REDCLIFFE & DISTRICT and BRISBANE LOCAL MEDICAL ASSOCIATION

RDMA & BLMA's Joint Newsletter

Newsletter
JULY 2019

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A Fortunate Life - Ernest Brough.
https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape

See Where We Work & Live P20. Ernest Brough

RDMA President's Report Dr Kimberley Bondeson

We are now in the coldest part of winter, with early morning temperatures in single figures. The days are warmer, with beautiful bright sunshine and bright skies. In other parts of Australia, there is snow, and extremely cold temperatures. The snow fields are enjoying a great ski season!

School holidays are over, and we are yet to see the proper start of the flu season. There is a rogue influenza b virus, not covered by the current flu vaccination, which has been causing infections. There appears to be some controversy as to whether the flu season has already peaked, but as we have not yet had the EKKA, which normally heralds our Northern flu season in August, we will just have to wait and observe what unfolds.

At the recent AMA National Conference, GP Registrars were very vocal about their employment contracts, which are currently individually determined by the GP Registrar and their supervising employers, or use of a national agreement which has been set between GPSA and General Practice Registrars Australia (GPRA) and funded by Medicare. They were concerned that they were experiencing big pay and conditions drops when they go from the hospital to General Practice Training. Under the current agreement, GP registrars are paid $38.73 per hour in their first year, increasing to $49.73 in their 3rd year. They were calling for all GP registrars to be employed under a single employer contract. This was given full support by the AMA National Conference. However, there is now a caution, with General Practice Supervisors Australia (GPSA) stating there is likely to be unintended consequences to such a move, which could ultimately lead to an overall greater loss of income in the long term, with GP Registrars still having to work unsavoury hours to boost their income, and making it more difficult for a practice to employ them (Ausdoc 28th June, 2019).

Ultimately such a move would need to done cautiously, as if such a deal is locked in, then further generations of GP Registrars may not be happy with the outcome. Trying to get training and employment conditions improved is not going to be easy, particularly as the majority of the training is done in Private General Practice, which needs to able to afford to pay their GP Registrars.

And there is ongoing discontent and incidents world wide - the USA recently shot down an Iranian drone in the Strait of Hormez as the ''drone was threatening a US ship and was immediately destroyed" (USA Today, 19th July, 2019).

On a positive note, there is the Dinner for the Profession on the 26th July, 2019, at the Victoria Golf Club in Herston, which should be fantastic evening to mix with your colleagues and enjoy the evening. They are also having a fundraising raffle, which has been organized by the AMAQ Foundation as a fundraiser for its charity. Good luck to anyone who purchases a ticket!

Dr Kimberley Bondeson

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.

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

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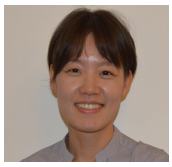

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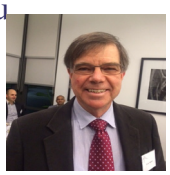

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UPDATED

RDMA 2019 MEETING DATES:

For all queries contact Anna Wozniak or Amelia 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	23rd
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

NEWSLETTER DEADLINE

Advertising & Contribution 09th August 2019

Email: RDMANews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

BLMA 2019 MEETING DATES:

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

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Riverview Restaurant, Bris
Kingsford Smith Dr & Hunt St in Hamilton

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 31st July 2019

RDMA Meeting for 25.06.2019

Dr Kimberley Bondeson RDMA President Introduced Sponsor Representative: Phil Barry who then introduced the Speaker Dr Alaa Alghamry for the night:

Speaker
Dr Dr Alaa Alghamry, General Medicing \ Stroke Physician.
Topic : "It's All About Safey: Pratical Tips to Improve Anticoagulation Management in Atrial Fibrilliation"

Sponsor: Bristol Myers Squibb

Photos (Down Left to Right & Down):
1. Kimberley Bondeson and Wayne Herdy with reps Phil Barry, Kellie Graham and Darrell Hunter.
2. Speaker Dr Alaa Alghamry and Darrell Hunter sponsor representative
3. New Members: Zoe Greer, Oliver McGrath, Patrick Harrison, Alice Tai
4. Phil and Kellie.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 31st of July 2019

TIME: 7pm for 7:30pm start

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

COST: Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – $30 payable at the door (Membership applications available).

