



RDMA

RDMA & NLMA's Joint Newsletter

Newsletter DECEMBER 2018

See Where We Work & Live
P20. Remembering Corporal Ernest Corey

"Remembering Ernest Albert Cory"
From Wikipedia, the free encyclopedia https://en.wikipedia.org/wiki/Ernest_Corey



President's Report Dr Kimberley Bondeson

This December's weather is remarkable, they are calling the combination of Cyclone Owen in the Gulf of Carpentaria and a Low that covers most of inland and the eastern coastline of Australia the "Zombie Cyclone". It is currently bringing much needed rain to farmers, but has also associated unexpected flash flooding and dumping of a large amount of rain throughout Queensland and New South Wales, extending down to Victoria. It appears that Perth in WA is the only city that is missing out on the heavy rain.

It was lovely to welcome everyone to the Christmas cheer and celebrations. A lovely evening was had by all at the Golden Ox, for the RDMA Xmas celebration and get together held recently. It was thoroughly enjoyed by all as was the Northside LMA's X-mas function held at the River View Hotel, on the following Friday. So, 2018 is nearly over and I hope everyone will get some relaxation, and time to enjoy with family and friends.

Lots of projects by the government in 2018 seem to be going by the way side. The Health Care Homes Trial appears to be dying a natural death. It was designed around a fee being paid to a practice, which was to be nominated by a patient, and then that practice was to manage the patient's chronic diseases. Only 175 practices were enrolled, and 2000 patients, (The Medical Republic, Dec 2018). Factors stated seem to point to inadequate remuneration for doctors treating these patients.


However, there are other aspects; the Australia Population, whilst most still nominate a particular GP as their regular GP, they will often go to several practices for repeat scripts and smaller medical concerns, and leave the difficult problems for their "regular GP". This makes it hard to chase up reports and correspondence, from specialists and such, as often the patient can't remember which GP did which referral, and they often have conflicting understandings of what their treatment regime is.

The Medicare Freeze has been lifted, which is a good starting point, albeit a small one. I don't think the government made the massive financial savings they thought they would, but it certainly impacted patients and doctors. If they do something like freezing rebates, would not it be a good idea to also freeze rent increases, wage increases and all the other expenses, not just the rebates and hence incomes to the medical professionals?

It definitely affected a small number of practices, who were forced to stop bulk billing, and another number subsequently closed. This is particularly a problem in small country towns.

We are seeing the medical profession pull together to support each other through stressful times, and hopefully avoid some of the tragic outcomes we have seen in terms of doctor suicides in the last 2 years. Mandatory Reporting is still an issue, but we will continue to speak up and be heard by the law makers and politicians in this country. Simply do not take no for an answer.

So, we have 2019 to look forward to! We can set new goals, have new hopes and dreams and slowly continue to work towards them. Kimberley

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.



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

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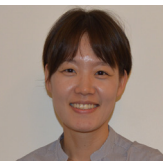
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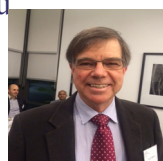
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RDMA 2019 MEETING DATES:

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	26th
Tuesday	March	26th
Tuesday	April	30th
Tuesday	May	28th
Tuesday	June	25th
Tuesday	July	30th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	27th
Wednesday	September	18th
Tuesday	October	29th
NETWORKING MEETING		
Friday	November	29th

NEWSLETTER DEADLINE

Advertising & Contribution 15th February 2019

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2019 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: Riverview Restaurant

Time: 6.30 pm for 7.00 pm



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

NEXT MEETING DATE 26TH FEBRUARY 2019

RDMA December Christmas Party for 07.12.18.

Dr Bondeson RDMA President Welcomed the members and partners to the Christmas Party.

Sponsored by Redcliffe & District Local Medical Association.

Photos (Left to Right):

Kimberley Bondeson & Wayne Herdy. Jeremy So, New Member Jacqui Fradley & Maliha Farzana. Wayne Herdy & Anna Wozniak with Wayne's Variety Rally Presentation in the background.



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CLASSIFIEDS

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



CHRISTMAS

The second most important date on the Christian calendar.

For most citizens in a nominally Christian country, the religious character of the season is secondary, or even forgotten. Most Australians recognize the name Kris Kringle, but how many know the names Melchior, Caspar and Balthazar?

[OK, the pedantic Biblical scholar will remind us that the Bible does not name the three wise men, nor even specify that there were three Magi, this tradition being a late addition to the story. Only one apostle mentions kings from the East, without any names or numbers.]

