



Newsletter December 2020

RDMA & BLMA's Joint Newsletter

See Where
We Work &
Live P20. A
Doctor's View
of Gallipoli

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RDMA President's Report Dr Kimberley Bondeson

Presidents Report – December, 2020
Dr Kimberley Bondeson

We are nearly at the end of 2020, and what a year of changes we have seen in the world.

The United Kingdom, America and Russia are rolling out their vaccines for Covid 19. We wait and watch to see how this goes, what sort of acceptance by the community the vaccine has, its effectiveness, and any side effects.

Our own Brisbane University of Queensland vaccine was scrapped, as it caused a cross reactivity with the testing for HIV. It was a novel vaccine, which utilised one of the mRNA copies used in HIV testing as part of its scaffolding for the Covid 19 vaccine. This meant that anyone who was given this particular vaccine would then be positive to HIV on the current tests that are used in Australia.

There are still another 3 potential Australia Vaccines in the works, so we will have to wait and see if one or more of these vaccines make it past clinical trials.

Most of the borders are open between states in Australia – the last one to open will be South Australia, and they are planning on opening to Victoria shortly. A trans Australia/New Zealand bubble is been opened, but there is some confusion as to when. Apparently, a plane full of travellers from New Zealand arrived in Australia and were not expecting to be put into quarantine, but were escorted off the plane and directly to a Quarantine Hotel. As each week in a Quarantine Hotel costs several thousands of dollars, let's hope that communications are worked out so that travellers do not have any unexpected costs.

One of the unexpected outcomes of Covid 19 is the introduction of telehealth, and hygiene practices by doctors and their patients. Telehealth

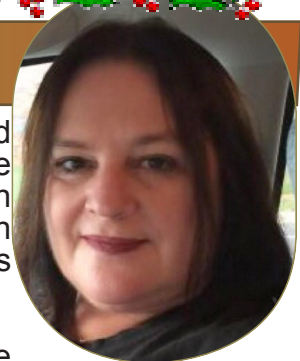
is now here to stay, and hopefully so are the hygiene practices which has seen a tremendous decrease in respiratory tract infections amongst our patients.


It is of course part of the social distancing, hand washing and hygiene practices that the world has been forced to adapt in order to limit the spread of Covid 19.

Lets hope we do not see a third wave.

Since Covid restrictions have been lifted in Queensland, we had a run of meetings and functions, which included RDMA's end of year networking function, the "Dinner for the Profession", and the BLMA end of year networking function. Each was thoroughly enjoyable, and I would particularly like to thank Dr Chris Perry, President of AMAQ, for his update on medical politics which he presented to us at the RDMA function.

I am looking forward to a safe holiday season and a very Happy New Year!





**RDMA & BLMA's Joint
Newsletter**

Welcome from
**Dr Robert (Bob)
Brown**

President Brisbane Local
Medical Association

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



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RDMA 2021 MEETING DATES:

For all queries contact Anna Wozniak 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	23rd
Wednesday	March	31st
Tuesday	April	27th
Wednesday	May	26th
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ANNUAL GENERAL MEETING - AGM		
Tuesday	August	24th
Wednesday	September	15th
Tuesday	October	26th
NETWORKING MEETING		
Friday	November	19th

NEWSLETTER DEADLINE

Advertising & Contribution 15th February 21

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BLMA 2021 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111
Email: gmcnally1@optusnet.com.au

W: <https://www.brisbanelma.org/>

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

Time: 6.30 pm for 7.00 pm



ANNUAL GENERAL MEETING - AGM		
Tuesday	February	9th
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Friday	November	26th TBC

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

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Happy Holidays From Sports & Spinal

The holiday season is a wonderful time to remember our friends, colleagues & the medical community who support us year-round. Sports & Spinal would not be possible without your support. We would like to take this moment to say thank you and send our best wishes to you and your families. May the New Year be filled with success and happiness!

We look forward to continuing to provide you and your patients with the very best evidence based treatments and rehabilitation in 2021.



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NEXT MEETING DATE 23RD FEBRUARY 2021

RDMA End of Year Net Working Meeting 20.11.20

Dr Kimberley Bondeson RDMA President Introduced Dr Chris Perry AMAQ President.

Speakers:

Dr Chris Perry, Dr Geoff Hawson and

Special Guests BLMA Drs Bob Brown President and Graham McNally Treasurer.



Kimberley Bondeson & Peter Kemish



Tom Moore, Mrs Perry, Stephanie Pommerel, and Dr Chris Perry.



