



RDMA

RDMA & NLMA's Joint Newsletter

Newsletter

JUNE 2017

RATS OF TOBRUK:

See Where We Work & Live on page 20.
<http://anzaportal.dva.gov.au/sites/default/files/rats-of-tobruk-transcript>

President's Report Dr Kimberley Bondeson



Looks like we are in for a very wet and unseasonal June, with currently rain every day, and temperatures in the winter range of 10 – 24 degrees (which I personally love).

The flooding that is occurring in parts of NSW and southern Queensland is unseasonal. It seems like we missed out on the normal wet season earlier in the year, but are making up for it now.

Congratulations to Dr Geoffrey Harding of Sandgate, who had been honoured in the 2017 Queen's Honour List and awarded the Medal of the Order of Australia (OAM), for Service to Musculoskeletal Medicine.

Dr Harding is a long term member of RDMA, and is a past president of RDMA. Well done Dr Harding, and congratulations.

On a personal note, Dr Harding's most recent contributions to RDMA recently has been at two of our End of Year Networking Functions, where he and his associates entertained us with "The Three Amigos". Brilliant, and multi-skilled!

Another of our RDMA members Dr Wayne Herdy is shortly leaving to go trekking for 4 weeks in Gobi, which he described as the world's biggest desert.

I had to look this one up in a World Atlas, and it is southern Mongolia (near China). What a trip, Dr Herdy, we look forward to the photos on your safe return.

And many thanks to Dr Geoffrey Hawson, who attended the recent AMA National Conference in Melbourne with me.

Dr Hawson is on AMAQ Council as the Retired Doctors Representative. It was his first National Conference, and his unbiased comments and review was refreshing.


The final Gala Dinner had a masked theme, and was held on the top floor of the Myers Department Store in the central city area.

You entered the store on the ground floor (cosmetics department), and were escorted to the top floor (Manchester).

There is a magnificent function room up there, where the dinner was held. A very unusual, but enjoyable venue.

Kimberley Bondeson,

RDMA President



RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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



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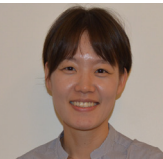


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RDMA 2017 MEETING DATES:

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

Wednesday	February	22th
Tuesday	March	28th
Wednesday	April	26th
Wednesday	May	24th
Tuesday	June	27th
Tuesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	23th
Tuesday	September	12th
Wednesday	October	25th
NETWORKING MEETING		
Friday	December	1st

RDMA NEWSLETTER DEADLINE

Advertising & Contribution **15 June 2017**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2017 MEETING DATES tbc:

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

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	14th
2	April	11th
3	June	13th
ANNUAL GENERAL MEETING - AGM		
4	August	8th
5	October	10th
6	December	12th

NEXT MEETING DATE 27TH JUNE 2017

RDMA Meeting for 24.05.17

Dr Kimberley Bondeson, RDMA President as the RDMA Sponsor representative introduced the Speakers for the night: Dr Robert Brown who spoke about MBAQ and Dr John Yaxley, Urologist whose Topic was An Update on the Investigation and Management of Prostate Cancer, including the Role of the GP.

Below: 1. Dr John Yaxley Presentation.
2. Michael & Linda Fleming.

Clockwise 3. Drs Larry, Lara and Carol Gahan. 4. Geoff Harding, Speaker Robert Brown, Pravin Kasan. 5 & 6. Wayne Herdy's 2017 Rally Car 55 **Donations:** <https://www.variety.org.au/bash/bashers/car-5555>
7. **New Meeting Convener** Ms Amelia Hong. 8. **New Member** Christopher Hollis and Wayne Herdy.
9. Wayne Herdy and John Yaxley. 10. John Yaxley and Andrew Butler

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 27th of June 2017

TIME: 7pm for 7:30pm

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: Medtronic

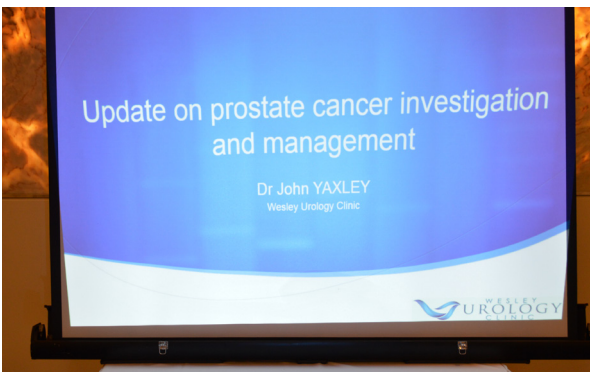
7:40pm Speaker: Dr Daniel Hagley, Vascular Surgeon -
Topic: Veins, Veins, Veins