Getting past the religious origin of the Christmas season, most will agree that this is a time of giving and receiving, a time of sharing, and especially of sharing with family.

Depending on whose statistics you like, there are probably 300,000 or more Australians for whom Christmas is not a time of sharing or a time of family. That is the estimate of the number of Australians who will spend all or most of the day alone.

Loneliness is now actually recognized by the WHO as a medical condition in its own right, with a statistical mortality rate or at least a morbidity multiplier effect.

And the largest demographic sub-group is females in the 35-45 year age group.

Our communities boast small not-for-profit groups, supported by volunteers working almost in obscurity.

I visit two of them, and I know they will be putting on a Christmas lunch for the homeless. Each of them has distributed ten tonnes of food in the past year, yes 200kg of food per week, all of it donated.

Both of them also report a disturbing trend over the past few years, that they are increasingly seeing people who are not homeless but are struggling to keep food on the table in their rented homes and warm clothes on their backs in winter.

Even more disturbing is the trend away from the stereotype of the "homeless", who are less and less the young adult drug-affected and increasingly the late middle-aged and early-age geriatrics.

So, I ask you, sometime in the coming weeks, to spare a thought for the very significant number of your patients for whom Christmas is not a time of joy, family, gifts, and feasting.

Do you want to make a difference without any personal pain? Go to a place where the Lions are selling their cakes and puddings, buy a box of cakes, and ask them to deliver it to the local charity that supports the homeless. You might not know who they are, but the service clubs do.

To all my patient and loyal readers, I sincerely wish you and your loved ones a happy and shared festival season. Regardless of your religious views and allegiances, this is still a time when we can reflect on and cherish those values and experiences that Christmas has come to represent.

Wayne Herdy



AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA

MEMBERS UPDATE



They have done it again – Dr Graham Hay-Smith and his colleagues at the Moreton Eye Group have opened two new clinics, one at Peninsular Eye Centre, 65 Redcliffe Parade, and another one at Caboolture. These revitalised clinics and locations, along with the Moreton Day Hospital, are quite an achievement for this hardworking group of Ophthalmologists. See the media release with Drs Graham Hay Smith & Peggy Ekeledo Smith,



no time on getting onto the band wagon, and requesting access to patients medical records, as well as the patients My Health Record!.

Unless the patient has opted out, and in this case, the patient has not, then this sort of thing cannot be stopped. The opt-out period has been extended to 31st January, 2019. However, new privacy laws, which prevent parents from having default access to the records of teens aged 14-17 - have been passed by the Lower House of Parliament, to date.

Along with this, is a ban on police accessing clinical information without a warrant and provisions to stop domestic violence perpetrators tracking victims or children through their health.

There is one other concern about My Health Record that I have just become aware of. The Department of Human Services can legally disclose private health records to police without a court order. Once linked, Pharmaceutical Benefits Scheme and Medicare Benefits Schedule Data can paint a very detailed picture about a person's medical history "PBS data includes every rebatable medication purchased at a chemist. MBS records show which Medicare item numbers were billed for during each consultation, and what tests were ordered. (The Medical Republic, December 2018).

The only difference between this data and the MHR is the actual results of the tests, and/or GP notes which are included in the My Health Record. This data sharing between the Department of Human Resources and the Police, has been governed by a set of public interest guidelines issued by the secretary of the Department of Health in 2003. Sounds to me like big brother has been watching all along!



MBRC Mayor Allan Sutherland, Dr Peter Stephenson, patients and the team.

Now, onto My Health Record – it has already started. I recently received an insurance company's request for a patient's health records, and specifically requesting a copy of their My Health Record, along with a signed authority by the patient.

The insurance companies are wasting

Kimberley Bondeson



MEDIA RELEASE
10 DECEMBER 2018

New Health Services Meet Demands of Moreton Region

The healthcare and social services sector will have the biggest jobs growth in Moreton region over the next five years with one medical practice investing more than \$6 million into new clinics and facilities.

Moreton Eye Group owner Dr Graham Hay-Smith said the new Peninsula Eye Centre, which opens today, was a modern clinic with state-of-the art diagnostic and treatment equipment in the heart of Redcliffe.

“Apart from relocating to a new clinic on Redcliffe Parade, we have also upgraded our Caboolture Eye Surgery to a renovated facility in Caboolture this month,” Dr Hay-Smith said.

“In addition, we opened the North Lakes Eye Centre earlier this year as well as the \$5 million Moreton Day Hospital.

“Not only do these facilities create jobs for people living in the region, but they allow residents of this area to receive healthcare close to home rather than having to travel into Brisbane CBD.”