Carmel Brown, Graham & Cheryl McNally



Doline Summerville & Jonathan Orr



Cheryl McNally & Stephanie Pommerel



Nyo Win, Anna and Ang Paton



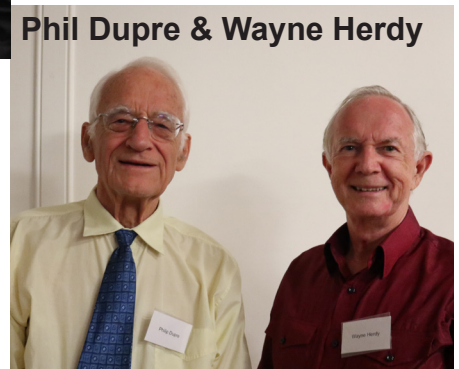
Anna & Obinna Ekeocha New Member.



Kim and Geoffrey Hawson



Jonathan, Doline, Geoff Talbot & Bob Brown

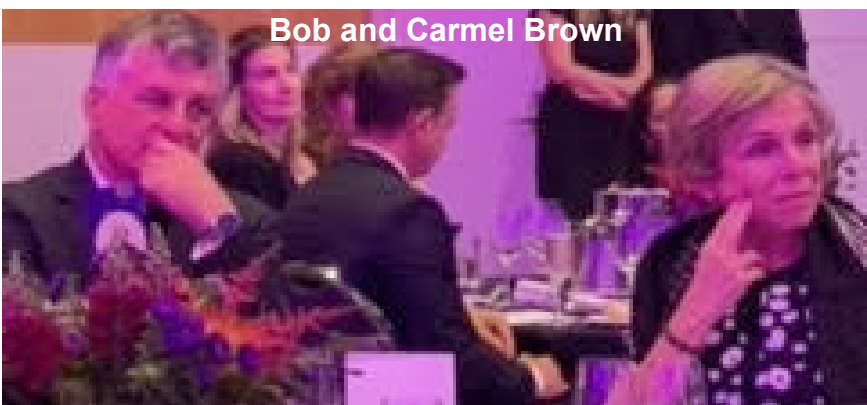
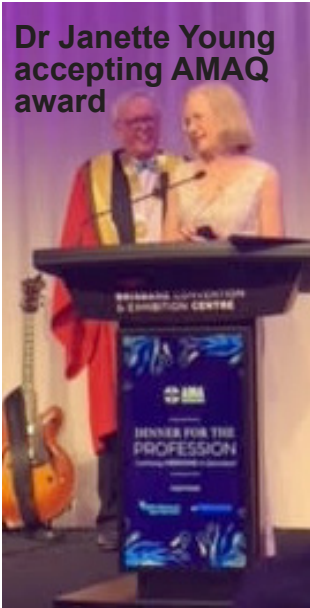


Phil Dupre & Wayne Herdy

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Dinner for the Profession



NEXT BLMA MEETING DATE 9TH FEBRUARY 2021

BLMA End of Year Network Mtg



Colin, Peter, Kimberley and Wayne



Emily, Cheryl, Mrs Ian Hadwin, Ian & Graham



Carol, Larry and Wayne



NEWSLETTER DEADLINEs

Advertising & Contribution deadline is **15th of each month (exception is 10th September)**
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RDMA 2021 MEETING DATES:

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

CPD Points Attendance Certificate Available

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Email: gmcnally1@optusnet.com.au. W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available

Venue: Riverview Restaurant, Brisbane Time: 6.30 pm for 7.00 pm

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Newly Established AMA Qld Senior Doctor Craft Group

As many members may know, AMA Queensland has been the only state branch to support senior doctors through representation on their state council via a Retired Doctors Craft Group. At the AMA Qld Council Meeting (20th August), my motion to expand this Craft Group to include all senior doctors was passed. When approved by the Governance Committee, senior doctors, whether retired or in part-time or full-time practice will be able to join the Senior Doctors Craft Group so that their views and concerns are better represented on Council.

In the United States, all members of the American Medical Association receive automatic membership of the Senior Physicians Section at age 65 regardless of whether they are active or retired. Each year, a meeting geared towards issues relevant to senior doctors is held concurrently with the annual medical association meeting. AMA Qld through the Senior Doctors Craft Group is considering similar opportunities and events for members.

Currently there are 150 retired doctor members of AMA Qld who are members of the Retired Doctors Craft Group. There are 185 doctors aged over 70 years who are still practicing and for whom there has been no craft group representation. There are also doctors of varying ages considering their transition to retirement. Expansion of the Retired Doctors Craft Group to the Senior Doctors Craft Group will enable better representation of the issues and concerns of a broader range of senior doctors. Engaging with doctors at this stage of their careers may also assist them with a smoother transition to retirement and help alleviate mental health issues that can be associated with sudden cessation of practice and loss of identity as a medical practitioner.

Along with better representation, the strategy to broaden membership of the Craft Group provides increased alignment with AMA Qld's Health Vision planning for Senior Doctors which includes a focus on better utilizing senior doctors' immense skills and experience and identifying more effective ways to channel their knowledge and expertise.