8:15pm Main Meal, Question Time

8:40pm General Business, Dessert, Tea & Coffee

RSVP: By Friday 23rd of June 2017

(e) RDMA@qml.com.au or 0466 480 315



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NATIONAL AMA CONFERENCE REPORT

DR GEOFF HAWSON



BIG PICTURE ITEMS; HEALTH CARE IN DANGER, THREATS BEYOND BORDERS, IMPROVING AUSTRALIAN ORGAN DONATION RATES & TACKLING OBESITY.

This was my first National Conference. The first speakers were politicians. The Minister & Shadow Minister for Health and the Leader of the Greens as well as the Leader of the Opposition.

On the second day, the Prime Minister spoke. It was good to see that they were interested in the AMA to attend. I am not sure I learnt anything particularly new.

There was, as would be expected at a National Conference, an emphasis on "Big Picture" items. These included "Health Care in Danger"; "Threats beyond Borders"; "Improving Australian Organ Donation Rate" and "Tackling Obesity".

Many of these were done as: "Q & A" type sessions with a well-known facilitator. The session on "Big issues in 2017" was supposed to cover Antibiotic Resistance AND Global Pandemics, but got bogged down with only antibiotic resistance being discussed, which was unfortunate.

The Obesity Session, had discussants from the food industry and bariatric medicine groups as well as a few others. Much of the discussion centred on the particular groups beliefs in their own area.

On the last day there was a "Soapbox Session" at which I was able to raise the issue of the lack of a transition from active practice to fully retired. I was able to get to know the other AMAQ council members which should make discussions at council much better in the future.

I am not certain that anything was actually achieved at the "Global Level" with many of the discussions, apart from awareness of issues that were raised.

The meeting seemed to be a hive of networking between players, which is not surprising. I would go again if offered the chance.

My Soapbox Tweet (I learnt to tweet at National Conference)
Dreams – 75 – Retired
Judge – Royal Commission – Yes
Doctor – Scriptwriting – No
Elder respect - Where

Dr Geoffrey A T Hawson
MBBS FRACP FACHPM
Dip. Clin Hyp. CFTe(ATAA) FRCPA (1976)
Associate Professor (U of Q)
Medical Oncologist



Its Here Again Aug-Sep, 2017 The Surf & Turf Variety Bash

SUPPORT A WORTHWHILE CHARITY, Variety The Childrens Fund
Variety supports disadvantaged & sick children and their families.

Dr Wayne Herdy is again an entrant for this year's Bash too

GET YOUR TAX DEDUCTION NOW before June 30!

DONATE at the new website link below:

<https://https://www.variety.org.au/bash/bashers/car-5555/>



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WOMEN'S HEALTH PHYSIOTHERAPY



Pregnancy and childbirth are possibly one of the most dramatic events the human body undergoes, and vaginal delivery is the most common cause of pelvic floor dysfunction (PFD) (Bazi & Takahashi et al, 2016). A study conducted by Miller et al (2015) demonstrated via MRI the stress that the levator ani muscles undergo during delivery, and found that:

- **91% of women sustained injury involving the pubic bone and or the levator ani muscles**
- 41% of these women sustained levator ani tears
- 89% had not improved at 7/52 follow up
- 9% of women had high grade tears (>50% of muscle fibres)

As pelvic floor physiotherapists, we are often asked when women are safe to return to exercise post vaginal delivery, however this question needs to be answered on a case by case basis, after a full assessment of PFD risk factors and pelvic floor function.

If you would like any more information, or would like to discuss our services any further please don't hesitate to contact our Women's Health Physio.



Marnie Crosdale Chermside Women's Health Physiotherapist

Marnie Crosdale graduated from Australian Catholic University with a Bachelor of Physiotherapy. She has developed a keen interest in Female Power Lifting and associated sport related injuries and rehabilitation. Marnie has completed further post graduate training in dry needling and Women's Health conditions, and has a great passion in promoting prenatal women's health and fitness and returning post-partum women to exercise safely.



