



## RDMA & BLMA's Joint Newsletter

# Newsletter FEBRUARY 2019

**"Remembering Ernest Albert Cory" Final From Wikipedia, the free encyclopedia**  
[https://en.wikipedia.org/wiki/Ernest\\_Corey](https://en.wikipedia.org/wiki/Ernest_Corey)

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

## BLMA President's Report Dr Robert Brown



**Brisbane Local Medical Association (BLMA) Executive Team, Brisbane Local Medical Association**  
 Left to right: Drs Ian Hadwin Secretary, Graham McNally Treasurer, Bob Brown President and Paul Bryan Vice President

It is many years since there were local medical associations representing the medical fraternity in the South and West of the Greater Brisbane Area.

With that in mind, the Northside Local Medical Association, with the support of its committee and members, has voted at its AGM this week, to change its name to the Brisbane Local Medical Association.

I thank our members for their support in hopefully extending the membership to new members from all parts of Brisbane.

As it is, the NLMA had already attracted members from the Southside to become regular attendees at our bimonthly meeting.

The new committee for the BLMA has already begun a series of meetings with the medical fraternity, and with a fruitful meeting with Dr Dilip Dhupelia, President of AMAQ, and Ms Jane Schmitt, the AMAQ CEO. We intend to get the word to GPs, Specialists, Hospital and Public Health doctors as soon as we can. I envisage a timeframe of 6 to 8 weeks, knowing that this may be optimistic!

Dr Kimberley Bondeson attended the AGM this week, and we are looking forward to continuing the close links with Redcliffe & District Local Medical Association RDMA. As our readers may know, there are already a number of doctors who belong to both

LMAs, and I know that a number of members of the previous NLMA have been office bearers and Presidents in both RDMA and now the BLMA.

The intention is to continue to have our meetings at the Brisbane Riverview Hotel in Albion, close to the Breakfast Creek Hotel. This may change in time, but we have canvassed our Southside members and they feel, as does our committee, that Riverview is readily accessible to most parts of Brisbane.

We welcome all registered doctors from the Brisbane area to join us at the Brisbane LMA.


The Brisbane LMA Committee for the next 12 months consists of myself as President, Dr Paul Bryan as Vice President, Dr Graham McNally as Treasurer and Dr Ian Hadwen as Secretary.

Any enquires can be directed to members of the committee, but especially to **me on drbbrown@bigpond.com**, and to **Graham McNally on gmcnally1@optusnet.com.au**

We are also looking at changes to our website as well as other communication channels to interact with our membership and the medical fraternity at large.

Dr Robert Brown, President Brisbane Local Medical Assoc.





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

UPDATED

### 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	23th
Wednesday	May	29th
Tuesday	June	25th
Wednesday	July	31st
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	20th
Wednesday	September	18th
Tuesday	October	29th
NETWORKING MEETING		
Friday	November	29th

### RDMA Executive Contacts:

President:

Dr Kimberley Bondeson  
Ph: 3284 9777



Vice President & AMAQ Councillor:

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Secretary:

Dr Geoff Hawson  
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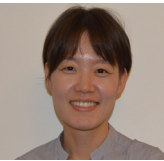
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Advertising & Contribution 15th March 2019

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W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

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Treasurer & Meeting Convener

Dr Graham McNally  
Ph: 3265 3111  
E:gmcnally1@optusnet.com.au



### BLMA 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](http://www.northsidelocalmedical.wordpress.com)

CPD Points Attendance Certificate Available

Venue: Riverview Restaurant, Bris  
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**

# Monthly Meeting

**Redcliffe & District Medical Association Inc.**

**DATE:** Tuesday 26th of February 2019

**TIME:** 7pm for 7:30pm start

**VENUE:** Regency Room – The Ox, 330 Oxley Avenue, Margate

**COST:** Financial Members, doctors in training, interns and medical students welcome.

- AGENDA:**
- |        |  |
|--------|--|
| 7:00pm | Arrival & Registration   |
| 7:30pm | Be seated – Entrée served<br>Welcome by Dr Kimberley Bondeson – President RDMA Inc   |
| 7:35pm | Sponsor: Zimmer Biomet   |
| 7:40pm | Speaker: Dr Manoj Mathew, Orthopaedic Surgeon<br>Topic: "Common shoulder pathologies; clinical examination and management" |
| 8:00pm | Main Meal served   |
| 8:20pm | Question Time  |
| 8:30pm | Dessert, Tea & Coffee served   |
| 8.40pm | General Business   |

