"They will make a difference. We urge the Government to adopt them in the Budget process.

"Health should never be considered an expensive line item in the Budget.

"It is an investment in the welfare, wellbeing, and productivity of the Australian people.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

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STAGE IS SET FOR NEW ERA OF 'BIG PICTURE' MEANINGFUL HEALTH REFORM – BUT GOVERNMENT MUST INVEST HEAVILY

AMA Pre-Budget Submission 2018-19

"Health is the best investment that governments can make," Dr Gannon said.

The AMA Pre-Budget Submission 2018-19 covers:

- General Practice and Primary Care;
- Public Hospitals;
- Private Health Insurance;
- Medicare Benefits Schedule (MBS) Review;
- Preventive Health;
- Diagnostic Imaging;
- Pathology;
- Mental Health and the NDIS;
- Medical Care for Older Australians;
- My Health Record;
- Rural Health;
- Indigenous Health;
- Medical Workforce;
- Climate Change and Health; and
- Veterans' Health.

The AMA Pre-Budget Submission 2018-19 is at https://ama.com.au/ama-pre-budget-submission

This Submission was lodged with Treasury ahead of the Friday, 15 December 2017 deadline.

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13 December 2017

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IRELAND

by Cheryl Ryan

With breathtaking landscapes, historical sites, vibrant cities and rocky shorelines, the beautiful country of Ireland offers something for everyone. The splendor of the natural beauty of Ireland cannot be explained in mere words. It is amazing to explore the spectacular sceneries of this country including its fabulous Ring of Kerry with eye-catching seascapes, 668 feet Cliffs of Moher, breathtaking mountains dotted with charming farmhouses, winding lanes and astounding Giant's Causeway located in Northern Ireland. Visit the House of Waterford Crystal to watch the highly efficient artisans at work in its crystal production area.

A country with Many Historic Landmarks

In addition to picturesque landscapes, Ireland has a number of historic landmarks to explore. Here, you can see churches and castles in different architectural styles throughout the country. The ancient church, Gallarus Oratory on the Dingle Peninsula has been a pilgrimage spot, worth visiting. The largest Norman castle located in the County Meath named, Trim Castle is another must-visit historic attraction!

Vibrant nightlife in Ireland

Ireland is also known for endless entertainment options and vibrant nightlife. There is no shortage of bars and pubs in the capital city of Dublin. With numerous shops from small independent stores to huge shopping malls, this city offers excellent shopping opportunities to you.

What have we planned for you?

We have a detailed itinerary that includes wandering the countryside, rich historic sites, exploring castles, visiting small villages and enjoying exciting nightlife to get real experience of the country.

- Explore Dublin
- Walking tours to Trinity College, Kinsale and Galway of Dublin
- Enjoy sheepdog trials on Ring of Kerry
- Ferry rides across the River Shannon and Lough Corrib
- Visit Irish distilleries at Kilbeggan
- Explore popular castles, churches and other historic sites
- Visit a pub to enjoy thrilling nightlife and other entertainment.

Get ready to experience the elegance and old-world charm of Ireland!