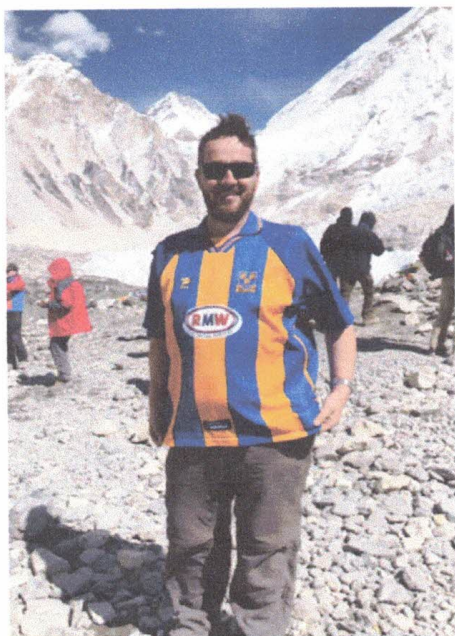
In preparation for this change, a new forum called the Senior Doctor Group is being launched on Queensland Doctor Community. All AMA Qld members aged over 65 will be automatically enrolled into the group. Any members under 65 who have an interest in the issues facing senior doctors can join by contacting AMA Qld.

At some point, all doctors become senior doctors and I encourage all AMA Qld members to join the Senior Doctor Group forum.

I welcome suggestions and ideas from members as to how to make this group vital and meet our needs.

Associate Professor Geoffrey Hawson
AMA Qld Retired Craft Group Representative
President, Australian Senior Active Doctors Association

Patient Stories



Bryan's story

In his late twenties, Redcliffe father-of-two Bryan Marshall began experiencing unusual sensations in his body. Although difficult to describe, he said the feeling was like a brief rising sensation in the stomach mixed with a sense of fear. He assumed it was related to stress.

That was until he woke up in an ambulance headed to Royal Brisbane and Women's Hospital (RBWH) after having a generalised seizure at work.

Bryan was later told that what he had been feeling was in fact a form of seizure and he was diagnosed with epilepsy.

"I never knew that I was having a seizure, although they were quite regular, I would simply 'zone-out' for three of

four seconds at a time," Bryan said.

"My wife Karin noticed them more than I did, and most interestingly my dog Seymour would always be sitting at my side during the seizure." Epilepsy can be controlled by medication in about 70 percent of patients, however for Bryan, medication was not able to hold the seizures at bay. Clinicians worked with Bryan to add a second and then a third medication in a bid to control his symptoms, but as time went on, life was becoming more and more narrowed.

Bryan was more dependent on his wife than ever before and was unable to drive, a restriction extremely difficult to bear with a young family. His safety on his much-loved adventure treks was also questioned.

But in 2014, doctors at the Queensland Comprehensive Epilepsy Program based at RBWH were able to offer Bryan the opportunity to undergo evaluation for surgery.

"It was a lengthy process to be considered for surgery, involving a number of inpatient and outpatient tests, including numerous brain scans and psychological tests," he said.

"The most significant test was a four-day inpatient admission where they induced seizures by reducing my medication and watched me and my brain carefully to see where the seizures were coming from."

The multidisciplinary epilepsy team were there to guide and support him along the way, as they worked to understand whether the seizures were coming from a single point and if removal of that part of the brain could be performed safely.

The evaluation showed that Bryan would be a good candidate for surgery.

Continued Page 10

A Patient's Story *continued*

"I didn't worry too much because of all the work the clinicians had done in the lead up, I honestly didn't think it would go badly," he affirmed.

"All of the clinical information and expected outcomes were clear and discussed with me in a friendly and personal way."

In 2016, Bryan underwent a successful surgery and following a short recovery returned to work and normal life. His medications were reduced greatly to a small dose of anti-epileptic medication and a year later he was able to drive again.

"Since the surgery I haven't experienced any significant change, although sometimes I find it difficult to recall information like people's names, with concentration it all comes back," Bryan said.