**RSVP:** By Friday 22nd of February 2019  
(e) [RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0466 480 315

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- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

### 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](mailto: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.

**REDCLIFFE & DISTRICT LOCAL MEDICAL  
ASSOCIATION'S PRESIDENT'S REPORT**  
**DR KIMBERLEY BONDESON,**



**MEMBERS UPDATE**

Firstly, I would like to congratulate Dr Peter Marendy, OAM, who was recently awarded the Order of Australia (OAM) on the 2019 Australia Day Honours List.

Dr Marendy was one of the founding members of the Redcliffe and District Local Medical Association, and currently still works from his Margate Practice which he opened in 1963.

He is a regular at our monthly meetings and an inspiration to all of us.

Also, congratulations to the Newly formed Brisbane Local Medical Association (formerly known as the Northside Local Medical Association, NLMA) and welcome to the new members who have joined from all over Brisbane!

Over the next few months, I hope to personally meet new members, at both the Redcliffe and District Local Medical Association monthly meetings, and the bimonthly meetings at the Brisbane Local Medical Association, which I attend when I can.

The new BLMA committee was elected unopposed, and welcome again to Dr Bob Brown, President, Dr Paul Bryan, Vice President, Dr Graham McNally as Treasurer and Dr Ian Hadwen as Secretary.

There are exciting times ahead in the medical world, and it is great to see our LMA's taking a leading role.

There is also difficult changes coming, with public pressure on the

lawmakers of our Country to amend our legislation to allow euthanasia, and physician assisted suicide to become legal.

There is the ongoing need for changes to be made to the legislation around mandatory reporting – if the lawmakers get this wrong, and the change is not enough, we may see continuing suicide amongst our profession as they feel they are unable to get assistance, without affecting their medical registration and hence their livelihood.

This is an election year for the Government, so let's watch and see what the politicians come up with as they fight for our votes, in terms of helping us treat our patients, and support our medical colleagues.

Kimberley Bondeson

President Redcliffe & District Local  
Medical Association

**DR GEOFFREY A T HAWSON**  
**MBBS FRACP FACHPM Dip. CLIN HYP.FRCPA (1976)**  
**ASSOCIATE PROFESSOR (U OF Q),**  
**CANCER SECOND OPINION**



## CANCER SECOND OPINIONS

I would like RDMA members to consider what happens when a patient who has asked you for a referral to me for a second opinion sees me for the first time.

She sits opposite me, nervous as she seeks a second opinion about her cancer diagnosis.

Three important questions that I have are that I need to know before she leaves are:-

- 1. Why are you seeking a second opinion?**
- 2. Have I met your expectations? (at the end of the consultation)**
- 3. When I write to your referring GP, am I able to copy in your medical oncologist (MO) and/or your surgeon? If not, why not?**

Tattersall<sup>1</sup> found that, over a 2-year period, 6.5% of patients attending a major cancer centre were seeking a second opinion (SO) (MJA 2009). Reasons given by those patients, and mine, include:-

- More questions about treatment options or decisions.
- Reassurance that the diagnosis and treatment already suggested were appropriate.
- Some patients I see do not want chemotherapy at all and are seeking reassurance that they do not need it. This involves a considerable discussion about the risks and benefits of adjuvant chemotherapy.
- Needing more information about the cancer.
- Dissatisfaction with the information already given or the communication methods of the previous doctor.

Most patients seek a SO in another hospital, are generally in a higher socioeconomic group, and have more familiarity with the health system. Some have concerns that seeking a SO may damage their relationship with their first doctor with whom they may wish to continue.

Patients have the right to make decisions about their own body and need plenty of time to discuss their concerns. Our crowded outpatient facilities often mean there is a constant struggle with time pressures to keep patients flowing through these clinics. Unfortunately, the same issues can occur in private rooms as well. The advent of the electronic medical record has extended clinic times with much of the time taken up with looking at a computer screen rather than interacting with patients. This further increases patients' frustrations and impedes our

ability to notice subtle and not-so-subtle body language indicative of patient lack of understanding or confusion.