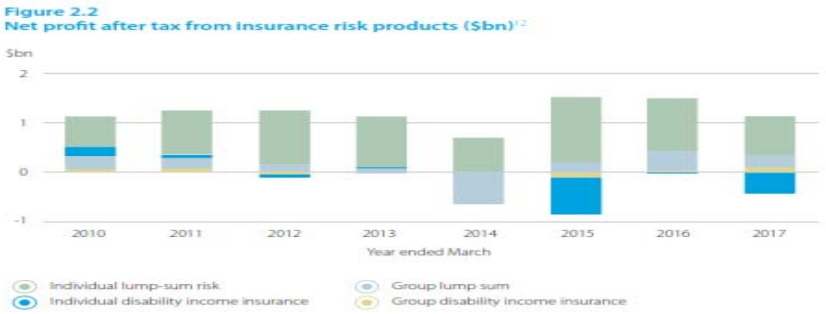
www.123Travelconferences.com.au

The Rising cost of Insurance Premiums

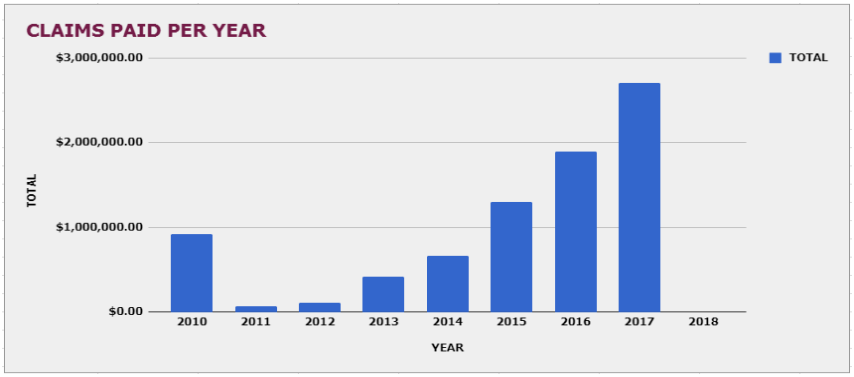
Over the last couple of years personal insurance premiums (Term Life, TPD, Trauma & Income Protection) have continued to increase significantly as insurance companies have been forced to re-price all contracts. This has become particularly evident for the last 24 months as it has been common to see premiums increase by 15-20% and more in certain situations.

The main reason premiums have been re-priced is due to ongoing claim increases. Unfortunately insurance companies don't have too many options when their profitability starts to reduce. They can try to cut costs internally and/or tighten underwriting requirements as options but all these don't allow for mass and instant savings; hence the main option is to increase premiums. Now, I'm not trying to defend insurance companies but, would you rather insurance companies remain profitable and continue to pay genuine claims or suffer financial loss and make claims a lot harder?

Insurance companies also have to apply massive capital outlays under Government legislation to ensure bulk claims can be met and the majority of these funds have to be invested in term deposit/fixed interest securities. As the return on these are minimal and with reducing profits we have seen a number of Australian companies sell their insurance books and the industry is currently undergoing consolidation of companies. NAB have sold 80% of their MLC insurance book to a Japanese company, TAL was bought by a Japanese company a number of years ago, Zurich purchased Macquarie last year and recently AIA paid 16.8 times for CBA'S insurance book – CommInsure. A number of other insurance companies are also up for sale which will eventually be bought and consolidated. Below is a break down of insurance policies and the probability which as you can see since 2015 insurance companies have been making significant losses on their Income Protection contracts (blue graph). One good example is a main Insurance Company that has had an 80% increase in overall claims between 2011 to 2016 and around 20% of all Income Protection claims are now related to mental illness.



The increased claim statistics have also been evident within our own firm at Poole Group where we have seen significant increases in the number of clients claiming over the last couple of years as per the below graph;



Apart from our initial advice, an ongoing annual review is provided to all clients which is vitally important from a financial/budgetary perspective when these events occur. Reviewing contracts against the market on a like for like basis is part of the process but also reviewing the level of cover in line with the client's needs and looking at options to sustain cover is a key service. A client in their 40's normally doesn't require the same level of cover in their late 50's hence reducing level of cover and/or altering certain benefits like extending waiting periods on Income Protection contracts are several options to maintain necessary cover but also ensuring budgetary requirements are met at the same time. The majority of insurance companies have recently confirmed no further additional increases for the next couple of years and given the consolidation in the industry we should see premiums remain normal for the medium term.

Article written by Hayden White, Adviser at Poole Group Accounting & Investment Advisers.
Portability insurance chart from "APRA'S Quarterly Life Insurance performance statistics March 2017".

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ACCC RENEWS AMA AUTHORISATION THAT BENEFITS PATIENTS, GPs, AND GENERAL PRACTICE

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The ACCC has today released a draft decision to renew for another 10 years the AMA's existing authorisation that protects AMA member and non-member GPs from action under the competition and Consumer Act (2010).

AMA President, Dr Michael Gannon, said that the AMA welcomes the ACCC's draft decision, which is now subject to a further period of consultation.

"The authorisation, which is very important for GPs, has a long history," Dr Gannon said.

"AMA advocacy on this matter has provided significant benefits for GPs.

"The ACCC's draft determination has accepted that the authorisation continues to be in the public interest."

The specific conduct that has been authorised by the decision includes:

- Intra-practice price setting - this allows GPs in a practice to discuss the fees charged to patients, which provides patients with certainty about the costs, if any, they face when they visit their GP or general practice.

- Collective bargaining as single practice for Visiting Medical Officer (VMO) services to public hospitals – this is particularly relevant in rural areas where GPs in a practice can negotiate collectively with their local hospital about the services they provide to the local hospital, which supports recruitment and retention and patient access to services.