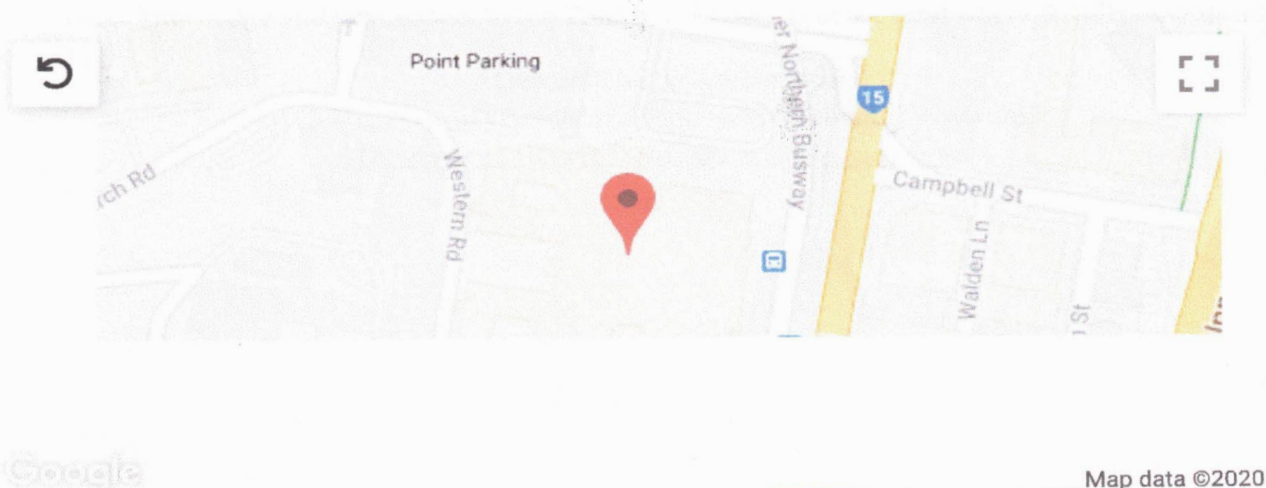
"The team who cared for me and my family were fantastic; absolutely brilliant people and health professionals."

18 months after surgery, Bryan travelled to Nepal and was the only member of his group to complete a gruelling 21-day course of one of the most extreme treks in the Everest region.

"In reality, the epilepsy journey I have been on is what gives me the desire and attitude to live my life to the fullest, take on every challenge and reach for the skies," he said.

"I consider myself extremely lucky to have been able to receive such exceptional care, and for that I am grateful to everyone at RBWH who has and will continue to care for me for years to come."

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Contact us

Location: Level 7, Ned Hanlon Building

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Fax: 07) 3647 62632

Open: Monday-Friday 7.30am-4.30pm

by Bryan Marshall

Understanding Perceptions

By Dr Mal Mohanlal

Do you know that there is so much wisdom and knowledge in the world today that if we applied it in our daily life, we could solve all our problems in no time? But this knowledge is scattered and not integrated. You have to search for truth to find your way around. Unfortunately, most people are not searching for the truth. They are mainly interested in consumer-orientated activities and too busy escaping reality. And the world is not going to help you search for truth. It is the reason why the world is in such a big mess? The ego or self is the centre of consciousness and awareness in our mind. It is supposed to interpret reality to make sense of the picture in front of us. But instead, it is continuously misinterpreting reality. There is no insight or self-knowledge in the individual and no understanding of what perception means. Thus we have a disorder of perception where we see mental illness in every society increasing in the world today.

The problem is no one wants to listen, and no one wants to look at themselves. No one wants to look at the ego. Everyone is a time traveller doing their own thing and living in their little world. Our learning in the schools and universities is all about developing our egos and whatever skills and talents we have. There is I, Me and Mine in everything we do, and everything else becomes subsidiary. It is a self-centred world we have created where we think we are doing the right thing and believe we are on the right track. Hence most people believe they are not deluded.

Perception is all about how we look at the world. It takes place at different levels of our consciousness and awareness. It is the wire that connects our mind to our body. When we are young and growing, the biochemical changes that take place in our body under the influence of hormones affect our perceptions. We act as if we are Superman. But as we grow older, as time produces more changes in our body, we become aware of the fact that we are mortal after all. But time is not the only factor that influences our perceptions. Our outer world and our experiences in life also affect our perceptions.

When Muhammad Ali, the world greatest boxer said, "The man who views the world at 50 the same as he did at 20 has wasted 30 years of his life.", he was speaking from his hindsight of experience. Time also had forced him to change his perceptions and knocked some sense into him.

So why is perception so vital to us? It is because perception influences our thinking. Our thinking influences our actions and behaviour. Hence if we want to improve our mental health, we have to understand what perception means. Perception also directly affects our subconscious mind. Since all our vital functions are under subconscious control, one can see how important it is also to understand

the workings of our subconscious mind. You may not be aware of the fact that distorted perceptions result in the production of negative biochemicals in our system, which, in the long term, affect our physical and mental health. If you thought the world is going to help you understand your perceptions, you would be on the wrong track. Politics is a game of distorting peoples perceptions, so if you thought politicians are going to help you here, please think again. They are all involved in exploiting your hopes, fears and desires. Their only interest in you is to promise you a world and buy your votes.