There are now more cancers treated with an increasing array of treatment options meaning patients are being followed for longer periods of time and more frequently. This causes a shortage in clinic spaces, given that MO numbers are not increasing at the same rate. Clinic crowding and increasing burnout amongst MOs too, means that doctor-patient communication is being adversely affected.

Tattersall found that patients seeking a SO perceived the consultation to be longer. It is not known whether or not adequate information was given at the first consultation; often the "trauma" of diagnosis can lead to poor attention and memory recall. I have found that patients who seek a second opinion gain an opportunity to hear the same information and better absorb it the second time around. To cover patient concerns, my SO consultations are usually an hour and a half.

In Tattersall's study, a SO changed either the treatment or supervising MO in 51% of cases. For the majority of my patients, I find that the original MO has proposed a Gold Standard treatment but that the patient remains unconvinced or requires reassurance of this.

A second opinion is a patient's right. We need to appreciate this and in a respectful way accommodate patients' desires. The difficult areas (not covered here) are what to do and how to do it when there is a difference of opinions, and the impact of potential time delays with commencing therapy. Time to adjuvant chemotherapy in some cancers is becoming a "hot" issue and will be addressed in a following article.

1 Tattersall et al. MJA 2009;191: 209-12 " Second Opinion in Oncology. The experience of patients attending the Sydney Cancer Centre."

Medisauskatie, A. & Kamau, C. Psychooncology 2017; Jan23 "Prevalence of oncologists in distress: systemic review and meta-analysis".

Dr Geoffrey Hawson,  
1/49 Butterfield St Herston,  
<https://cancersecondopinion.com.au>

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



## Concerning recommendations into pharmacy prescribing

As you may be aware, between June and October 2018, the Queensland Parliament conducted an inquiry into the potential establishment of a pharmacy council. The inquiry also examined other issues related to pharmacy including ownership and the scope of practice for pharmacists.

During the inquiry, the Pharmacy Guild lobbied for pharmacists to have the ability to write repeat prescriptions. AMA Queensland made a strong submission to the inquiry that firmly opposed pharmacists writing prescriptions. Our submission noted how this proposal would fragment patient care and produce poorer outcomes, as well as putting pharmacists in a difficult conflict of interest.

Unfortunately, one of the inquiry report's recommendations suggested "the Department of Health develop options to provide low-risk emergency and repeat prescriptions (for example, repeats of the contraceptive pill) and low risk vaccinations (including low risk travel vaccinations) through pharmacies subject to a risk-minimisation framework."

### Update

The Pharmacy Guild in the past months has been:

- Relentlessly lobbying MPs through meetings and direct mail and pushing their agenda at every opportunity

AMA Queensland understands that the Government plans to introduce legislation enabling this change in scope to the Queensland Parliament in February. We will continue to press our concerns to the Minister and your support be vital in reinforcing our message.

### Your involvement

Colleagues, it is extremely important that we make our voice heard to counter the efforts of the Pharmacy Guild.

As President of AMA Queensland, I have met with the Health Minister and the Parliamentary Health Committee to make our case, but I need your help to complement the work we are doing as an Association and to persuasively put this issue forward to Government. Together we have a stronger voice.

You can help in a number of ways:

- **Speak with your colleagues and let them know what is being proposed and that **AMA Queensland is fighting hard on this one and we need their support****
- **Write to your local MP today**
- **Meet with your local member and put our case forward**

We have developed a webpage to help you do this quickly and easily. The page is located at [www.amaq.com.au/advocacy](http://www.amaq.com.au/advocacy) and includes resources such as:



- Template letters for both GPs and Specialists to send to their local MP;
- Contact details for your local MP;
- Information how to arrange a meeting with your local MP and make the most of the meeting.

Please contact your local MP, using one of our form letters or your own words if you wish, to let them know why pharmacy prescribing is a dangerous proposal fraught with consequences for doctors, patients and the broader health system.

Should you require further information regarding the pharmacy council inquiry, please do not hesitate to contact the AMA Queensland Policy Team on (07) 3872 2222 or email [policy@amaq.com.au](mailto:policy@amaq.com.au).