Dr Hay-Smith said the Moreton region had not only a growing population, but also an ageing population.

“This places unprecedented demand for health care facilities in this area,” he said.

“The Department of Jobs and Small Business predicts there’ll be nearly 5000 extra jobs in the health care and social assistance sector in Moreton by 2023, increasing from 28,000 positions to more than 33,000ⁱ.”

Federal Government figures show the healthcare and social assistance sector is projected to rise by an average 17 per cent by 2023, compared with seven per cent for accommodation and food services and nine per cent for the education and training sector.ⁱⁱ

Moreton Bay Regional Council Mayor Allan Sutherland, who will officially open the new Peninsula Eye Centre, said the new service would deliver better health outcomes for residents.

“More than a third of our region’s population will be aged 50 and over in the next two decades and practices like the Peninsula Eye Centre will play a critical role in ensuring we have a healthy and happy community,” Cr Sutherland said.

Dr Hay-Smith said Moreton Region’s total population was expected to exceed 500,000 by 2031 with 128,000 residents aged 65 years and over.ⁱⁱⁱ

He said the new Peninsula Eye Centre was alongside a chemist and GP practice, creating a one-stop health hub for ageing patients needing convenient, local health care.

“This will increasingly be the way of the future, with clinicians practising in hubs or neighbourhood centres and patients able to access good quality healthcare locally and conveniently,” he said.



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



Doctors unite Queensland to urge State Government to save lives

In our ongoing efforts to support, promote and advocate for the medical profession in Queensland, AMA Queensland and the Colleges of General Practitioners, Psychiatrists and Ophthalmologists, and the Colleges of Rural and Remote Medicine, and College of Emergency Medicine Colleges progressed a joint statement on the new mandatory reporting legislation, urging the State Government to make improvements to the current Bill.

We released the joint statement on 5 December in the lead up to the Bill being debated in State Parliament early next year.

To reiterate our concerns and firm opposition to the current Bill, on the same day, Dilip and AMA Federal President Dr Tony Bartone appeared together before the Queensland Parliamentary Health Committee.

We hold serious concerns regarding the bill and its lack of any significant changes to Australia's mandatory reporting laws. The current laws are ambiguous and continue to discourage health practitioners from seeking treatment for a mental health condition. We have lost too many of our colleagues to mental illness in recent years. Governments must make it easier and more acceptable for health professionals to see a GP or Psychiatrist and get help for their own condition, without fear of reprisal.

The committee is due to deliver its report into the Bill on 4 February 2019.

We will keep members abreast of any updates on this issue.

It's that time of the year...

We wish to remind all members that your 2019 membership is now due. Your membership investment directly helps us to help you and your patients. Pay it forward and renew **online at www.amaq.com.au** or call the team on (07) 3872 2222 to place your renewal over the phone.

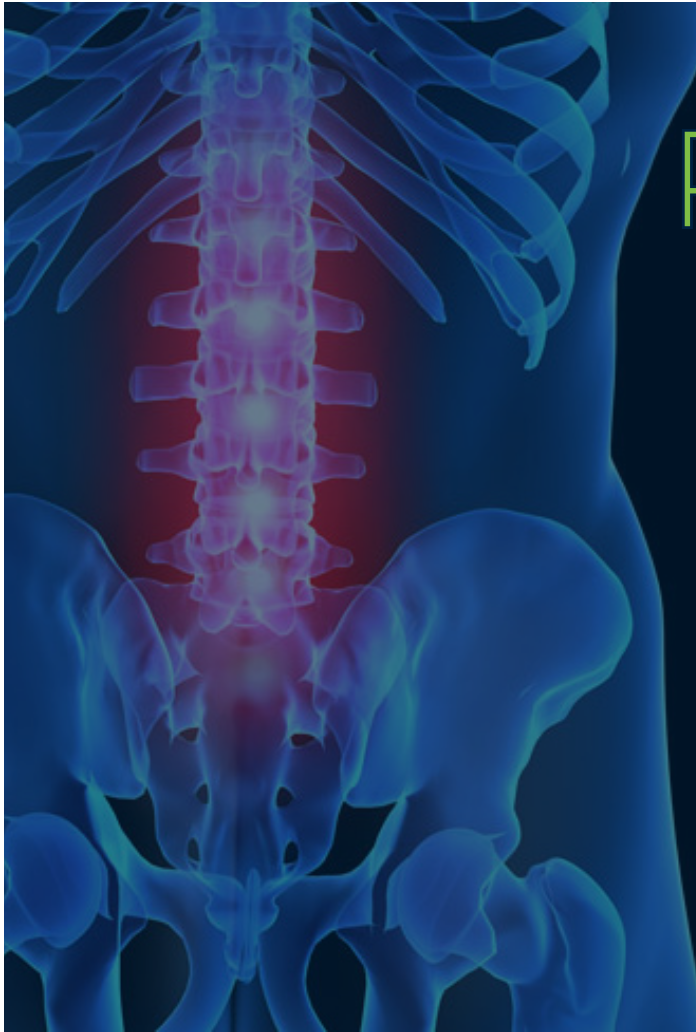
Happy Holidays from the AMA Queensland Team