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Pine Rivers Private Hospital Represented by: Julie Cameron, Intake Coordinator
7:40pm	Speaker: Dr Dr Jatheesh Pala Valappil, Psychiatrist Topic: "A Case Discussion- a young mother of 2 w/ symptoms of Depression, Anxiety with Panic and Fatigue."
8.00pm	Main Meal served
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business Meet and Greet, Dr Dilip Dhupelia, President, AMAQ and Dr Chris Perry, Vice President, AMAQ

RSVP: By Friday 26th of July 2019
(e) RDMA@qml.com.au or 0466 480 315

INSIDE THIS ISSUE:

Competitive Advertising Rates:

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

CLASSIFIEDS

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 Kimberley Bondeson, Greater Brisbane Area

Nudge Unit's Compliance Letters and Dr Smallhorn's Retirement & Past President

AMAQ Councillor Report – July 2019

What are these Department of Health Medicare "Nudge" letters? It appears that the Chief Medical Officer, Professor Brendan Murphy is part of an intervention that was designed by the health department's "nudge unit", known as the Behavioural Economics and Research Team.

"The Department's Provider Benefits Integrity Division systemically reviews claims made for MBS and associated incentive items" – according to the Australian Doctor News, July 2019.

The article goes onto describe "These reviews allow us to design comprehensive compliance approaches ranging from light touch interventions, such as provider education and targeted letters, through to audits and investigations in the small number of cases where providers are intentionally non-compliant".

The first "nudge letter'' was sent out in 2017 to GP's concerning their antibiotic prescribing. It included statistics comparing the doctor's antibiotic prescriptions with their peers.

I remember receiving one and looking at the data, and thinking that the other doctors who I was compared with did not have anywhere near the number of aged care or children as patients that I did. And probably were not full time, and did not attend nursing homes. So, I did not pay much attention to it.

The most recent letter, concerning opioid prescriptions, was in the same tone. However, it also stated that I was targeted as one of 4,800 GP's whose opioid prescriptions were the highest nationally. Other doctors in my practice also received the same letter. Now I was surprised, as I know full well, that those doctors rarely prescribe opioid's.

So something else seemed to be going on. And yes, it has now come to light, that there is a large number of irate doctors in the same position, who have now become aware that the letters sent were part of a behavioural experiment to influence GP prescribing. I would suggest it is working. We no longer take on any new patients who are on narcotics, or BZ's – and I feel sure that other doctors are doing the same.

In fact, most recently in the news, it seems that heroin usage is on the increase amongst street drugs, along with heroin related deaths.

Is this a co-incidence, or is it in fact related to a decrease in GP opioid prescribing and therefore a decrease in patients selling their opioid medication on the black market?

Apparently, there is another "nudge letter'' going around, concerning Medicare claims for skin excisions.

According to Australian Doctor, this letter includes statistics comparing the doctors claims for skin excision with their peers, and reminding them of the threat of administrative penalties and legal action if false claims are identified in an audit.

The doctors are then asked to review their claims and repay the rebates for any that don't meet the requirements within 31 days.

Overall, I am not impressed being an unwitting participant in a "behavioural experiment".

In fact, has there been an Ethics Committee which approved these "nudge letters"? Without the GP's consent? I think questions need to be asked.

Also note Dr Smallhorn's recent retirement was published in our newsletter and we wish to pay him a tribute as a long term RDMA Member and a past President. The above photo was taken during a visit from the then Federal AMA president and the Member for Petrie during his tenure as RDMA President. We wish you all the best in your retirement and for the future.

Dr Kimberley Bondeson

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

Pharmacy prescribing trial in Queensland

Over the past months, we continued our relentless campaign against the Heath Minister's decision to support a trial allowing pharmacists to dispense the contraceptive pill and urinary tract infection (UTI) antibiotics without a current prescription. We wrote to all Queensland Members of Parliament to seek their cooperation in overturning the Minister's decision.

We also attended a meeting with Queensland Health and representatives from ACCRM and RACGP, where all of the medical organisations indicated their firm opposition to the trial.

We will not give up. We will continue to strongly oppose the pharmacist prescribing trial in Queensland and call for an end to the trial.

Rural maternity taskforce report

Our representative on the taskforce, A/Prof Gino Pecoraro was instrumental in lobbying the Queensland Government to provide a balanced view on the role of doctors, obstetricians and midwives in birthing services in rural and remote communities.

The report from the taskforce, which was released in June, summarised the state of play in birthing services in rural and remote communities across the state, and also included a list of recommendations, which the taskforce members will work on to address some of gaps. These relate to:

- whole of system governance;
- investing and promoting improved rural maternity services collaboration and culture;
- developing an easy to understand guide for women on local maternity model options
- workforce modelling; and
- specific strategies for Aboriginal and Torres Strait Islander families and women and women living in remote communities.

AMA Queensland looks forward to working with Queensland Health on solutions to attract and maintain doctors with obstetric and anaesthetic skills to rural and regional areas and to delivering practical improvements in maternity care in those communities.

Real Time Prescription Monitoring in Queensland

As you would be aware, Queensland Health is currently developing a new real time prescription monitoring system (RTPM) to monitor the distribution of (some) S4 and S8 medications across Queensland.