## 2019 Budget Submission

AMA Queensland is putting the finishing touches on its Budget submission to the Queensland Government for 2019-20. We have a broad range of policy asks in this year's submission, but first and foremost is the wellbeing of our patients and our members. Keep an eye out for our submission sometime this month, and a further update on its initiatives will be provided to members at that time.

## Palliative Care and Voluntary Euthanasia

The Queensland Parliament is holding an enquiry into Palliative Care and Euthanasia, with a report due by November 2019. AMA Queensland will almost certainly be asked to provide a submission, and it is important to us that this submission captures and respects the consensus views of our membership on this often emotive issue. As a first step, our own Ethics and Medico-legal committee, whose membership consists of members such as yourself, has discussed this issue at their early February meeting and will be providing the AMA Queensland council with advice on how to proceed.

We are always happy to hear from members as we approach the conclusion of the enquiry, and you can provide your feedback to us via [policy@amaq.com.au](mailto:policy@amaq.com.au)

**If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via [membership@amaq.com.au](mailto:membership@amaq.com.au).**

**Dr Dilip Dhupelia**, President AMA Queensland

**Jane Schmitt**, CEO AMA Queensland

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**PARLIAMENTARY COMMITTEE RECOMMENDATION ON  
 MANDATORY REPORTING NOT IDEAL, BUT AN IMPROVEMENT**

The AMA is disappointed with the majority recommendation of a State Parliamentary Committee to pass without any further changes proposed mandatory reporting laws for doctors treating other medical professionals for mental health issues.

“While the Committee believes that the changes go in the right direction, it is frustrating that lawmakers continue to ignore the overwhelming advice of doctors and medical bodies about this issue,” AMA President, Dr Tony Bartone, said today.

“We have already lost too many talented, brilliant, and dedicated colleagues who felt they could not seek help because they would be reported.”

The Queensland Parliament Health, Communities, Disability Services, and Domestic and Family Violence Prevention Committee this week recommended passing the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018*.

The Committee has found that the Bill will effectively soften laws introduced in 2010, which had been interpreted as effectively barring doctors from accessing the same level of health services their patients enjoyed, for fear of potential repercussions.

But the Committee rejected calls to amend the laws to mirror the proven Western Australian model, which exempts treating doctors from reporting their doctor patients.

Under Council of Australian Governments (COAG) arrangements, once passed, the Queensland law will apply in all States and Territories except Western Australia, where doctors will remain exempted from mandatory reporting provisions.

“The Committee has sought to reassure stakeholders that the proposed law before the Queensland Parliament is an improvement on the status quo, and we hope that the law will be applied according to the findings and spirit of the Committee’s report, making it easier for doctors to seek the help they need,” Dr Bartone said.

“The AMA has gone to great lengths – appearing at consultations, writing submissions, talking to governments – over many years to highlight how this policy works, and why it needs to change.

“We had recommended the WA model because we know it has worked, and will continue to work, and because introducing it in the other jurisdictions would have brought much needed national consistency.

“In 2014, 74 per cent of respondents to the Independent Review of the National Registration and Accreditation Scheme called for a national exemption for treating doctors<sup>[1]</sup>. That review recommended national adoption of the Western Australian law.

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<sup>[1]</sup> [2014 Independent Review of the National Registration and Accreditation Scheme for health professions p36](#)



**PARLIAMENTARY COMMITTEE RECOMMENDATION ON 2  
MANDATORY REPORTING NOT IDEAL, BUT AN IMPROVEMENT**

“In 2017, 75 per cent of submissions to the COAG Health Council called for the adoption of the WA model<sup>[2]</sup>, but lawmakers again chose to ignore the advice.

“The AMA notes that the dissenting report of the Committee calls for the adoption of a WA-style model to protect Queensland doctors and their patients.

“So while the report has chosen a different legislative model to the WA option, one significant positive of the report is that it again reaffirms that all Ministers do not want to see the law act as a barrier. It further reaffirms that Ministers believe the new model will remove that barrier.

“It will now be up to the Australian Health Practitioner Regulation Agency (AHPRA) and COAG Health Ministers to convince all practitioners who are unwell that the new provisions provide the necessary protections to seek treatment, and we will hold them to this.

“The AMA supports the Committee in its call for the development of a comprehensive education program to raise awareness of the proposed new mandatory reporting regime – to tell doctors that it is okay to seek help.