If you thought the medical profession, which is supposed to be the guardian of our physical and mental health, is going to come to your rescue, please do not hold your breath. With the highest suicide rate in society among the doctors, how can they possibly help you? This profession has abandoned its responsibilities and sacrificed its principles on the altar of consumerism. It is involved in politics, and their thinking has become bureaucratic with significant limitations. There are no longer many independent thinkers left in medicine. With their conflicting interests, how can these doctors straighten out your perceptions? Again if you thought our tertiary institutions, the bastion of knowledge in society, are going to help you here, please forget it. These institutions are bureaucratic structures designed to teach you what to think, not how to think. Just observe the zombie type of individuals with bureaucratic thinking prevailing everywhere in society.

So how do we go about identifying and straightening out our perceptions? First, and foremost, one should be willing to take an honest look at oneself. If one is happy with oneself and the world around them, there are no problems. But if one finds oneself in conflict, quite clearly there is a problem of perception. It is the change in your perception that will help to resolve the issue. If you do not change your perceptions, it means that you have not changed, and you will continue to produce negative biochemicals in your system. These substances can only harm your physical and mental health in the long run. Do you wish to continue this way? It is you who are the master of your destiny. It is you who decides which way you want to go. Does what I have written above make sense? Does it help you to understand what perception means? Please become aware of how it influences your thinking and behaviour. There is magic to be discovered. It is possible to change your perceptions as you go along and not let time or circumstances force you to change them. Please do not become part of the zombie world. Read "*The Enchanted Time Traveller - A Book of Self-Knowledge and the Subconscious Mind*". Visit website [HTTP://theenchantedtimetraveller.com.au](http://theenchantedtimetraveller.com.au). The ebook version is available at Amazon.com.



Dr Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland,



We hope this festive season provides you with an opportunity to spend time with family and friends and reflect on what has been a challenging year. The medical profession has received important recognition in 2020 during the outbreak of COVID-19 but it has also been exposed to increased risks and dangers as frontline health workers as well as financial pressures for those in private practice.

At AMA Queensland, we have continued to support, promote and advocate for the medical profession in the state. Some of the key issues we fought for were adequate PPE supply chain, enhanced mental health care during the pandemic as well as greater access to telehealth. As we look to 2021 there is good reason for optimism with the roll out of COVID vaccinations. In light of this, we will continue to advocate strongly for GPs to be administering these as they are at the coal face of community care and have the expertise to deliver the vaccine in a controlled and monitored environment.

Even though COVID certainly dominated 2020 we have also continued to advocate for the medical profession on numerous fronts such as challenging the expanded scope of practice, strong opposition to the pharmacy trial, as well as lobbying for \$640 million of health funding in our 11-point action plan in the lead up to the state election. We will continue to hold the state government to account and work to embed doctors and frontline clinicians into the decision-making process of how the state health budget is allocated and spent in the delivery of high quality healthcare for Queenslanders.

STATE BUDGET

The newly-elected state government released their 2020-21 Budget on 1 December and while we welcome \$21.8 billion in health funding it does not address several long-standing health sector problems. There continues to be underfunding for palliative care, chronic pain services, hospital technology, sustainability and specialised First Nation's healthcare.



Prof Perry addresses the media

There is the promise of 1,500 more doctors and \$1.6 billion on new, expanded and upgraded hospitals but we need to see more detail about the services to be offered at seven new satellite hospitals and expanded outpatient services. The investment in mental health services and suicide prevention strategies is a step in the right as is the funding for GPs in schools. Understandably there is \$360.5 million committed to the continued COVID-19 response which we hope will be underspent if we continue to have such effective management of the virus and diverted to other urgent areas of need.

The commitment of \$171 million on palliative care over the next five years barely scratches the surface and given that Voluntary Assisted Dying laws are on the cards next year; we must be absolutely certain that every terminally ill patient has access to a high standard of palliative care.

It is also incredibly disappointing to see, yet again, that First Nations healthcare is neglected. We proposed a raft of clever, cost-effective ways to improve First Nations peoples' access to dialysis, ENT, ophthalmology, women's health, dental and palliative care but those initiatives have gone begging.

Continued Page 13

Continued From Page 12

The budget also announced a new centralised Office of Rural and Remote Health but we are advocating for this to be closely integrated into local communities and led by a doctor, as a Deputy Director-General for Rural Health.

We will continue to lobby the government to implement our 11-point action plan that outlines the key priority areas to build a sustainable and equitable system that supports all Queenslanders to be among the healthiest people in the world.

VOLUNTARY ASSISTED DYING UPDATE

It is not a question of 'if' the Queensland Government will pass Voluntary Assisted Dying (VAD) legislation but 'when and 'what' it will contain. It is therefore vital that AMA Queensland is involved in the drafting process to ensure doctors' rights are protected as well as safeguards for the vulnerable in our community.

The Palaszczuk Government had previously committed to fast-tracking the legislation to a conscious vote in February 2021 but this has now been updated to late May, a welcome adjustment that will allow more engagement and review of the draft legislation.

The Queensland Law Reform Commission (QLRC) will provide a review update in February with a final report and draft bill in May. Legislation is expected to be introduced into parliament in late May followed by a shorter implementation time of 15 months.