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AMAA BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



AMA FEDERAL NATIONAL CONFERENCE

The AMA National Conference in Melbourne this year was interesting. The Honourable Prime Minister, Malcolm Turnbull attended, and gave a short 10 minute speech. Other politicians also attended and spoke, namely the opposition leader Mr Bill Shorten, the Federal Health Minister the Honourable Greg Hunt, and the shadow federal health opposition minister, Catherine King.

The Age Newspaper reported the next day, after The Honourable Greg Hunts speech, which was followed by Mr Bill Shorten's speech, and according to Mr Shorten's speech, that the AMA had sold itself short to the Liberal party over the Medicare freeze. Mr Shorten said that the Medicare rebate amounts that the Liberal Party was "unfreezing" was only the equivalent to \$9 million over 4 years. Am not quite sure what Mr Shorten thought the AMA was getting in return for this lesser amount, but there seemed to be ongoing political bickering between the politicians. We certainly did not see this in their presentations at the AMA National Conference; it was as far as I was aware, only reported in the media.

The undertone that ran throughout the conference amongst the Doctors, Doctors in Training, and Medical Students present was the distressing situation of doctor suicide. There was considerable disquiet amongst the group as to the contribution that Mandatory Reporting may have had to these deaths. Western Australia is the only state in Australia that does not have Mandatory Reporting, and it was unsettling to hear from WA representatives that many doctors from other states around Australia are flying to WA to seek psychiatric treatment.

One of the questions asked from the audience was "Is there an increase in doctor, Doctors in Training or Medical Students suicide since the introduction of Mandatory Reporting"? The evident given was that there has not been any significant increase in the number of suicides. The particularly at risk group for suicide are young female doctors, and this has not changed over the last 10 years. The entire conference supported the abolishment of Mandatory Reporting, Australia wide.

Photos from the AMA Federal National Conference and Gala Dinner in Melbourne.

Photo 1. Dr Geoffrey Hawson and Dr Gino Pecoraro at Melbourne airport returning

to Brisbane after the AMA Federal National Conference.

Photo 2. The Queensland team at the AMA Federal National Conference Dinner in Melbourne

Photo 3. Dr Bill Boyd (AMAQ President elect), myself and Dr Geoffrey Hawson.

Photo 4.

Dr Bill Glasson, Dr Chris Zapalla and Dr Clare Jackson

Continued on page 8.



Continued on Page 8

AMAA BRANCH COUNCILLOR REPORT CONT FROM P7 DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



The Gala Dinner on the Saturday night at the AMA National Conference in Melbourne.

Top (Anti-clockwise):

Photo 5
Dr Geoffrey Hawson, and Dr Kimberley Bondeson

Photo 6
Dr Richard Kidd and companion

Photo 7
Group photo of all Queensland Representatives at the AMA National Conference.

Photo 8 & 9.
The Prime Minister, Malcolm Turnbull, presenting a speech to the Doctors at the



AMA National Conference.

Photo 10
Dr Richard Kidd with his mask at the Gala Dinner.

Photo 11
Dr Bondeson wearing her mask at the Gala Dinner. and

Photo 12
Group Photo of the Queensland delegates at the Gala Dinner at the AMA National Conference.

Sincerely
Kimberley Bondeson



CEO Update - Mandatory Reporting

At the recent AMA National Conference, doctors were unanimous in their request to have the mandatory reporting requirements under the National Law amended, so as to not dissuade medical practitioners from seeking necessary medical treatment or assistance.

As you may be aware, mandatory reporting for doctors was introduced in NSW in 2008 and then into the National Law for all practitioners in 2010. The intention of the legislation was to ensure the protection of the public by requiring doctors (and other health practitioners) to report colleagues under defined circumstances. This requirement to report included doctors who treat other doctors.

An extensive study of over 12,000 doctors undertaken by Beyondblue in 2013 revealed that one of the most common barriers to doctors seeking treatment for a mental health condition were concerns about the impact of mandatory reporting on medical registration (34.3%).

The Western Australian Government recognised this concern and created a provision in their legislation to exempt treating doctors from the requirements of the Act.

As doctors, we know the dangers of delaying access to medical treatment. This risk is particularly pronounced with mental illness where delaying treatment can result in a person ending up with a far greater level of impairment. As such, we believe the current legislative arrangements are not protecting health practitioners and, equally importantly, they are failing to protect the public.