“The AMA calls on all governments supporting the national scheme to ensure that this guidance is delivered as soon as possible, not months or years from now, so doctors no longer need to suffer in silence.”

The AMA submission to the Parliamentary Inquiry is at <https://ama.com.au/submission/ama-mandatory-reporting-submission-2018>

<sup>[1]</sup> [2014 Independent Review of the National Registration and Accreditation Scheme for health professions p36](#)

<sup>[2]</sup> [Transcript - Public briefing by Department of Health held on 5 December 2018 p4](#)

6 February 2019

CONTACT: Maria Hawthorne 02 6270 5478 / 0427 209 753

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# DHAS(Q)

Doctors' Health Advisory Service

## The On-Call panel for the Queensland Doctor's Health Programme (QDHP)

*Dr Mary Ellwood reflects on her experience as a phone counsellor for the Queensland Doctor's Health Programme, and encourages others to consider joining the team.*

I have been on the QDHP GP on-call panel for many years and have found it to be a rewarding, interesting and informative experience.

An advantage of being on the panel is all that I have learnt over my time taking calls. We have education evenings which update us on issues such as Mandatory reporting, the role of the Health Ombudsman and the very important role that our indemnity funds can play in our practice of medicine.

When I take a call I introduce myself as a GP calling back on behalf of QDHP. I give my name but explain that I do not need to know any identifying details from them. This is reassuring if they are concerned about the issue of Mandatory reporting. I am encouraged that the majority of callers are pleased to be talking to a colleague who has some understanding of their concerns.

Over the years I have spoken to GPs, interns, registrars and specialists with a wide variety of problems and sometimes to family members or colleagues of doctors who are worried about them. We have an extensive list of resources we can use to provide information and support. Some of the callers are looking to find a GP for themselves and we have a list we can refer to and a very helpful article called 'Choosing a GP' which we can send to them.

I had a call from a very distressed registrar in Central Queensland who was being bullied and we were able to arrange support for her. We have a list of psychiatrists who have a special interest in doctor's health and one of them was able to help a registrar who had just had to deal with a neonatal death for the first time.

As an 'on-call doctor' there is always someone that I can phone for advice or support if I need it. I really appreciate the fact that we have a doctor/counsellor in the office who is able to take calls for 3 days a week during working hours and who is able to help with follow-up after my 'on-call week' if I am unable to do it.

I would encourage all GPs to consider volunteering to be on the panel.

*If you are interested please send an email to [president@dhasq.org.au](mailto:president@dhasq.org.au). For further information about DHAS(Q), please refer to our website: <http://dhasq.org.au/>. Our GP phone counsellors are on call for 1 week about every 30 weeks, it averages out to 3 times per biennium. The call is 24 hours per day for a 7 day period Monday to Monday. During office hours the calls are taken by a counsellor from QDHP and then if needed the on call GP is contacted. After hours the on call GP is the first responder. The calls average 6 per week, sometimes less and sometimes more. The GP on call is well supported by experienced members of the DHASQ committee and a panel of psychiatrists.*

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## **CLOSING THE GAP PROGRESS DISAPPOINTING**

The 11<sup>th</sup> annual Closing the Gap statement highlights the urgent need to adopt the recommendations of the Close the Gap (CTG) Campaign to address the unacceptable gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

“The AMA is very disappointed that just two of the seven goals are on track. This is one fewer than last year,” AMA President, Dr Tony Bartone, said today.

“Progress against Closing the Gap is not what we all hoped for. While more Indigenous children are entering early education, improvements to life expectancy, infant mortality, and employment rates are not closing.

“After more than a decade, the lack of resourcing and investment in the health and well-being of Aboriginal and Torres Strait Islander peoples continues to see unacceptable gaps across a range of outcomes.

“The lack of sufficient funding to vital Indigenous services and programs is a key reason for this.”

The AMA supports the comments made by Ms Pat Turner, CEO of Aboriginal Community Controlled Health Organisation (NACCHO) who said: ‘While our people still live very much in third-world conditions in a lot of areas still in Australia ... we have to hold everybody to account’.

“Closing the Gap targets are vital if we are to see demonstrable improvements in the health and well-being of Aboriginal and Torres Strait Islander people,” Dr Bartone said.