The system will provide health professionals with either a green, amber or red light at which point the health professional can decide whether to prescribe or not.

The RTPM system will be backed by an education campaign for prescribers to ensure all health professionals are aware of the new system and AMA Queensland will be directly involved in the delivery of this program.

AMA Queensland is strongly supportive of the new real-time prescription monitoring system being introduced in Qld, but we want safeguards in place.

Continued Page 11

In June, AMA Queensland provided a submission to the State Development, Natural Resources and Agricultural Industry Development Committee responsible for changes to the Medicines and Poisons Bill 2019 and the TGA Bill 2019 associated with RTPM to voice our concerns about the new system. Our main concerns are as follows:

- Concerns with the double log-in requirements
- Concerns about the possibility of an increase in assaults against GPs
- The new system will need to easily communicate with existing IT systems used in GP practices

You can read the full submission at www.amaq.com.au/advocay/AMAQ submissions

Be cautious when following advice on Medicare billing

AMA members are advised to be cautious when following advice on Medicare billing from online advice forums.

As highlighted in recent media reports, some of this information may be incorrect and could lead to non-compliance.

doctorportal Learning features a Medicare Billing Compliance accredited online learning module where you can gain critical insights on:

- The role of compliance in the Medicare system;
- Relevant regulations & legislation;
- Obligations with regards to claiming under Medicare; and
- Processes & procedures should an incorrect claim be identified.

The module is **FREE** for AMA members.

CPD points are awarded following completion of the module.

You can find further information ˚–#www.dplearning.com.au/cpd-learning.

Tackling obesity in Queensland

AMA Queensland participated in a workshop associated with designing the functions of Health and Wellbeing Queensland (HWQ), with a focus on health improvement opportunities and place-based collaborations and initiatives.

We have also sent feedback to Queensland Health about restricting advertising of unhealthy food and drink/and alcohol on government owned advertising spaces. Given that the Queensland Government owns over 2000 advertising spaces, it's a great opportunity for the government to increase advertising of healthier options.

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

Interesting Tidbits NATTY MOMENTS:

Teacher & Kid Jokes

… TEACHER: How old is your father? KID: He is 6 years.
TEACHER: What? How is this possible?
KID: He became my father only when I was born.
Logic!!

. This kid is from IIN! ! Children Are Quick and Always Speak Their Minds
TEACHER: Maria, go to the map and find North America . MARIA: Here it is. TEACHER: Correct. Now class, who discovered America ?
CLASS: Maria.

TEACHER: John, why are you doing your math multiplication on the floor? JOHN: You told me to do it without using the tables.

TEACHER: Glenn, how do you spell 'crocodile?'
GLENN: K-R-O-K-O-D-I-A-L' TEACHER: No, that's wrong GLENN: Maybe it is wrong, but you asked me how I spell it. (I Love this child)

TEACHER: Donald, what is the chemical formula for water? DONALD: H I J K L M N O.
TEACHER: What are you talking about?
DONALD: Yesterday you said it's H to O.

TEACHER: Winnie, name one important thing we have today that we didn't have ten years ago. WINNIE: Me!

TEACHER: Glen, why do you always get so dirty? GLEN: Well, I'm a lot closer to the ground than you are.
TEACHER: Millie, give me a sentence starting with ' I. ' MILLIE: I is... TEACHER: No, Millie..... always say, 'I am.' MILLIE: All right... 'I am the ninth letter of the alphabet'

TEACHER: George Washington not only chopped down his father's cherry tree, but also admitted it. Now, Louie, do you know why his father didn't punish him?
LOUIS: Because George still had the axe in his hand.....

TEACHER: Now, Simon , tell me frankly, do you say prayers before eating?
SIMON: No sir, I don't have to, my Mom is a good cook.

TEACHER: Clyde, your composition on 'My Dog' is exactly the same as your brother's.. Did you copy his? CLYDE : No sir, It's the same dog. (I want to adopt this kid!!!)

TEACHER: Harold, what do you call a person who keeps on talking when people are no longer interested?
HAROLD: A teacher

AMA Family Doctor Week 2019
YOUR FAMILY DOCTOR AND YOU: PARTNERING FOR HEALTH

AMA

MEDIA ALERT

AMA FAMILY DOCTOR WEEK, 21-27 July 2019

Your Family Doctor and You: Partnering for Health

SUPPORTING AND APPLAUDING AUSTRALIA'S FAMILY DOCTORS

Next week is AMA Family Doctor Week, a chance to show support for all of Australia's hardworking and dedicated GPs - your family doctors - and applaud them for their important work in local communities across the nation.

This year's theme is *Your Family Doctor and You: Partnering for Health*.

AMA Family Doctor Week puts the spotlight on the important role played by GPs in local communities – cities, suburbs, towns, and remote areas – across Australia.