The AMA wishes to expand the exemption under the WA law to the National Law to ensure doctors have the confidence to be able to access health care in the same way as any other patient.

Once again, we seek your support and ask you to send this update to your local Member of Parliament (MP) to encourage the Queensland Government to send a strong signal to members of the profession that their health is very important and in doing so, remove this barrier to accessing care.

Jane Schmitt, Chief Executive Officer, AMA Queensland

MEDICAL MOTORING

WITH DOCTOR CLIVE FRASER

“Hot Wheels!”

Safe motoring,
doctorclivefraser@hotmail.com.



Most car owners will not hesitate to option up their vehicle with fancy alloy wheels.

After all they are shiny and will lift the appearance of even the most ordinary sedan.

We used to call them “Mags” because that’s what they were originally made from.

“Mags” was a term that was simply short for magnesium, the 12th element in the Periodic Table.

In England in 1618 an Epsom farmer noticed that his cows wouldn’t drink from a well because of the water’s bitter taste.

The contamination was from hydrated magnesium sulphate which we now call Epsom Salts.

Doctors know that ingesting 300-400mg a day of magnesium from nuts, whole grains and leafy green vegetables will keep those essential enzyme systems running.

And whilst the average adult body contains 25 grams of magnesium, the average car contains much more.

With a melting point of 650°C it’s worth remembering that magnesium is also highly flammable with flame temperatures reaching 3,100°C.

Burning magnesium also reacts with nitrogen, carbon dioxide and water so don’t try to use these to put the fire out as they will only intensify the combustion.



Stronger and 75% lighter than steel magnesium was perfectly suited to the manufacture of automobiles.

Because of its light weight from the 1930’s onwards magnesium was used in the fabrication of wheel rims.

But corrosion could let air leak through the rims and that flammability issue did cause problems when cars crashed.

A fire from a ruptured fuel tank could easily ignite the magnesium wheels and there really was no practical way of putting the fire out.



The most catastrophic example of this occurred at the 1955 Le Mans 24 hour endurance race.

A crash involving an Austin-Healey and a Mercedes 300SLR made mostly of Elektron (90% magnesium) resulted in at least 84 fatalities.

The exact number of casualties is unknown, but may have been as high as 130 due to the catastrophic damage at the scene.

The body and wheels of the Mercedes burnt for hours and attempts by officials to douse the blaze with water only made the fire worse.

Having come from a family of firefighters I can remember my father’s stories of attending VW Beetle engine fires.

The air-cooled engine compartment was very prone to overheating which damaged rubber fuel lines which in turn would leak and catch fire.



MEDICAL MOTORING WITH DOCTOR CLIVE FRASER

“Hot Wheels” : Continued from Page 10



As the VW Beetle engine was made of magnesium alloys the resulting engine-bay fires were spectacular.



Fast forward to today and modern magnesium alloy wheels don't have exactly the same flammability issues of their predecessors.



But the next time someone tells me that my wheels

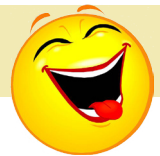
look “hot”, I'll check their temperature before accepting the comment as a compliment.

BCF (bromochlorodifluoromethane) anyone?

Safe motoring,

Doctor Clive Fraser

Interesting Tidbits **NATTY MOMENTS:**



“Freedom is the right to tell people what they do not want to hear.”

George Orwell, quoted in the London Evening Standard.

“One of the lessons of history is that nothing is often a good thing to do and always a clever thing to say”.

US Historian Will Durant, quoted in the Advertiser

“There comes a time in every woman's life when the only thing that helps is a glass of champagne”.

Bette Davis, quoted in the Sydney Morning Herald

“I have a new philosophy; I'm only going to dread one day at a time”.

Charles Schulz, quoted in the Sunday Herald Sun.

Wit & Wisdom

“Don't ever take a fence down until you know that reason it was put up”.



GK Chesterton, quoted in the Advertiser

“I have not failed. I've just found 10,000 ways that won't work”.

Thomas Edison, Quoted in The Times.

“I've never seen a situation so dismal that a policeman couldn't make it worse”.

Brendan Behan, Quoted in the Mail on Sunday

“Hatreds are the cinders of affection”.