“The call for a justice target and a target around the removal of Aboriginal children should be considered.

“The AMA welcomes the decision of the Council of Australian Governments (COAG) to agree a formal partnership with us on Closing the Gap. This is an historic milestone in the relationship between Governments and Aboriginal and Torres Strait Islander peoples.

“The AMA knows that outcomes are better when Aboriginal and Torres Strait Islander people have a say over their lives and matters that affect them.”

The AMA supports the Coalition of Aboriginal and Torres Strait Islander peak bodies that has formed to be signatories to the partnership agreement with COAG, and for them to share as equal partners in the design, implementation and monitoring of closing the gap programs and policies.

### **Background:**

- The mortality rate for Aboriginal and Torres Strait Islander children aged 0-4 years is around twice the rate for non-Indigenous children.
- The mortality rate for Aboriginal and Torres Strait Islander peoples compared to non-Indigenous Australians is around 1.7 times higher.
- Homelessness rates for Aboriginal and Torres Strait Islander people are around double the rate of non-Indigenous Australians.



**CLOSING THE GAP PROGRESS DISAPPOINTING**

**Close the Gap Campaign**

The AMA is a member of The Close the Gap (CTG) Campaign, which was launched in 2006 as part of a public call to action to address the unacceptable gap in life expectancy and other health indicators between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

The life expectancy gap is widening, in part because of inequitable expenditure on health, housing, and other issues. The proposed policy agenda set out below will, if fully funded and implemented, provide a pathway forward for an incoming government to achieve tangible improvements in life expectancy and other key health indicators. They are:

1. Support the Coalition of Aboriginal and Torres Strait Islander Peak bodies to progress a formal partnership with the Council of Australian Governments on Closing the Gap.
2. Ensure more Aboriginal and Torres Strait Islander people are employed in the health workforce to ensure that primary health care and prevention measures are culturally safe, to avoid avoidable hospital admissions and premature deaths.
3. Commit a minimum \$100 million towards a four-year Aboriginal Community Controlled Health Services capacity-building program as seed funding to fill the highest priority service gaps, noting that the amount needed, once fully costed, will be significantly higher and is dependent upon the service gap mapping exercise in the National Aboriginal and Torres Strait Islander Health Plan [Implementation Plan] being undertaken.
4. Commit to a ‘Good Housing for Good Health’ strategy to improve home health and safety for Aboriginal and Torres Strait Islander peoples, including the ‘Housing for Health’ program to eradicate third world diseases.
5. Address systemic racism in the mainstream health system by establishing an Aboriginal Health Authority to oversee service delivery, professional training and policy and accreditation processes that impact on Aboriginal and Torres Strait Islander health and health care.

The AMA Indigenous Health Report Card 2018 is at <https://ama.com.au/article/2018-ama-report-card-indigenous-health-rebuilding-closing-gap-health-strategy-and-review>

14 February 2019

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# Experience New Europe in Estonia by Cheryl Ryan

One of the smallest nations in the Baltic region, Estonia has recently emerged as most sought-after destinations in Europe. Its mesmerizing cultural heritage, untouched wetlands, remote islands, thriving city life, spectacular castles will definitely leave you awestruck. Estonia offers different holidays options for everyone, suiting every age group and every taste. The unexplored countryside makes Estonia a perfect choice for destination weddings, honeymoons, vacations or getaways with friends and families.

## For the Urban Dwellers

Estonia has a creative mix of Europe and rich historical heritage of Russia, which inspires the lifestyle and delights the visitors. The capital city of Tallinn invites urban dwellers to discover and explore the transformation of creative villages. Kalamaja in Tallinn makes a perfect venue for musical concerts and is host to music festivals such as Jazzkaar and Tallinn Music Festival. The city is also home to architectural marvels of Soviet era such as Patarei sea- fortress, Seaplane harbor, Port Noblessner.

## Wanderlust

With almost half of the country covered with forests, Estonia is a nature's paradise, offering you enough to explore the unique landscapes. The Soomaa National Park, located in South Western Estonia and spread in the 390 square kilometers area, the park is known for its picturesque peat bogs. Bog walking is the most interesting outdoor activity in the wetlands, allowing you to explore regions inaccessible on foot. The other famous National parks are Lahemaa national park, Matsalu national park and Vilsandi National Park.