During Family Doctor Week, the AMA will issue daily media releases highlighting the vital work undertaken by family doctors in keeping people healthy at every stage of life.

The AMA has also produced a series of short videos showcasing the passion of family doctors. These will be available on the AMA Twitter and Facebook sites and on the Family Doctor Week website.

A highlight of the week will be the National Press Club Address by AMA President, Dr Tony Bartone, on Wednesday 24 July. Details are here https://www.npc.org.au/speakers/dr-tony-bartone-2/

Follow all the action on Twitter: #amafdw19 and Family Doctor Week website

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19 July 2019

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Behind The Clinic Door II

Annual Conference Valid for CPD points

RACGP | QI&CPD 2017–19 Accredited Activity Category 1 | 40 points

An engaging day of musculoskeletal best practice

Sports & Spinal Physiotherapy
Provider No. 640061
Activity No. 162604 Allocated 40
Category 1 Points in the QL&CPD
Program for the 2017-19 Triennium

Where: Mooloolaba Surf Club
When: Saturday 31st August
Time: 8:00am- 3:55pm

Speakers

Narrator Dr Rob Park
Dr Daevyd Rodda
Dr Peter Georgius
Dr James Tunggall
Dr Matthew Dwyer
Dr Stephen Byrne
Dr Roger Faint
Dr Karnie Falk
Travis Schultz
Sports & Spinal Physiotherapists

RSVP-14th August 2019

physio@sportsandspinalphysio.com.au

No cost for local practiitioners

PILATES - MORNING TEA - LUNCH - CANAPES

SCCO The Sunshine Coast Centre for Orthopaedics | Sunshine Coast Brain & Spine Neurosurgery & Spinal Surgery | sports & spinal | Dr. Peter Georgius Pain Medicine Specialist, FFPMANZCA Rehabilitation Physician, FAFRM | Sunshine Coast Orthopaedic Group | Travis Schultz Law

WHY THE LAW IS AN ASS?
By Dr Mal Mohanlal

Do you know there is a saying called “the Law is an ass”? It is derived from an English proverb which likens the law’s stubbornness and stupidity to the supposed innate nature of a donkey. Charles Dickens popularised it in his novel “Oliver Twist” where Mr. Bumble is told in court regarding his domineering wife that “... the law supposes that your wife acts under your direction”, replies:

“If the law supposes that,” said Mr. Bumble, squeezing his hat emphatically in both hands, “the law is an ass - an idiot”.

In my mind, the law becomes an ass because the judges, lawyers, and the legal profession do not follow the spirit of the law. They are only concerned with the letter of the law.
Our politicians are very good at making new laws all the time because it gives them the appearance of acting positive and trying to solve a problem. In doing so, they do not allow for the fact that when the lawyers and judges apply the law, only the letter of the law is followed and never the spirit. It leads to contradiction in many cases where all the ethical and moral considerations are lost. Thus the law becomes an ass.

We see this in action in every bureaucratic institution everywhere and at all levels of government. It means that those working in that situation are not allowed to use their common sense or reason with their brains. These people are being conditioned to think in a particular way and trained to stick to the letter of the law. Do you realise that when one is working under these conditions unless one is aware of it, one unwittingly becomes a zombie?

In the recent case of Isreal Folau and Rugby Australia, a moral and ethical dilemma has arisen because both sides have claimed their correctness according to the letter of the law.

Israel Folau claims that he has been discriminated against and unfairly sacked by Rugby Australia because of his religious beliefs.

Since Rugby Australia is a bureaucratic organisation which can only think in terms of the letter of the law, they had to find Folau in breach of contract to sack him. There was no other option because they followed the letter of the law.

To implement the law, Rugby Australia did what most bureaucratic organisations do, display their authority and use bullying tactics. They warned Folau and threatened him with dismissal so that he may bow to their demands. Under those circumstances, how would you feel if you were in Folau’s position? Would you not dig in your heels?

Thus we have an example where the letter of the law is applied, without any ethical and moral consideration to an individual who had not committed any crime, to make him submit to their demands.

Recently in the Brisbane Courier-Mail of 7 May 2019, there was a report titled “Music legend felt ‘violated’” published. Diana Ross “was close to tears as a security officer felt between her legs during an airport pat-down”. “I was treated like s..t”. “Makes me want to cry.” “It’s not what was done, but how,” she insisted. “However, a TSA spokesman said that CCTV footage appeared to show the officers involved ‘correctly’ followed all protocols”.

Here again, was an example of how bureaucratic handling of a situation can result in traumatising an individual. And of course, the bureaucracy always goes scotfree because they always act within the letter of the law. Under the protection of the law, an average person subconsciously or consciously tends to feel more powerful and superior; thus, there is a likelihood of authority being abused.