We received 1,250 responses to our member survey on VAD that helped shape our submission to the QLRC that was lodged in early December. We are committed to actively participating in the public conversation on this important issue and we recently spoke on this topic at the Herston Health Symposium outlining some of the major concerns for doctors particularly in relation to conscientious objection and the use of telehealth.



Prof Perry speaking at the symposium

We will continue to communicate with members on this complex and emotive issue and will ensure our profession and the community are appropriately protected.

In the meantime, if you have any questions, please contact us at policy@amaq.com.au.

TIME TO RENEW FOR 2021

Annual paying members will have received their renewal notices via email and mail. In a year of disruption and uncertainty we have been here for members every step of the way. We are committed to continuing to deliver high quality advice, advocacy, support, benefits and services to members, with no increase to fees. Just some of the results we achieved for members in 2020 include:

- appropriate PPE for medical professionals
- fast-tracked access to telehealth
- better consultation on implementation of the MBS changes
- reforms to protect Medical Indemnity Insurance.
- financial support for members and their practices.

Effective, responsive and influential industrial representation will also continue as a part of your membership. As the state and national industrial landscapes become more challenging and complex, we are focussed on ensuring you have a strong voice at the negotiating table, targeted workplace and industrial relations advice and expertise, as well as individualised support when you need it. We are finalising an agreement that will see a continuation of our ASMOFQ partnership that will ensure you continue to have access to high quality industrial relations support. Also our workplace relations team for those in private practice will continue to provide advice, support and resources to assist your business needs.

Check your soft and hard copy renewal notices for instructions on the easiest ways to renew.

Please remember if you are experiencing financial difficulty as a result of COVID-19, contact us on (07) 3872 2201 or at membership@amaq.com.au for membership fee support.

AMA QUEENSLAND AWARDS AT DINNER FOR THE PROFESSION

The winners of the prestigious AMA Queensland awards were announced at the Dinner for the Profession event on 27 November at the Brisbane Convention and Exhibition Centre.

Professor Noel Hayman received the AMA Queensland Gold Medal, the highest honour for the association, for his tireless advocacy and work to improve the health and well-being of Aboriginal and Torres Strait Islander communities.

Queensland's Chief Health Officer Dr Jeannette Young received the AMA Queensland Excellence in Health Care Medal for her exemplary leadership, unwavering professionalism and resolve in managing the state's response to the COVID-19 pandemic and protecting Queenslanders.

Associate Professor Alan Bruce Chater OAM, received the AMA Queensland Rural Health Medal for his outstanding health and advocacy services to rural medicine and the community.

The dinner will return in 2021 so buy your tickets early for this prestigious event for the medical profession in Queensland.



L-R, Dr Eleanor Chew OAM, Chair AMA Queensland Board & Council, Assoc Prof Alan Bruce Chater OAM, Dr Jeannette Young, Prof Noel Hayman, Prof Chris Perry OAM



Dr Jeannette Young accepts the AMA Queensland Excellence in Health Care Medal

NEW CEO TAKES THE HELM

Former Army medic and corporate leader Dr Brett Dale (DBA) commenced as Chief Executive Officer at AMA Queensland on 30 November.

Though new to the AMA, Dr Dale has spent decades working in health and advocacy, with extensive experience leading health, education, training and membership organisations.

Dr Dale is keen to grow AMA Queensland by putting members front and centre, a sentiment that resonates strongly with me, the board and council.



Dr Brett Dale, CEO AMA Queensland

We sincerely thank Dr Bav Manoharan for his tireless work as Executive General Manager for the past four months and will now continue in his capacity as Vice President of AMA Queensland.

We wish you all a safe, happy and healthy Christmas and look forward to continuing to work with the medical profession in 2021

Prof Chris Perry
President AMA Queensland

Dr Brett Dale
CEO AMA Queensland

Great Barrier Reef

by Cheryl Ryan



Off the east coast of the island continent of Australia lies the world's largest coral reef system -- the Great Barrier Reef. Spanning an area more than two thousand kilometers, the Great Barrier Reef is largely found in the waters situated near Queensland. It is one of the world's most breathtaking living wonders, and home to a diverse ecosystem found nowhere else on the planet in such glory. It came to be known as the Great Barrier Reef due to the sturdy nature of the calcium carbonate corals and their skeletons that make it difficult for large ships to pass across, creating a natural barrier.

Coral reefs are essentially built by tiny organisms called coral polyps, the larvae of which attach themselves to the rocks and other stoic elements in shallow waters near the sea. As the polyps grow and mature, they produce calcium carbonate which provides the coral reef its characteristic appearance. The structures thus created by the coral polyps allow various species of underwater plants and animals to not only grow and seek shelter, but to find food as well, thereby creating a self-sustaining mini biosphere.