Finally, we would like to wish you all a well-deserved break over the holiday season and a happy and safe Christmas with your family and friends. We look forward to sharing another busy and challenging year with you in 2019.

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

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland



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Dr Mark Pinkham

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Stereotactic radiation therapy improves quality of life for cancer patients at Icon Cancer Centre North Lakes

Icon Cancer Centre North Lakes now offers stereotactic radiation therapy, including intra-cranial stereotactic radiation therapy (SRT), as well as extra-cranial stereotactic ablative body radiotherapy (SABR) for bony and lung lesions.

These treatment techniques are effective, clinically proven and non-invasive alternatives to traditional surgical options. The treatment is extremely precise and delivers conformal, high doses of radiation to the target tumour, with low doses deposited in nearby healthy tissues.

SABR is intended to improve a patient's quality of life with often curable intent for early stage lung cancers. The ultra-low doses of radiation deposited in normal, healthy tissues lead to minimal side effects, compared with other cancer therapies.

Icon Radiation Oncologists Dr Jim Jackson and Dr Mark Pinkham have extensive experience providing stereotactic radiation therapy and stereotactic ablative body radiotherapy, and are now offering this highly specialised treatment at North Lakes.

Dr Jackson says, 'By using precise three dimensional imaging and advanced treatment delivery techniques, stereotactic radiation therapy allows for larger amounts of radiation to enter the body across a shorter period of time,' he said.

Dr Jackson and Dr Pinkham are treating both intra-cranial SRT and extra-cranial (lung and bone) SABR at Icon Cancer Centre North Lakes utilising state-of-the-art treatment technology including a Varian TrueBeam linear accelerator with advanced patient positioning monitoring, including respiratory monitoring.

These advanced treatment techniques complement Icon's existing radiation therapy service that includes the latest in treatment technology and approaches for all cancer types.

What conditions are suitable for stereotactic SRT or SABR?

- brain metastases, following or instead of surgery
- benign and malignant brain tumours
- primary lung cancers
- lung metastases
- bony metastases

GPs and specialists can refer patients directly to Icon Cancer Centre North Lakes

Redcliffe & District Medical Association Inc.

Web: www.rdma.org.au

PRESIDENT VICE PRESIDENT SECRETARY TREASURER
Dr Kimberley Bondeson Dr Wayne Herdy Dr Geoffrey Hawson Dr Peter Stephenson

Date Claimer: Monthly Meeting Dates 2019

<u>February</u>	Tuesday	26 th	<u>August</u>	Tuesday	27 th
<u>March</u>	Tuesday	26 th	Annual General Meeting		
<u>April</u>	Tuesday	30 th	<u>September</u>	Wednesday	18 th
<u>May</u>	Tuesday	28 th	<u>October</u>	Tuesday	29 th
<u>June</u>	Tuesday	25 th	<u>November</u>	Friday	29 th
<u>July</u>	Tuesday	30 th	End of Year Networking Function		

Northside Local Medical Association Inc.

PRESIDENT VICE PRESIDENT SECRETARY TREASURER
Dr Robert (Bob) Brown Dr Paul Bryan Dr Ian Hadwin Dr Graham McNally

Date Claimer: Bi-Monthly Meeting Dates 2019

February – Tuesday 13th

April - Tuesday 10th

June – Tuesday 12th

August - Annual General Meeting Tuesday 14th

October – Tuesday 9th

December - End of Year Networking Function Friday TBC

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**AMA CALLS ON THE AUSTRALIAN GOVERNMENT TO SIGN
 UN TREATY ON THE PROHIBITION OF NUCLEAR WEAPONS**

The AMA today called on the Australian Government to sign the United Nations Treaty on the Prohibition of Nuclear Weapons.

“Today is International Human Rights Day, and the 70th Anniversary of the Universal Declaration of Human Rights, which states that *‘everyone has the right to life, liberty and security of person’*,” AMA President, Dr Tony Bartone, said today.