Sir Walter Raleigh, quoted on Forbes.com

“It takes as much energy to wish as it does to plan”.

Eleanor Roosevelt, quoted in The Advertiser

Donated by Dr Philip Dupre

Young Doctors & Older Doctors

By Dr Mal Mohanlal

A report titled "What does a doctor's age have to do with mortality risk?" was published in 6 Minutes Medicine on the Internet on 17 May 2017.

It stated: "Patients treated by older doctors are more likely to die than those with younger doctors according to Harvard researchers."

"Their observational study of 737,537 US hospital patients and the 18854 doctors who treated them has found that those seen by doctors over 60 have a higher chance of dying within the next 30 days than if they were treated by a doctor under 40."

"The researchers have worked out that if 77 hospital patients were seen by an older doctor, there will be one extra death than if they were all treated by relatively young one."

"This may be because older doctors do more research and less clinical work, or it could be that doctors over 60 have outdated training they say."

"The authors note a lack of association between a doctor's age and patient mortality among those with higher volumes of patients."

"It is possible that physicians further from training are less likely to adhere to evidence-based guidelines, might use newly proved treatments less often and might more often rely on clinical evidence that is not up to date,," they said.

"Specific interventions could be targeted towards these physicians," write the authors in the BMJ.

Being an older doctor, I started the discussion with the following comments:

Mal Mohanlal: "Obviously there is a difference between how an older doctor treats a patient than a younger one.

In this consumer society where everyone thinks they are going to live forever, a young doctor with limited experience thinks the same way and therefore his treatment and investigation is applied with the same brush to all patients regardless of their age and clinical condition as is evident from the discharge summaries from the hospitals.

However, mature doctors with their clinical experience, being aware of their mortality tend to consider patients' age and medical condition first before embarking on an adventurous regime of treatment and investigations.

My advice to all consumers who want to live forever and who do not mind torturous investigation and treatment regardless of their medical condition, by all means go and see a younger doctor.

But if you want humane treatment and more sensible approach to your clinical condition, see a mature clinically experienced doctor who can be your friend and philosopher at the same time.

Remember we all have to depart this world one day anyway."

Ken Piaggio: "The patients would need to have serious illnesses and an amount of 'heroic' treatment would need to have been given by younger doctors if you are to be correct.

It would be interesting to see a study of the 'quality of life' of these patients after visiting the doctors.

The study looks at doctors who are doing their shift in the Hospital Setting.

If there are more than one doctor on the same shift it would be useful to see if the older doctor took on more seriously ill patients. There may still be a difference between the older patient with greater 'volume' of ongoing clinical

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Young Doctors & Older Doctors Continued:

By Dr Mal Mohanlal

cal experience.

Studies of older doctors (and I am one of them) indicate that there can be 'earlier closure' in the decision making process by older doctors when they are under pressure and, especially, when confronted with new administrative processes e.g. electronic records.

The suggestion is that older doctors may need to be used differently eg. with a different case load and with better designed administrative processes and careful training in any of these new administrative process.

Studies like this do not separate out the contributing factors and seem quick to suggest clinical knowledge is not 'up to date'."

Mal Mohanlal: "Please do not take this article seriously. Comparing younger doctors with older doctors is an ego-tripping pseudo-scientific exercise. It is an exercise in

stupidity. There is really no comparison. It is like comparing chalk with cheese. These researchers should stop wasting time and money on this type of crap."

Dr Horst Herb: "It is sloppy research just playing with health insurance data without understanding the issues....."

Needless to continue with the subsequent comments and discussion. They all vindicated my last statement.

Visit website: <https://theenchantedtimetraveler.com.au/>

Metro North GP Alignment Program



MATERNITY WORKSHOP JULY 2017

The GP Alignment Program is an award-winning* series of free workshops hosted by Women's and Children's Stream, Metro North Hospital and Health Service.

The six hours of education for the **maternity program** covers a number of important topics including: first trimester presentations; recommended screening tests; ultrasound scanning including nuchal translucency recommendations; diabetes in pregnancy; prescribing in pregnancy; communication with Metro North birthing facilities; models of care options; Rh-negative women; hypertension; pre-eclampsia; early pregnancy bleeding; reduced fetal movements; immunisations; depression; postnatal care and breastfeeding.