Home to a large number of whales, dolphins, porpoises, turtles and other amphibians, sea snakes, and even prehistoric marine species which have survived unchanged for over five hundred million years! It comes as no wonder then that the Great Barrier Reef was designated as a UNESCO World Heritage Site in 1981.

What we have planned for you

- Go snorkeling to experience the magnificence of this marine jungle at the Great Barrier Reef Marine Park which is a mix of both protected and consumption zones.

- Enjoy a morning swim with schools of fish, followed by a leisurely afternoon soaking the sunshine at Whitehaven Beach on Whitsunday Island, considered one of the best beaches in the world.
- Hop aboard the Quicksilver Cruise which offers sailing adventures to the ribbon reef at the very edge of the Great Barrier Reef. Here you can swim, snorkel, or even enjoy a helmet-walk underwater to get up, close, and personal with the kaleidoscopic brilliance of this natural marvel.
- And just when you thought there couldn't be more to this trip than water-borne exploration of the reef, it's time to board a seaplane and witness the beauty of the Heart Reef and surrounding islands.
- The adventure is not over just yet, as you take a break from the sea to go trekking along the east coast of Hinchinbrook Island on the Thorsborne Trail. Situated between Cairns and Townsville, the trail takes you through one of the world's oldest and the very last remaining original rainforests to witness the world of exotic flora and fauna found nowhere else in the world.
- Saving the best for last, get a chance to cuddle with a koala or volunteer for their conservation at Magnetic Island which is known for being host to a large number of koalas.

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The image shows a dark banner with white text at the top: "FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES". Below this, on the left, is the "123TRAVEL" logo featuring a suitcase icon. In the center is the "ATAS" logo with the text "WE'RE PROUD TO BE" and "travel accredited". On the right is a teal badge with the text "PROFESSIONAL CREDIBLE & RELIABLE".

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AMA, GOVERNMENT PARTNER UP TO WORK ON PERMANENT TELEHEALTH MODEL

The AMA will work with the Federal Government to make Medicare-funded telehealth a permanent part of the Australian healthcare system.

Health Minister Greg Hunt announced the partnership approach during a joint media conference with AMA President, Dr Omar Khorshid, at Parliament House today.

“The AMA has been working with the Government on how to embed telehealth into the Australian healthcare system for months,” Dr Khorshid said.

“The AMA has long advocated for telehealth consultations to be subsidised under the Medicare Benefits Schedule (MBS).

“The temporary COVID-19 arrangements have allowed us to test the model, and shown where refinements can be made.

“MBS-funded telehealth has been embraced by doctors and patients alike.

“The Government has recognised the AMA’s calls to keep access to telehealth for patients, and this partnership puts in place a framework and process to finalise the design of-MBS funded telehealth arrangements in time for the next Federal Budget.

“This will represent the biggest reform to Medicare since its introduction.

“Telehealth will not replace face to face care, but it does support better access to care for patients, including by supplementing face to face care or by supporting patients who face barriers to care, such as those in rural areas.

“Telehealth gives patients much more flexibility in how they can access care from their usual GP or treating specialist, particularly when they do not require a physical examination. This saves patient’s time and money and often means they do not need to take time away from work.

“For GPs and non-GP specialists, telehealth enables them to better support their patients to access care when they need it.”

The AMA is committed to working with the Government over coming months to finalise the long-term model of telehealth.

It is anticipated that the AMA proposal that patients enrol with a general practice to build a relationship with their usual GP will be part of the permanent operation of MBS-funded telehealth.

27 November 2020

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NEW GP AGED CARE MODEL WILL FURTHER FRAGMENT CARE. AMA SUBMISSION TO AGED CARE ROYAL COMMISSION

While supporting many of the recommendations made by Counsel Assisting the Aged Care Royal Commission, the AMA today warned that a proposed new model of primary care for nursing home residents risks cutting out older people's usual GPs and creating a two-tiered plan. AMA President Dr Omar Khorshid said the proposal to allow aged care residents to enrol with niche accredited general practices may discourage many GPs from providing care to aged care residents and lead to further fragmentation of care for our older people.

"With our population living longer and entering residential aged care at older ages and in more frail states of health, we should be aiming to bring aged care and health care closer together, not further fragment them," Dr Khorshid said. "Older Australians are among our most vulnerable people, and they deserve the best care possible."

In its submission to the Aged Care Royal Commission, the AMA was broadly supportive of many of the recommendations, but argued strongly against the Counsel Assisting's recommended new primary care model. "Although the AMA is pleased with many of the recommendations by the Counsel Assisting, they've missed the mark when it comes to better access to health care and improving the model of GP care," Dr Khorshid said. "We need to end this rudimentary separation between aged care and health care. "For older people, continuity of care is important, as patients benefit the most from a long-term relationship with a GP.