Hence when we apply a law without the spirit behind its formulation, it becomes a heart without the soul. I hope this case between Folau and Rugby Australia does not settle out of court. I want the wise judges in our Law Courts to prove to all of us that the law is not an ass.

Please read “The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind” and learn how not to become a zombie Visit Website: http://theenchantedtimetraveller.com.au/

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TO PURCHASE TICKETS: call (07) 3872 2222 or email amaqfoundation@amaq.com.au
COST: 1 ticket for $100; 3 tickets for $200
DRAWN: Friday 26 July 2019 at the ***AMA Queensland Dinner for the Profession***.

You do not have to be an AMA Queensland member nor present at the draw to win.

First Prize
18ct White Gold Diamond Set Tennis Bracelet featuring 3.09cts of D/Vvs Diamonds + 1-year Worldwide Jewellery Insurance Cover
Value: $13,360, donated by ***Pavéction by Robert Bellamy***

Second Prize
The Ultimate Melbourne Cup Carnival Experience, including
- two VIP tickets to Lexus Birdcage on Melbourne Cup Day 2019;
- two nights at Grand Hyatt Hotel;
- return Lexus race day transfers; and
- $1,000 travel voucher compliments of ***MDA National***

Value: $8,500, donated by ***Lexus of Brisbane***

Third Prize (value: $1,800)
Melbourne Travel Package – including flights & accommodation at Double Tree Hilton Hotel. T&C apply
Value: $1,800, donated by ***Orbit World Travel***

Fourth Prize
$1,000 Pia du Pradal Voucher
Value: $1,000, donated by ***Pia du Pradal***

Fifth Prize
1 bottle of Dom Pérignon 2008 Champagne
Value: $285, donated by ***Pavéction by Robert Bellamy***

Sixth Prize
6 bottles of Turkey Flat Barossa Shiraz 2015
Value: $270, donated by ***Wine Direct***

Thank you for your support.
Yours sincerely,
Dr Steve Hambleton
President, AMA Queensland Foundation

New AMSA policy supports intersex rights

Media release **8 July 2019**

The Australian Medical Students' Association (AMSA) National Council has unanimously passed a new policy in support of intersex rights.

AMSA President, Ms Jessica Yang, said today that AMSA took this major step forward on LGBTQIA+ inclusion when its National Council 2 passed the newly-reviewed "LGBTQIA+ Health Policy" on the weekend.

The new policy supports the Darlington Statement (2017); a document which details the human rights demands of intersex individuals, including the provision of equitable health care.

"AMSA has always prided itself on being a welcoming and inclusive organisation, which values diversity because of the experience and perspectives brought by different people," Ms Yang said.

AMSA Queer Officer and one of the policy's authors, Ms Jessie Lu, said it was excellent that the AMSA Council – who are elected representatives from all medical schools across the country – unanimously voted to empower and uplift this marginalised group.

"AMSA Queer is an evolving group that supports and advocates for the LGBTQIA+ community and provides a safe space for queer-identifying and questioning medical students to connect." Ms Lu said.

"Individuals with variations of sex characteristics are often underrepresented, even in LGBTQIA+ groups, and experience the poorest health outcomes of all queer groups due to extreme barriers to accessing safe, appropriate, and inclusive medical care.

"We hope this policy will demonstrate our recognition of the unique challenges that intersex individuals face and the variation in individuals' journeys through the healthcare system, and our commitment to making headway in this space." Ms Lu said.

AMSA is the peak representative body for Australia's 17,000 future doctors and advocates for health equity for all Australians.

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The Medical Journal of Australia • MJA
MEDIA RELEASE

AGEING POPULATION NEEDS IMPROVED PRIMARY CARE

GENERAL practitioners and other primary care providers are best placed to deliver quality health care to older Australians, according to the authors of a Perspective published today in the *Medical Journal of Australia*.

The Australian Institute for Health and Welfare estimates that by 2057 there will be 8.8 million Australians aged 65 years and over, representing 22% of the population.

“In 2017, one-fifth of all presentations to emergency departments was for people aged 65 years and over, but multiple inpatient and outpatient hospital attendances are clearly not an effective way to deal with this growing challenge,” wrote the authors, Professor Dimity Pond, professor of General Practice, and Dr Catherine Regan, a Conjoint Senior Lecturer, both at the University of Newcastle.

“Primary care providers, with their potential to focus on primary and secondary prevention, their ability to identify disease at an early stage, their knowledge of the patient including their social context and their capacity for ongoing chronic disease management are vital for the health care of this group.

“Moreover, primary care has been shown to be cost-effective, an important consideration in a society where taxpaying workers are a shrinking proportion of the population.”

In order to maximise the effectiveness and access to primary care for older Australians, changes and improvements need to be made, the authors wrote.