“It also marks one year since the Australian-led International Campaign to Abolish Nuclear Weapons (ICAN) was awarded the Nobel Peace Prize.

“In April 2018, the World Medical Association called on all countries to sign, ratify, and implement the UN Treaty on the Prohibition of Nuclear Weapons, based on the devastating long-term health consequences of nuclear weapons.

“The AMA supports this call, and strongly encourages the Government to sign the Treaty.

“Nuclear weapons have catastrophic consequences for human health, both when tested and when used in conflict situations.

“In 2015, the AMA resolved to encourage the Australian Government to continue to work to ban and eliminate nuclear weapons.

“Although the Australian Government ratified the Treaty on the Non-Proliferation of Nuclear Weapons in 1973, it has not yet signed the Treaty on the Prohibition of Nuclear Weapons, introduced in July 2017.

“This Treaty bans signatories from storing weapons for their allies, and compels signatories to help individuals who have been adversely affected by the use or testing of nuclear weapons.

“It is time for Australia to join nations including South Africa, New Zealand, Indonesia, Austria, and Nigeria, and become the 70th state to sign the Treaty.”

Background

- The AMA adopted the following resolution in 2015 – “That Federal Council agree that the AMA urges the Australian and all national governments to continue to work to ban and eliminate nuclear weapons, and will collaborate with relevant stakeholders to increase public awareness and education on the medical and environmental consequences of nuclear war.”
- The direct impacts of a nuclear explosion on humans include: deaths from heat and blast injuries, and asphyxiation; severe burns; blindness caused by retinal burns; and deafness caused by eardrum rupture.
- Exposure to radiation from a nuclear explosion can also cause: central nervous system dysfunction; nausea; vomiting; diarrhoea; uncontrolled bleeding; and infections.
- In the longer term, individuals exposed may develop radiation sickness, leading to an increased risk of developing some cancers, including leukaemia and thyroid cancer.

10 December 2018

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Doctors for Assisted Dying Choice

Doctors for Assisted Dying Choice is a national, organisation of Australian medical practitioners who are committed to achieving the legal choice for rational adults, with intolerable, unrelievable suffering, to have assistance to end their lives, at a time of their choice, in the company of those whom they wish to be present. Assistance may be by doctor prescription of medication for self-administration or by doctor administration.

To achieve our broad aim, we seek to strengthen societal and political recognition of the need for assistance in dying in Australia, by an evidence based, patient focussed approach, using extensive published data from countries where assistance in dying has been legal for up to twenty years, to show that assistance in dying, under prescribed conditions, can be ethical, that it is actively sought by patients and that it is acceptable to Australians.

We convey the evidence to professional medical bodies and politicians by courteous communications and discussions and to the general public, through the media.

The following states or countries have legalised voluntary assisted dying or voluntary euthanasia:

Oregon
Washington
Montana
Vermont
California
Colorado
Hawaii
The Netherlands
Belgium
Luxembourg
Canada
Victoria (2019)

Doctors for Assisted Dying Choice will continue its activities to extend the privileges, available in other countries, and soon to be available in Victoria, to citizens of all States and territories in Australia.

Further information is available from the website:

<http://drs4assisteddyingchoice.org>

Doctors may join the group from the website and nominate their degree of activity.

There is a Convenor Group in each State which monitors activity in that State and responds to it, where appropriate.

State Convenors communicate frequently, to discuss activities and formulate responses.

A Contact Convenor, from each State Group, takes part in regular online meetings with Contact Convenors from all other States. A colleague from a similar group in New Zealand, attends the meeting.

General Members receive news-updates summarising activity in Australia.

info@drs4assisteddyingchoice.org

(08) 8431 9134 (9am - 5pm)

GP Liaison Officer Update - Redcliffe Hospital Dr James Collins

Well this will be my final update for the year and I just wanted to wish all the GPs and specialists in the Redcliffe area a very Merry Christmas and a Happy New Year.

Should you need to get hold of the GP Liaison Service or have any feedback for the hospitals please email mngplo@health.qld.gov.au

Get involved in a dementia project for GPs in Redcliffe area

Brisbane North PHN in partnership with Dementia Centre for Research Collaboration and Dementia Training Australia are seeking expressions of interest from GPs in the Redcliffe Peninsula to participate in a project to enhance the quality of dementia care in the primary care setting.

This project offers a unique opportunity for participating practices to upskill practice staff knowledge, access peer-to-peer support and network with other practices in the area.