"Though the Counsel Assisting recommends that older people's general practitioners should be put at the centre of planning of ageing and aged care, the recommended new model of primary care will fail to achieve this." The key feature of the proposed model is that a GP practice would have to be accredited to work in aged care. An older person entering a nursing home may therefore be expected to abandon the GP they have had for many years in order to find a GP has aged care

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

accreditation. "The AMA is very concerned that the proposed new model will be a two-tiered system where continuity of care would be discarded to the detriment of our elderly for the convenience of aged care providers," Dr Khorshid said.

"Devising new models of care should not be a substitute for improving inadequate MBS rebates that do not recognise the complexity of care being provided to aged care residents. "The AMA supports mandating minimum staffing ratios in aged care and has called for registered nurse availability in aged care 24/7. However, we were disappointed with the staffing ratios proposed by the Counsel Assisting.

"We call on the Royal Commission to review Counsel Assisting's recommendation and bring the staffing ratios closer to a 5-star model. "We remain committed to working with the Royal Commission and the Department of Health on developing a model of care for our older people that recognises the importance of GPs in aged care and in improving overall health outcomes for older Australians." The Counsel Assisting recommendations include a new Aged Care Act based on human rights principles for older people, mandated staffing ratios in nursing homes, demand driven access to aged care, and a new and independent process for setting aged care quality standards.

The latest AMA submission to the Royal Commission can be viewed at <https://ama.com.au/articles/ama-submission-aged-care-royal-commission-response-counsel-assistings-recommendations>

2 December 2020

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Where We Work and Live

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A Doctor’s View of Gallipoli Landings

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Name: Vivian Benjafield

Date: 1915-1918

Unit: Australian Army Medical Corps

Location: Gallipoli, Middle East and England

Major Vivien Benjafield of the Australian Army Medical Corps became something of a legend in his own lifetime. He served throughout World War I as a surgeon and administrator in Gallipoli, on hospital ships, in Alexandria and later in England before being invalided back to Australia.

He was frequently under fire in Gallipoli and was mentioned in despatches.

He volunteered for active service in September 1914, and after some time examining recruits, he was posted to No 2 Australian General Hospital and served in Egypt.

In April 1915, he sailed as Medical Officer on HMT Armadale, which had been converted into a temporary hospital ship, and found himself at Gallipoli.

Many people involved in planning the landing at Gallipoli seemed to think it would be accomplished without too much fuss.

Captain Benjafield (as he was then) was a prolific letter writer and echoed these sentiments in his letters home. These were copied for him and widely distributed among his friends.

“Apparently there is every prospect of this being a walkover for our troops, but we do not know. There may be a surprise in store for us for all we know, but it seems hardly likely that resistance will be very great,” he wrote two days before the landing. “The actual landing is in charge of a special naval party sent out from England for the purpose. They have among them a number of men who took part in a similar manoeuvres on the English coast last year.”

He then described how his ship had sailed at 5.30 in the morning of 24 April finally dropping anchor in the harbour on the north side of Lemnos Island. “We are to leave this anchorage soon after 11 tonight and proceed to Gallipoli to

disembark in the early morning,” he wrote. His next entry was almost a week later.

“To say that since writing last we have been through a literal hell is putting things very mildly, Captain Benjafield wrote. “We left our anchorage at the appointed time and steamed round to our appointed position off Big Anfarfe Bay in the early morning.

“We were supposed to have five hours to prepare the ship for the reception of wounded but as a matter of fact they were landed on us before the first troops had left the ship. Our men were landed in torpedo boats and the first one to come alongside had about a dozen men on board and one dead. There was nothing for it but to take them and do the best we could for them. Fortunately the hospital had been cleared, giving us accommodation for the seriously wounded; the remainder were stowed just wherever we could find room.

“Gradually as the troops were taken off more wounded men arrived and in the meantime as best we could we ripped out all the mess tables in the troop decks, laid down tarpaulins, hammocks, blankets and everything we could find, so as to keep the men as clean as possible. By lunch time I had 150 wounded aboard and more or less attended to.

“We were one of the closest to the beach and just before 10 o’clock we were surprised to see shells dropping around us. They were apparently Howitzer shells fired from a hill some three miles inland. The sound of a large shell flying overhead is not a pleasant one, particularly when dropped into the water only a few yards in front of our bows. The inclination to “duck” is quite irresistible and we went down to it every time.

As soon as possible we were moved to a position further out, and in the meantime the warships plugged into the hill on which the gun was mounted and apparently silenced it. The noise of the firing was terrific, literally hundreds of shots were fired from the big guns at this hill, and also with shrapnel at the hordes of Turkish soldiers on the other hill, while the Turks, of course, replied to the best of their ability. “The landing of the troops was an exceedingly difficult task as the Turks had been preparing for weeks.

Continued Next Edition