## For the Adrenaline Rush Seekers

If you get your kick from adventure activities, Estonia invites you with its open arms, offering an unmatched adrenaline experience and tons of outdoor sports and activities such as off-road racing, go karting, rallying, hiking and sky diving. Estonia has almost 3000 kilometer coastline, making it heaven for watersports such as kayaking, canoeing, windsurfing, and scuba diving. The country is renowned



for its love for sports and games, with readily available options throughout such as outdoor gyms, tennis courts, golf clubs, medieval archery centers, and bowling alleys.

## What we have planned for you?

A detailed itinerary has been developed, including all the exciting adventures put together to make your trip to Estonia, an unforgettable experience.

- A guided trip through the city of Tallinn, exploring the creative villages and savoring local cuisines
- Visit to Kalamaja in Tallinn to experience Tallinn Music Festival
- Visit to Sangaste Castle and Taagepera Castle, to experience the history and elegant lifestyle of Estonia
- A guided Bog walking tour in Soomaa National Park, getting soaked in the natural beauty of Estonia, exploring wetlands and experiencing undisturbed flora and fauna.
- Organized Skiing tour in the city of Otepää and Sky diving near Tallinn  
Witness a whole new Europe in Estonia, a refreshing experience altogether to feel and enjoy!

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## Hot Election Topic explained - Franking Credits Proposal

What is the proposal?

The House of Representatives Standing Committee on economics has announced an inquiry in the implications of removing refundable franking credits. The inquiry is going to report on the use of franking credits and who franking credits support and who would be impacted if they were removed and what implications it would cause.

It's fairly obvious who it is going to affect, mainly retirees and SMSF's who are direct shareholders who have made long term retirement investment decisions based on their ability to claim refunds on their franking credits. Sadly, it may affect retirees who are paying high levels of Daily Care Fees and other aged care costs.

ALP leader Bill Shorten made amendments to the original proposal to scrap funding credit surplus cash rebates, exempting all those who receive a pension or part pension. The Future Fund is also exempt.

The ALP proposal would largely affect SMSF's who do not receive a part pension and that are below \$1.6m who are investors who pay little or no tax.

Industry Super funds are less impacted as they typically have tax liabilities against which to offset franking credits.

This is a proposal by the ALP. To become law, it will require:

- ALP to win the next election: and
- Bipartisan agreement or favourable Senate outcome needed to pass legislation – cross bench Senate support to pass through the Upper House;
- Chris Bowen (Shadow Treasurer) has indicated the policy will apply from **1 July 2019**.

The ALP franking credit proposal seeks to abolish the “net refunding of franking credits” but franking credits themselves are not removed. Australian investors can still use franking credits to offset income tax payable, but will not be able to receive a net refund of franking credits.

To see how you may or may not be affected please refer to the following table:

Invested as:	Below Part Pension Threshold on Asset Limits Test (eligible part pension)	Between Pension Threshold* to total \$1.6m (No pension)	Over \$1.6m investments (No pension)
SMSF - all pension	No refund	No refund	Offset against tax
Super fund - paying tax	Full refund	Full refund	Full refund for the first \$1.6mn / further amount offset against tax
Super fund - receiving partial franking refund	Partial Refund	Partial refund	Partial refund/ Offset against tax
Individual	Full refund	Offset against tax	Offset against tax

*(This not to be taken as advice is it based on an interpretation of ALP proposals, which can change any time! )*

If you would like to discuss further please give me a call on 07 54379900.

Article written by Kirk Jarrott – Partner Poole & Partners Investment Services Pty Ltd.



## PRODUCTIVITY COMMISSION REPORT BACKS AMA CALL FOR IMPROVED GENERAL PRACTICE INVESTMENT

Productivity Commission Report, showing that GPs are providing high-quality, cost-effective care for their patients, backs up the AMA's Pre-Budget Submission call for more investment into general practice. The Commission's Report on Government Services, released this week, found that, in 2017-18, almost 37,000 GPs provided around 160.3 million Medicare services to patients around Australia.