For more information about the Dementia Quality Enhancement for General Practices in Redcliffe Peninsula Project, please contact the project's GP Liaison Officer- Dr John Bennett via john.bennett@brisbanenorthphn.org.au .

GP education

Over 40 GPs joined our local hospital specialists at the successful "Care of the Older Person" GP workshop in November held at RBWH.

If you missed this event you are now able to see the presentations from this event at <http://bit.ly/mngpedu> . On this page you can also see the range of GP education events scheduled for 2019. We listen to our local GPs feedback from previous events when planning future education events.

To start the new year we have:

General Genetics - Tuesday 12 Feb 2019 - The Prince Charles Hospital

Cancer Genetics – Tuesday 19 Feb 2019 - The Prince Charles Hospital

To register for these GP education events, please email administration.integration@brisbanenorthphn.org.au

Residential Aged Care District Assessment and Referral (RADAR) Service Update

The Metro North Residential Aged care District Assessment and Referral (RADAR) service has been officially operational since July this year. Over the past 4 months, RADAR has seen an increasing uptake of the service by Residential Aged Care Facilities (RACFs) and have worked collaboratively to ensure the provision of optimal care for the acutely unwell or deteriorating residents of these facilities.

RADAR is a Nurse Navigator-led service that works with hospital-based and outreach services to ensure the RACF resident receives the right care at the right time. RACF residents are provided with individualised care that aims to reduce unnecessary and unplanned hospital transfers, reduce hospital length of stay and ultimately, improve resident quality of life and health outcomes.

By contacting the RADAR service on **1300-072-327, (Monday to Friday 8 - 4.30pm)** community care providers can access assistance with:

- navigating hospital services;
- finding emergency department alternatives;
- facilitating hospital admissions; and
- RACF resident medication reviews.

Outpatient Referrals Notice

Please be aware when referring patients to Metro North facilities that outpatient departments need the GPs provider number at the practice where the referral is coming from and the Medicare Number of the patient. This is to make sure the patient is Medicare eligible as otherwise they will have to pay for their treatment. Please also make sure the patient's contact details and next of kin (for children) are up to date.

Information about essential information required in referrals can be found at www.health.qld.gov.au/metronorth/refer or in the Health Pathways.

HealthPathways update

New pathways published:

- Infective conjunctivitis
- Pneumonia in children
- Scrotal pain, lumps or swelling in adults

Request a demonstration in your practice to help you navigate the HealthPathways website and get the best out of this resource. To request a demonstration or to submit feedback about HealthPathways, please contact administration.integration@brisbanenorthphn.org.au.

Login at: brisbanenorth.healthpathwayscommunity.org or phone 07 3630 7300 for login details.

Palliative Care and Advance Care Planning

To assist GPs to support palliative care and advance care planning, End of Life Directions for Aged Care (ELDAC), a Government funded body has put together Primary Care toolkits. These toolkits cover care in a variety of settings and further details, together with downloadable information, can be found here www.eldac.com.au/tabid/4900/Default.aspx

IRAN - FOOD

by Cheryl Ryan



Iran, the Persian Jewel in the crown of Islam brings to its visitors the gorgeous architecture, rich history, beautiful cities, friendly locals, and not to forget the delectable cuisine!

Iran is a beautiful country that can be best explored through its food. From stews, kebabs, rice dishes to deserts, you will find plenty to quiver your senses with great flavors and aromas.

The Top Dishes to Eat While on a Trip to Iran

Chelow Kebabs

While on the culinary tour to Iran, you cannot miss out on the National Dish of Iran. Chelow Kebab is a dish that consists of rice (chelow) along with one of the different varieties of kebabs.

Some of the Iranian kebabs are Shish Kebab, kebab made of lamb; Kebab Torsh is made of Beef and is traditional to Gilan Province of Iran. Mahi Kebab is a fish kebab, a popular dish in North and South of Iran. Kebab Chenjeh is made from fresh sheep's meat.

Ghormeh Sabzi

A very popular dish in the country, Ghormeh Sabzi is a stew made with herbs and spices. It is made with lentils and herbs like green onions, parsley, coriander, leeks, dried fenugreek leaves along with turmeric seasoned beef or lamb.

The country has also declared a special day for this dish, which is the last Saturday of November as the International Ghormeh Sabzi day that lets the travelers from different countries get familiar with the culture and cuisine of the country.

Saffron Ice-Cream and Faloode

A must try, the Saffron Ice-Cream and Faloode is made of rice noodles, soaked with semi frozen sugar syrup and rose water with saffron

ice cream. Digging into it will refresh you to the core during the hot time of the year. It is readily available at all ice cream shops around the country.