QI&CPD
Accredited Activity
CATEGORY 1

RACGP Accredited
Cat. 1 QI&CPD Accredited Activity
(40 points)

*2015 MNHHS Staff Excellence Awards – Highly commended – Excellence in Clinical Education and Training

*2016 Queensland Health Award for Excellence – Highly commended – Connecting Healthcare

Part 1: Thursday, 13 July 2017

Moreton Bay Integrated Care Centre
Redcliffe Hospital

Part 2: Thursday, 20 July 2017

Skills Development Centre
Caboolture Hospital

Program:	5pm	Registrations open and optional tour of Women's and Newborn Services
	6.30pm-9.30pm	Workshop (catered)
	9.30pm	Workshop concludes

REGISTRATION & ENQUIRIES

Register online at <https://register.eventarc.com/38337/maternity-workshop-metro-north-gp-alignment-program-july-2017>

Registrations will close Monday, 10 July 2017.
There is no cost to register.

For all enquiries, please contact:

Denise Spokes, Program Administrator
Phone: 07 3646 4421
Email: mngpalgn@health.qld.gov.au

AMSA: ODD SOCKS TRENDING TO RAISE AWARENESS

Medical students call for action on doctors' mental health amidst the national campaign #crazysocks4docs.

President of the Australian Medical Students' Association, Rob Thomas, said: "It's a great opportunity for medical students, doctors and other health professionals to wear odd and brightly coloured socks as a sign of mental health awareness for health professionals.

"Consistently, data has shown that health professionals are prone to mental health issues, culminating in a higher rate of suicide than the general population. Only with decisive action and awareness can we hope to change the culture of medicine and curb this trend.

"At the medical student level, students need to learn the importance of work-life balance, and ensuring they have close support systems in place. Mental illness can affect anyone at any time, and it's important that students learn to recognise the early signs in themselves and their peers."

In a statement at the AMA National Conference last weekend, Mr Thomas spoke about the broader implications of depression and mental illness. "According to the World Health Organisation, depression is now the leading cause of disability worldwide. This year, we've had tragic reminders of the struggles doctors experience and it's not something I want our profession to be known for."

Get involved by wearing odd socks on June 1st, and using the hashtag #crazysocks4docs.

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DONATIONS TO AMA INDIGENOUS MEDICAL SCHOLARSHIP NOW TAX DEDUCTIBLE

A medical scholarship that has helped more than 20 Indigenous students become doctors is now open to tax-deductible donations.

As the end of the financial year is fast approaching, the AMA is encouraging people and organisations to consider donating towards the AMA Indigenous Medical Scholarship.

Past recipients include Associate Professor Kelvin Kong, Australia’s first Aboriginal surgeon, and Professor Alex Brown, the Deputy Director and Program Leader of Aboriginal Research at the South Australian Health and Medical Research Institute.

“This scholarship was established in 1994 with a contribution from the Commonwealth Government,” AMA President, Dr Michael Gannon, said today.

“We know that having a highly skilled Indigenous medical workforce plays an important part in improving health outcomes for Aboriginal and Torres Strait Islander people. Having an Indigenous doctor at a clinic can often make the difference between a community member turning up for their appointments and never visiting the clinic at all.”

In 2017, there are just 281 medical practitioners employed in Australia as Aboriginal or Torres Strait Islander, representing 0.3 per cent of the workforce, and 286 Aboriginal or Torres Strait Islander students are enrolled at Australian medical colleges.

“Each year, the AMA offers one Scholarship to an Aboriginal and/or Torres Strait Islander student studying medicine at an Australian university. Over recent years, demand has grown, and we anticipate this to increase in future years,” Dr Gannon said.

“With the help of tax-deductible donations, we can increase the number of Scholarships offered each year and help increase the Indigenous medical workforce.”

Studying for a medical degree costs between \$10,440 and \$15,000 per year, with students typically undertaking four to six years of study. The Scholarship provides the winner with \$10,000 a year for each year of study.

The 2017 winner, James Chapman, was announced last month.

For enquiries please contact the AMA at indigenousscholarship@ama.com.au or (02) 6270 5400, or at <https://ama.com.au/advocacy/indigenous-peoples-medical-scholarship>.

The AMA would like to acknowledge the contributions of the following donors: Reuben Pelerman Benevolent Foundation; The late Beryl Jamieson’s wishes for donations towards the AMA Indigenous Medical Scholarship; and The Anna Wearne Fund.