It also found an extremely high satisfaction rate with GP services, with more than 90 per cent of patients reporting that their GP listened closely to them, showed them respect, and spent enough time with them, AMA President, Dr Tony Bartone, said today. "These figures have increased steadily over the previous five years, demonstrating that GPs are responding to the growing demand in the community, with an ageing population and rising rates of chronic diseases and complex conditions," Dr Bartone said.

"The Productivity Commission report found that only 4 per cent of the population reported delaying or not visiting a GP in the previous 12 months due to cost, and around three-quarters of patients could get a GP appointment within 24 hours. "GPs are working harder but are feeling the squeeze from underinvestment in Medicare rebates for patients and general practice across the board.

"With over a third of GPs aged over 55, we need to do more to resource and encourage a career in general practice so the community can continue to access the high quality care they need and deserve. "Government spending on GP services is currently about 8 per cent of total Government spending on health. The AMA is calling for this to be lifted over time to about 10 per cent of total Government health spending. "This will lead to long-term savings to the health system, and improved health outcomes by keeping patients out of hospital. "The report shows that there were about 2.9 million presentations to public hospital emergency departments that could have been handled by GPs.

"The cost of an emergency department visit is,

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on average, more than \$500, which is much more than the cost of attending a GP. "With the Federal Budget planned for April and an Election due soon after, it's time for all parties to unveil a long-term vision for the Australian health system, with general practice front and centre."

The AMA Pre-Budget Submission is at [https://ama.com.au/sites/default/files/budgetsubmission/AMA\\_Budget\\_Submission\\_2019\\_20.pdf](https://ama.com.au/sites/default/files/budgetsubmission/AMA_Budget_Submission_2019_20.pdf) 2

Key findings of the Productivity Commission Report on Government Services 2019:

- In 2017-18, Australia had 36,938 GPs working full-time and part-time, equating to 25,149 on a Full Service Equivalent (FSE) basis;
- Rates of service used per annum remained steady at 6.5 per annum per head of population;
- 4 per cent of the population reported that they delayed or did not visit a GP in the previous 12 months due to cost, down from 4.1 per cent in 2016-17;
- 7 per cent reported that they had delayed or did not purchase prescribed medicines in the previous 12 months due to cost;
- Around 73 per cent of patients could get a GP appointment within 24 hours;
- 91.8 per cent said the GP always or often listened to them;
- 94.1 per cent said that the GP always or often showed them respect;
- 90.7 per cent said the GP always spent enough time with them.

1 February 2019

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# Where We Work and Live

## “Remembering Ernest Albert Corey”

From Wikipedia, the free encyclopedia [https://en.wikipedia.org/wiki/Ernest\\_Corey](https://en.wikipedia.org/wiki/Ernest_Corey)



Ernest Corey worked continuously and ardously and was the means of saving lives of many wounded. He was most selfless throughout and cheerful at all times and under all circumstances.

His careful handling of the wounded and his knowledge of first aid helped greatly to relieve their sufferings, throughout the operations he set a fine example of courage, coolness, determination and devotion to duty, under heavy fire.

### Third Bar to Military Medal

The third Bar to his Military Medal was published in a supplement to the London Gazette on 13 June 1918.

The citation for his third bar records: For conspicuous gallantry and devotion to duty as NCO in charge of Battalion stretcher bearers during an attack on the Hindenburg Line north of Bellicourt on 30 September 1918.

Although enemy machine gun and shell fire were intense, this gallant NCO directed the operations of the Battalion stretcher bearers with the utmost skill and bravery.

Regardless of personal danger, he, on numerous occasions although the enemy were firing

upon him and other bearer parties, attended to men and carried them from the exposed positions.

His efforts were untiring and he set a splendid example to all ranks until he was severely wounded.

It is mainly due to his magnificent work that the wounded were safely removed from the danger zone.

### Memorial

Following several donations by the people of Cooma and the Monaro District, a Memorial Plaque to Corey was erected in Centennial Park, Cooma in 1979.

In 1995, the plaque was moved to the Cooma Memorial and the committee involved with the relocation decided to erect a diorama based on a painting in the Australian War Memorial depicting stretcher bearers bringing in wounded soldiers under heavy shell fire at Mont St Quentin during the First World War.

A local artist and sculptor, Chris Graham, was commissioned to undertake the project which was constructed from steel and concrete. It was erected in the Cooma War Memorial area on 23 April 1996.

**The End.**