“Primary care is well placed for the care of older people. It has … the potential to relieve health system strain due to the demographic transition [to an older population],” Pond and Regan wrote.

“For this to be achieved, policy and practice (including education) should focus on what primary care does well and could do better.

“This should include consideration of the recent Medicare Benefits Schedule Review, in particular those items that pertain to older people and chronic disease, revision of guidelines for the 75+ health assessment, and care planning and policies that encourage better coordination between multiple primary care health and social services and the hospital system.

“Any changes should be assessed for factors such as continuity of care discussed above and known to affect the health and wellbeing of older people,” they concluded.

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

CONTACTS: Media and Communications Office
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The Medical Journal of Australia • MJA
MEDIA RELEASE

WORK-RELATED MENTAL HEALTH CONDITIONS: ADVICE FOR GPs

NEW Australian clinical practice guideline recommendations to assist GPs with the diagnosis and management of work-related mental health conditions (MHCs) have been released, and are summarised in the *Medical Journal of Australia*.

Professor Danielle Mazza, Head of the Department of General Practice at Monash University and colleagues developed 11 evidence-based recommendations and 19 consensus-based statements which aim to assist GPs with:

- the assessment of symptoms and diagnosis of a work-related MHC;
- the early identification of an MHC that develops as a comorbid or secondary condition after an initial workplace injury;
- determining if an MHC has arisen as a result of work factors;
- managing a work-related MHC to improve personal recovery or return to work;
- determining if a patient can work in some capacity;
- communicating with the patient's workplace; and
- managing a work-related MHC that is not improving as anticipated.

"The guideline focuses on MHCs that may have arisen as a result of work, such as depression, anxiety, post-traumatic stress disorder, acute stress disorder, adjustment disorder and substance use disorder, and builds upon key principles articulated in the Health Benefits of Good Work consensus statement, and the Fifth National Mental Health and Suicide Prevention Plan, which emphasises that 'consumers and carers have vital contributions to make and should be partners in planning and decision-making'," wrote Mazza and colleagues.

"Underlying the clinical recommendations are also two key principles: that GPs provide care within their expertise, knowledge and capabilities, and that GPs ensure that culturally and linguistically diverse patients and young people receive appropriate care throughout their recovery."

The authors wrote that although they had endeavoured to provide evidence-based advice to address all clinical questions, "for some questions no reliable evidence could be identified".

In addition to the recommendations for future research, the guideline development group noted gaps in the evidence on the following areas:

- management strategies for work-related MHCs that are feasible and acceptable for GPs to utilise, including special considerations for GPs practising in rural and remote Australia;
- evidence to describe the value of work participation for people with a work-related MHC; and
- feasible tools and strategies that are validated for use in the general practice setting to support the diagnosis and management of acute stress disorder and adjustment disorder.

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

Tour Morocco

by Cheryl Ryan

A land of spice and mystery, Morocco puts your senses on high alert. The country will take you on a magic carpet ride of extremes, from the searing Sahara to the snow-dusted High Atlas Mountains; from Marrakech's thronging medinas to petal-strewn serenity in a Fez riad. It's a place where spirituality rises with sounds of the first call to prayer, where cities are urban labyrinths and where runaway donkeys rule the souks. Bring a sense of adventure, a talent for haggling and patience for the long, bumpy but thrilling ride.

Cities
Ancient and modern collide in the tree-fringed boulevards of the European-flavoured capital, Rabat. Trace the Atlantic coast north to Tangier for colourful street life and glimpses of Spain. Head south to bustling Art Deco port of the legendary Casablanca. The symmetry of Hassan II, the largest mosque outside Mecca, is breathtaking. Inland, the imperial cities of Marrakech and Fez transport you back to the Middle Ages, where donkey carts rattle down the streets of walled medinas.

Countryside
With snow, the Sahara and everything in between, it's no wonder Morocco is known for its outdoor adventures. Hike the colour-changing peaks, mud-built Kasbahs and time-locked Berber villages of the High Atlas Mountains. Follow the path of an old caravan route to the fortified city Aït Benhaddou, of Lawrence of Arabia fame, which glows red at dusk. In winter, you can take to the slopes of Oukaïmeden, Africa's highest ski resort (2,600m). Ride the sand dunes of Saharan Morocco by 4x4 or camel hump.

Coast
Spain is sometimes glimpsed from the coves along the northern Mediterranean coast, backed by the snow-capped Rif Mountains. Today there are more surfers than there are hippies in Taghazout and whitewashed Essaouira. You can ride a camel along the beach as the setting sun silhouettes Borj el-Berod, the sinking ruins said to have inspired Jimi Hendrix's Castles Made of Sand.