What have we planned for you?

To ensure, you make the most of your Iran food tour, we have formulated a delicious itinerary for you:

- A guided tour in Shiraz with visits to Eram Garden, Tomb of Hafez, Vakil Bazar, and Nasir Ol Mulk Mosque. During our visits, you will be taken to the Shirazian restaurants or a local house for kalam Polo, a traditional Shirazian dish and Faloodeh (dessert)
- A visit to Isfahan's Bazar, Shah Mosque and Sheikh Lotfollah Mosque. In the bazaar, experience the local culture and flavors of the traditional Isfahanian food
- A visit to Yazd and exploring Tower of Silence, Alexander Jail, the Fire Temple. Also, visit to the local confectionery to see how the popular sweet dishes like Baklava, Gaz, Sohan and Ghotab are made.
- Drive down to Kashan through the village of Abyaneh, made of red clay. In Kashan, get to know the delicious flavors to Goosht-Loobia.

www.123Travelconferences.com.au



Merry Christmas – Staff Bonuses

If you are considering paying your staff a bonus before Christmas keep in mind tax on the bonus will need to be calculated manually. If you allow your software to calculate the tax it won't be able to differentiate between a bonus and weekly wage, hence the need to calculate manually.

Below is a worked example:

Employee usual earnings are \$1230 per week, tax withheld is \$263.

(Assumptions - TFN yes, Resident yes, Tax free threshold Yes, Help No, SFSS No, \$0 Tax offsets, paying full medicare with no spouse, no children)

This is calculated using the ATO Tax Withheld for Individuals.

<https://www.ato.gov.au/Calculators-and-tools/Host/?anchor=TWC&anchor=TWC/questions#TWC/questions>

You decide to pay your employee \$2000 bonus. To calculate the tax:

Divided \$2000 by 52 weeks as wages are paid weekly = \$38.46.

Add \$38.46 to weekly earnings and recalculate the Tax.

New weekly wage is \$1268 (\$1230+\$38) and tax using the ATO Tax Withheld Calculator is \$276.

Take the increased tax of \$276 and withdraw the normal weekly tax of \$263 = \$13.

The tax to withhold from \$2000 bonus is (\$13x52weeks) or \$676.

The net payment to your employee is \$1324.

Please note a Christmas bonus falls under the definition of Ordinary Times Earnings so you will need to pay 9.5% Superannuation Guarantee on any bonus you pay. Please factor this in to your calculations.

If you have any questions please give our office a call.

Merry Christmas & Happy New Year

Kerri Welsh





AMA SUPPORTS PHELPS BILL TO PROTECT THE HEALTH OF ASYLUM SEEKERS

Having gained assurances on key amendments to the legislation in recent days, the AMA supports the asylum seeker Urgent Medical Treatment Bill being promoted by Independent MP and former AMA President, Professor Kerryn Phelps.

The Phelps bill will allow the temporary removal of children from offshore detention, create a workable system providing proper health care for refugees and asylum seekers under the protection of the Australian Government, and keeps in place deterrents that prevent asylum seekers risking their lives at sea and endangering themselves and others.

AMA President, Dr Tony Bartone, said that it is vital that all asylum seekers and refugees in the care of the Australian Government have access to quality care.

"There is compelling evidence that the asylum seekers on Nauru, especially the children, are suffering from serious physical and mental health conditions, and they should be brought to Australia for appropriate quality care," Dr Bartone said.

"This week's alarming Médecins Sans Frontières report on the health of detainees on Nauru was another signal that urgent action is needed. "This is a health and human rights issue of the highest order. We must do the right thing. The amended Phelps bill is an important measure that will allow the temporary transfer to Australia from Nauru and Manus sooner for those in need of urgent care.

"The AMA has been advocating strongly for better health care for asylum seekers for many years. "Our 2015 Position Statement, Health Care of Asylum Seekers and Refugees, called for the removal of all children from offshore detention, among other measures.

"We want a new national statutory body of clinical experts, independent of government, with the power to investigate and advise on the health and welfare of asylum seekers and refugees."

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The AMA is pushing for further legislation that incorporates the following reforms:

- asylum seekers and refugees should have access to the same level of health care as all Australian citizens;
- asylum seekers and refugees living in the community should have continued access to culturally appropriate health care, including specialist care, to meet their ongoing physical and mental health needs, including rehabilitation;
- all asylum seekers and refugees, independent of their citizenship or visa status, should have universal access to basic health care, counselling, and educational and training opportunities; and
- asylum seekers and refugees living in the community should have access to Medicare and the Pharmaceutical Benefits Scheme (PBS), state welfare and employment support, and appropriate settlement services.