6 June 2017

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Walk the Ancient Road CAMINO Walk Spain/ France

by Cheryl Ryan

Who thinks that a 900km walk to pilgrimage site Santiago de Compostela is an ideal holiday?

Religious fanatics? Or fitness freaks?

What if we told you that you could be neither and yet come back from this “walking holiday” with a sense of peace and a renewed sense of purpose because that is what this epic journey will be – life changing!

In the middle ages pilgrims took this road to reach Santiago. “El Camino de Santiago” translates to “Saint James Way” and takes between 30 to 40 days to traverse if you choose to walk the whole road. Of course you may choose to walk only part of the way which could take 10 days to a fortnight.

It is perhaps a testimony to the enduring charm of this walk that many pilgrims return again and again to complete this journey in parts. You do not need to be an experienced walker to complete this soul-searching journey. There is something about the route, the air that pushes you on!

Tracing the footsteps of Santiago – the highlights

Although in the modern day there are possible 8 different routes to Santiago, all starting in France, the classic route starts at the foot of the Pyrenees Mountains in the picturesque French town of Saint-Jean-Pied-de-Port. Expect the first day to be an uphill climb.

To qualify as a “pilgrim”, you must choose to either walk or go on a mountain bicycle or horseback. Of course there are train options for those who choose to use neither of these modes.

The walking experience however is unbeatable as you traverse the country practically crossing over from North East to North West Spain. And the added bonus? Walk at least 100 km and you can receive the “Compostella” or the official certificate of pilgrimage.

The journey has to be neither religious nor a test of endurance. There is no fixed itinerary so you can take your own time as you pass through



mountains and cross plains, passing idyllic villages, orchards and majestic vineyards and generally be one with nature.

The walk takes you through the cities of Pamplona with its distinct Gothic cathedral, Burgos with its magnificent cathedral and Leon with the monastery of San Marcos.

The journey ends in Santiago where you can attend the midday pilgrim mass at the cathedral and soak in panoramic views of this ancient city from atop the hilltop park of Alameda.

Throughout the route, there are economical places to stay and even enough options for those who want to go posh. The scenery is simply sensational and the food options available are a food lover’s paradise and all this on the Camino before you even reach Santiago!

The Caminowalk was an important communication link between the different cultures in Europe and the influences through trade and artistic exchanges are evident throughout the route.

One thing is for certain – the walk will change you in some way. You are guaranteed to meet people from a host of different nations but all joint in this quest they have embarked upon.

So be prepared to emerge a different person, open up and discover that you have returned with friendships that will last a lifetime!

www.123Travelconferences.com.au



Its hard to believe another financial year draws to a close.??

The days of frenzied fancy work prior to the end of June left us many years ago. There are still issues to address prior to year end but the options are fewer.

After reviewing your year to date result some general year end issues you may want to consider:

1. Are you under the \$10M turnover? You may be eligible to claim a 100% immediate write-off for eligible items of plant < \$20,000. (The May 2017 budget extended this until June 2018)
2. If you are wanting to reduce your annual profit
 - a. Consider paying bonuses to staff.
 - b. Pay any superannuation liability (both super guarantee and RESC before June 30). The contributions must be cleared funds in the Superfund accounts for a deduction to be granted. Our advice would be to have all contributions paid by 23rd June to ensure they clear.
 - c. Review your depreciation schedule for obsolete items.
 - d. Perform a full stock-take.
 - e. In certain circumstances prepayments of interest, subscriptions or insurances can be deductible.

The May 2016 Budget announcements signaled major changes in Superannuation (we did a full article in the March SCLMA Newsletter of these announcements for further information). These changes took a long time to pass through the Senate (November 2016) and longer for the physical legislation to be released in approximately February 2017.

If you have a superannuation balance of > \$1,600,000 it is crucial you see your accountant before the 30th June and review your situation. The budget announcements limit and change super in a very permanent way and if you haven't had the discussion to understand how these changes affect you then our advice is seek that discussion. Below is a very simplified summary of the changes but it will give you an idea of what and why you need to review your super:

The changes to the superannuation non-concessional contribution caps from 1 July 2017 are threefold:

1. The annual non-concessional cap is dropping to \$100,000 from the current cap of \$180,000
2. The bring forward rule is also dropping to \$300,000 from the current cap of \$540,000 for anyone under 65
3. The amount which can be in a tax free pension from 1st July is \$1.6M per individual. Can you rebalance? If the Government CGT relief right for you? What if I am on a TRIS?
4. Anyone with over \$1.6 M in superannuation will not be eligible to make non-concessional contributions

The existing age requirements and work test will continue to apply.