Eating and Drinking
• Enjoy a Moroccan feast by candlelight
• Enjoy Savory tagines and wonderful slow-roasted Mechoui lamb
• There is also the French cuisine to enjoy in elegant colonial surrounds in Rabat
• Atlantic-fresh seafood along the coastal areas of Agadir and Casablanca.
• Don't miss the experience of mint tea, poured from a great height into tiny glasses to sip on

I will be there in November this year when I take a small ladies group tour so I will keep you updated on this wonderful destination.

Tip- Empty suitcase for the trip over as the shopping is wonderful.

Cheryl Ryan -123Travel
www.123Travelconferences.com.au
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Can you believe 30th June 2019 Tax Timeline is here again?

Below are a few standard business items for you to look at prior to the end of the Financial Year 30th June 2019 -:

- For businesses for eligible plant purchased during 2018/19 you will be eligible to claim a 100% immediate write-off for businesses less than $10M turnover
  - Less than $20,000 for plant purchased between 01.07.18 to 28.01.19
  - Less than $25,000 for plant purchased between 29.01.19 to 02.04.19
  - Less than $30,000 for plant purchased between 02.04.19 at 7.30pm until 30.06.19 $30,000
- For Businesses with turnover from $10M to $50M they can claim less than $30,000 for plant purchased between 02.04.19 at 7.30pm until 30.06.19 $30,000 (proposed but not yet legislated)

- If you are wanting to reduce your annual profit
  - Pay any superannuation liabilities before June 30 so it reduces the 2019 tax position. The contributions must be cleared funds by 30.06.2019 in the recipients Superfund to claim a deduction for 2019. With super clearing houses and electronic transfers we would suggest making these contributions no later than 21st June to ensure they clear;
  - Review your depreciation schedule for obsolete items;
  - Perform a full stock-take and write off obsolete stock;
  - In limited circumstances prepayments of interest, subscriptions, rent or insurances can be deductible;
  - Consider paying bonuses to staff;
  - Write off any bad debts;
- If you have to purchase consumables consider purchasing them prior to 30th June, this gets your deduction in this year; (if on an accrual basis you just need to purchase the consumables and have an invoice).
- The maximum concessional superannuation contribution for 2019 is $25,000 per taxpayer.

Single Touch Payroll (STP) is Here, what is it? What to do by 30th June 2019.

Single Touch Payroll (STP) is a new legal requirement to report salaries and wages, PAYG withholding and superannuation via STP-enabled software to the ATO each time you pay your employees. With the correct software all data is sent as processed in real time.

By implementing this system the ATO will have wider reaching ability to data match (Child Support & Centrelink). From 1st July 2018 STP became compulsory for employers with > 20 employees. For employers with 19 employees or less, the start date for STP varies but you should ensure that you have reviewed your situation prior to 1st July 2019 to ensure that you comply.

There are some benefits of the new system:

- You're no longer required to submit a payment summary annual report;
- You're no longer required to prepare payment summaries, however you will be required to provide a finalisation declaration by 14th of July each year;

Most of the widely used accounting programs such as Xero, MYOB etc easily handle the transition to STP, although there may be some increased costs depending on your program. The ATO is currently working with different software providers to develop free and low cost options to report under STP.

If you have any questions about this article feel free to give us a call 07 54379900.

Article written by Kerri Welsh- Senior Manager

Please note - The above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.

Next Month – Article **2** of **3** of Aged Care – The Cost of Home-Care for Self Funded Retirees.

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MBS REVIEWS: AMA WARNS THAT MASSIVE REFORM REQUIRES MORE DETAIL, MORE TIME, AND MORE CONSULTATION

AMA Submission to the MBS Review Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) report. The AMA has lodged its submission to the Medicare Benefits Schedule (MBS) Review Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) report. In the Submission, the AMA warns that the report is proposing massive change – time-tiered attendance items, in particular – but providing very little detail on implementation or impact on the range of specialists and their patients. In the end, the AMA could not support the recommendations in the absence of more detail and more consultation.

The AMA recognised early there was going to be a wide range of views, and that a change this significant would likely have a number of key, long-term, unintended consequences for the health system - a change that required significant, robust, and extensive stakeholder consultation with appropriate detail and information provided. Following attendance at a poorly attended MBS Review Consultation in Canberra in March, the AMA undertook the following communications activity to encourage the entire profession to respond:

• the AMA President wrote to many medical specialty Colleges, Associations, and Societies to strongly urge them to provide feedback to the MBS Review Taskforce;
• the AMA President wrote in Australian Medicine magazine encouraging AMA members to respond directly to the MBS Review Taskforce;
• regular communications were published in the weekly AMA member newsletter, AMA Rounds;
• liaised directly with several Colleges and other organisations, as well as members and internal committees, to gauge support or opposition to key recommendations in the report; and
• lobbied the Health Minister's office and the Department of Health to have the deadline for responses extended to the end of June (this was successful) for all the profession, to allow the communications to reach their audiences and to give people the chance to respond.