Dr Bartone wrote to Prime Minister Morrison in September calling for the children on Nauru to be brought to Australia for appropriate medical care, with similar letters going to all MPs and Senators.

"We have worked closely with the Chief Medical Officer of the Home Affairs Department, and we acknowledge that the Government has since removed some of the children from Nauru," Dr Bartone said.

"But we need a compassionate and enduring long-term solution that ensures quality appropriate health care for all asylum seekers and refugees in the care of the Australian Government."

6 December 2018
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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC MEMBERSHIP SUBSCRIPTION BENEFITS

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Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available



Get Your Membership Benefits! Socialise! Broaden your Knowledge!



Dear Doctors

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

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

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

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

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i) Complete Form and Return: C/- QML or RDMA at PO Box 23 Redcliffe 4020

2) Or Emailing to GJS2@internode.on.net

Where We Work and Live

“Remembering Ernest Albert Corey”

From Wikipedia, the free encyclopedia https://en.wikipedia.org/wiki/Ernest_Corey

While on leave, he became ill and spent ninety days in hospital before rejoining his battalion in July. Shortly after, the Allies launched an offensive against the Germans in August along the Somme, where the 55th Battalion became involved in the capture of Péronne in September. It was here where Corey received the second bar to his Military Medal; between 1–2 September, while subject to heavy machine gun and artillery fire, he continually assisted the wounded with first aid.

Promoted to corporal on 21 September, he was placed in charge of the battalion's stretcher bearers, whom he led during the battle north of Bullecourt on 30 September. Corey attended to the wounded while exposed to fire, and continued to direct other bearer parties throughout the action until wounded himself, receiving wounds in the right groin and thigh. It was during this engagement that he was awarded a third bar to his Military Medal.[9] Evacuated to a casualty station, Corey was operated on before receiving a transfer to a general hospital at Le Havre. Operated on again, he was sent to a hospital in Bristol, England. Repatriated to Australia on 30 April 1919, he was medically discharged in June.

Returning to Cooma, Corey was employed as a contract rabbitier before moving to Canberra in 1922, where he was employed as a camp caretaker. On 23 September 1924, at St Gregory's Catholic Church, Queanbeyan, he married Sarah Jane Fisher; the pair later had a daughter, Patricia, before the marriage was dissolved in 1935. Between 1927 and 1940, Corey worked for the Department of the Interior as an office cleaner. He re-enlisted for service in the Second World War with the Australian Military Forces on 23 September 1941, and was posted to the 2nd Garrison Battalion for two years before he was medically discharged as a private on 11 October 1943.

He then went through a series of jobs, including employment as a caretaker, a cook for a departmental survey party and as a leading hand at the Canberra incinerator. By 1951 he was almost crippled with osteoarthritis, and soon after was admitted to the Queanbeyan Private Nursing Home, where he died on 25 August 1972; he was buried with full military honours in the Ex-Servicemen's section of Woden Cemetery.



His medals are displayed in the First World War gallery at the Australian War Memorial, and replicas of his medals and copies of the citations for the Military Medal and three bars can be viewed in the Canberra Services Club, of which he was a member for many years. Citations show Military Medal show.

First Bar to Military Medal

Originally recommended for the Distinguished Conduct Medal, Corey was instead awarded a Bar to his Military Medal. The award was published in a supplement to the London Gazette on 14 January 1917.[13] The citation for his first Bar read: This stretcher bearer showed great courage, devotion to duty and untiring energy during the attack on Polygon Wood on the 26th September 1917. The greatest danger did not deter this man from doing his duty when his services were required, and he tended the wounded and carried them to places of safety continuously throughout the engagement, often under very heavy artillery and machine gun fire. Throughout the whole operations he set a fine example of bravery and coolness to all ranks.

Second Bar to Military Medal

Corey was again originally recommended for the Distinguished Conduct Medal, but was awarded a second Bar to his Military Medal. The award of the second Bar was published in a supplement to the London Gazette on 13 March 1919. The citation for his second Bar records: For conspicuous gallantry and devotion to duty during operations at Peronne on 1st and 2nd September 1918. This man who is a stretcher bearer, dressed and carried wounded of several units throughout the whole of the operation. Although the enemy artillery and machine gun fire was exceptionally heavy, this did not debar this man from carrying on.

Continued next month