- Collective bargaining as a single practice with Primary Health Networks (PHNs) – with PHNs increasingly involved in new models of care, such as the integrated care pilot in NSW for people with chronic disease, this allows GPs in a practice to be able to discuss

- the services they can provide for patients and how they are funded.

Dr Gannon said that, overall, the authorisation provides GPs with legal protection to go about business that is vital to the survival of their practices and their ability to continue providing valuable health services to their patients and communities.

"It avoids the administrative and legal costs that GPs would otherwise incur in having to seek legal and other advice that would be needed in the absence of this authorisation,"

Dr Gannon said. "We expect a final decision from the ACCC early next year."

6th December 2017

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MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

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Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

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

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The Burma Railway and Hellfire Pass cont:

http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf

The Thai–Burma Railway continued: The Australian Prisoners' Accounts Experiences as prisoners of the Japanese

Tom Uren speaks here of his mate, Bill Halliday, on the Thai–Burma railway, and how mateship changed them both. "In the sick bay, when he was back in the camp, I would go over to see him. And in the early days when I'd go over to see him and take him something, if I could scrounge something to take to him, he was never really grateful, there was no mateship. He was always kind of whingeing. But, as the time went on, his hope grew in him and he used to look forward to seeing me and I used to look forward to seeing him.

Tom Uren Recounts Experiences

And I'll never forget, he was so skinny that you could see his backbone through his stomach, lying on that bed. And he had this awful leg. And the stench of the ulcer wounds - it's like death itself. But the thing about Bill Halliday was that even though he was a whinger and a whiner in those early days, in the end, you know, he used to look forward to seeing me and I would look forward too - but his eyes, they shone - beautiful eyes. I can just see them they shone like beacons in the night. Just it was so beautiful.You can't help but love the guy for it.

Ray Parkin speaks about how, through his drawing and painting, he could share the beauty of nature with other prisoners in the jungles of Thailand. "Well I drew a lot of insects, butterflies, all sorts of things like that. Flowers, anything; but also, I had plenty of blokes to help me because as we went out we used to find things to discuss and we would discuss the new flowers that were out or what was happening, you know, the general state of nature as we went out. And I had, all the blokes around me were collecting butterflies and insects, 'Have you got this, have you got that?' 'Course, I didn't have time to paint it all. But still, with the butterflies, course, there were millions of them up there, beautiful, in flocks.

I couldn't paint them but all the blokes were still bringing them back, so what we did we got little slivers of bamboo and made pins out of them and on the inside of the atap hut we'd pin these things on the ceiling and we had a ceiling covered with these beautiful butterflies and everything and I thought, 'Well this is better than the Sistine Chapel ever could be!'"

Doctor Rowley Richards remembers how some prisoners, while being cared for by their mates, would often appear to recover, but then seem to lose the will to live. "I had always believed that there was a will to live and if that will to live disappeared, well, you died. There's much more to it than that, I'm sure of that. It's a bit like bone pointing. You point the bone at yourself I guess. I've seen many cases of fellows who have been nigh unto death for maybe a couple of weeks, semiconscious most of the time, being handfed by their mates, amazing to still stay alive. And then when they recover from that and they're starting to be getting better, or think they're getting better, they just up and die on you. And I think what happened to them was that they would look around and see fellows dying around them and think, 'Oh, it's too hard, no, let me go.'"

George 'Bert' Beecham talks about the terrible treatment of the POWs by the Japanese on the Thai–Burma railway and the awful conditions of the camp. "The treatment of the POWs working on the railway line was absolutely horrendous. Not only in the way they were treated, the way they were fed, the way they were beaten, they way they were abused, the way they had no clothing. Some of 'em were working in bare feet and a piece of rag tied 'round their waist ... The food was disgusting if you got it at all, sometimes twice a day, at one stage there we got it once a day and people were dying like flies. We had cholera, we had malaria, we had dysentery, we had scrub typhus, we had beri beri."

Bill Coventry describes the Australian prisoners' experience of learning to cook rice, the main food supplied by the Japanese. "Australia didn't know how to cook rice in the thirties and forties, not like today. So they asked all the fellows to supply their eating dixie, and we dug a long trench, several long trenches, gathered up burnable material and made long fires they knew that you boiled rice. So you put a dixie of rice, and you put some water in it and put it in the fires and, of course, as the water boiled, the rice came over the top of the dixies and put the fire out and then it didn't cook and everything. Oh. But slowly, as time went by, we learned how to cook rice didn't we?"