The AMA Submission is only a summary of the key issues, concerns, and feedback raised by the AMA's members, Councillors, and other professional bodies.

If further consideration is going to be given with proceeding with some or all these recommendations, the AMA suggests that there should be a widely publicised Forum, with adequate lead time to discuss them with the whole profession.

This must be done before the MBS Taskforce considers them further, and it should include the necessary information that is missing from the report. The AMA noted in its Submission that it is limited in being able to respond to the report more meaningfully due to these constraints.

In the absence of a compelling argument, backed with the data to allow modelling, the AMA disagrees with a number of the key recommendations outlined it the report. In particular, the AMA is unable to support the proposed time-tiered attendance items given the significant concerns discussed in its submission, the unknown potential impact on specialist consultants broadly, and each of the various specialties more specifically – due in large part to the fact that no fees are proposed, nor any modelling provided. Time-tiered consultations exist in general practice, and they already undervalue the work of GPs. Trying to model time-tiered items for non-GP specialists, based on this inadequate item structure, is a flawed approach that also ignores the obvious differences in practice models.

There was also strong opposition by AMA members to several other key aspects, including the proposed changes to telehealth items. he AMA Submission is at https://ama.com.au/submission/ama-submission-response-specialist-and-consultant-physician-consultation-clinical

17 July 2019

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Notice to New and Past Members

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

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

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

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"A Fortunate Life: Ernest Brough"

https://www.awm.gov.au/articles/blog/ernest-brough-and-his-great-escape

"Fortune favours the bold [and] if you've got the guts to have a go, the others don't wake up until you've gone. And it's quite true too."

He laughs when asked if he was frightened. "No, I wasn't scared," he said simply. "That's the funny part about it. It was sort of a big joke, but that's probably because I had some of Albert Jacka's blood in me ... My mother was his cousin, and I reckon, I got a flash of blood from her that stopped me … I had no fear, no fear whatsoever. I used to work it over and think about it, but I was not frightened of anything. It's amazing … See, no fear – don't give in, and no fear – it's a wonderful thing to have."

Three hours later the tanks came and Brough was taken prisoner and handed over to the Italians. He remembers pulling the lining out of his tin hat and using the hat as a saucepan to boil up a kind of stew with his meagre rations so that his hat would be warm when he went to sleep. He did this all the way to Tripoli, where he was loaded into the hold of a coastal freighter bound for Italy. Worried they would be torpedoed as they crossed the Mediterranean, he and the other prisoners spent the night singing every song they knew over and over again as loudly as they could in a desperate attempt to alert any British submarines to hold fire.

"The Italians must have wondered what the hell was going on," he said in his book. "They kept telling us to shut up; what they didn't realise is that we were saving their souls as well as ours. It worked. We made it to Italy alive." Brough was taken to a prisoner of war camp near Gruppignano called PG57, home to two to three thousand men and "several billion lice as well".

"It was pretty rough because you had no authority, and they might come along with a bit of bloody bread or something like that," he said. "They were supposed to be giving you a [bowl] of something to eat and it would be full of bloody water with a lettuce leaf and a grub in it or something. It was a make believe feed. It was nothing. All they wanted to do was starve you. So the thing was to get out as quick as you could."

After Italy capitulated in 1943, Brough was loaded onto a cattle truck and ended up at Stalag 18 A/Z at Spittatl an der Drau in southern Austria. He remembers lying on his back on the ground to watch the bombs fall as waves of Allied

Ernest Brough's compass is pictured alongside his prisoner of war tag.

Boston bombers flew over to attack German bases, factories and railway lines, and still has the prisoner of war tag he was given as a reminder of his good fortune. The tag, which he keeps in a small case along with his dog tags and a couple of old coins from the Middle East, is scored down the middle. If he had died, the tag would have been broken in half along that line, one half to be buried with him, the other half to be sent to the Red Cross. "The sooner we got out of that the better," Brough said, laughing once more. "They just put us into the prison camp and shut the door and I said to one bloke, 'How do you get out of this joint?' And he said, 'I can open the door any time you like.' And he could."

On Good Friday 1944, Brough escaped with New Zealander Eric Batty and West Australian Allan Berry and embarked on an extraordinary journey through Slovenia and Croatia to Bosnia. They stuffed their trousers and socks with supplies from Red Cross parcels, and travelled by night, using the moon, a stolen map and handmade compass, which he still has, to guide them. "What we did not know at the time was that there had been a mass escape from a high-security camp called Stalag Luft III – the one made famous in the film The Great Escape," Brough said in his book. "The Germans were on extra alert for escapees … and the village … and its surrounds would have been crawling with guards. But we didn't know anything about it, which probably was just as well…"

Continued next month.