- This will be the final year for individuals to contribute up to \$540,000, or \$1,080,000 combined for a couple. For anyone who has close to or over \$1.6 million in superannuation, this will be the last chance to take advantage of the existing non-concessional contribution caps.
- Individuals who have the capability to transfer eligible assets into the tax-effective superannuation environment could take advantage of this opportunity.

If you have any big plans around any of the items mentioned above make sure you discuss this with your accountant to ensure the effect on your particular situation prior to June 30.

We are here to help if you have any questions so please call 07 54379900.

Kerri Welsh
Manager



FORMER AMA PRESIDENT BILL GLASSON RECEIVES AMA'S HIGHEST HONOUR AMA GOLD MEDAL 2017 AMA NATIONAL CONFERENCE 2017 #AMANATCON

Dr William Glasson AO, the AMA President who steered a course through the medical indemnity crisis in the early 2000s, has been recognised with the highest honour the peak medical body can bestow – the AMA Gold Medal.

Dr Glasson, universally known as Bill, received the Medal in recognition of his exceptional service to the AMA over many years, and his long-term and ongoing commitment to the eye health of Indigenous people.

AMA President, Dr Michael Gannon, who nominated Dr Glasson for the Medal, said that the distinguished ophthalmologist is one of a kind.

“Bill was always a strong and passionate advocate for the AMA, the medical profession, the health system, and patients throughout his time as President, at both State and national level,” Dr Gannon said.

“Bill always wears his heart on his sleeve.

His style of advocacy is direct and to the point, tinged with a typical Queensland bush sense of humour, which reflects his origins in outback Winton, and characterised by his expert use of the Australian vernacular.

“Bill’s turn of phrase could cut through equally in the corridors of Parliament House and in the front bar of the Globe Hotel in Barcardine.

To call it ‘colourful language’ is an understatement.

“Bill’s term as federal President is perhaps best remembered for his work in bringing home the political solution to the long-running medical indemnity crisis.

“Bill’s leadership produced a very positive outcome for the profession and the Australian people, following many years of hard work by his predecessors, the AMA Federal Council, and the State and Territory AMAs.

“His hours, days, and weeks of tense negotiations with the then Health Minister Tony Abbott paid off.

Bill and Tony survived those tough days, and remain close friends to this day.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

“At the end of his term as Federal President, Bill did not pack up his political will and scurry back to a life dedicated solely to his busy ophthalmology practice.

“He had caught a bad case of ‘political addiction’ and has spent his post-Presidential time in a range of senior medical and quasi-political roles.

“Following in his father’s footsteps, he has even been a political candidate, most notably taking on then Prime Minister Kevin Rudd in the seat of Griffith.

“Bill’s generosity and altruism know no bounds. His work extends to outback Queensland, Indigenous communities, and East Timor.

“Throughout his many crusades and causes, Bill Glasson has at all times worn his AMA hat.

He is AMA, through and through.

“Bill Glasson is a champion, true blue, and one of a kind – a truly deserving recipient of the AMA Gold Medal.”

Dr Glasson was presented with his Award at the AMA National Conference 2017 Gala Dinner in Melbourne tonight.

9th May 2017

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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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(First Name)

(Surname)

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

2) Or Emailing to GJS2@Narangba-Medical.com.au

Where We Work and Live

RATS OF TOBRUK:

<http://anzacportal.dva.gov.au/sites/default/files/rats-of-tobruk-transcript.pdf>

In March 2016, in the lead-up to the 75th Anniversary of the Siege of Tobruk, five veterans of the siege shared their reflections with the Department of Veterans' Affairs. Paired with actuality footage and photographs, these reflections cover their first impressions of Tobruk, living conditions, and the experience of being under fire by both artillery and aircraft.

Around 14,000 Australians served in Tobruk in 1941. The stories presented in this short repertoire provide just a glimpse of a myriad of experiences of those who served.

Rats of Tobruk Transcript

Arrival in Tobruk

Bob Semple

We were shipped into the place. I, personally, went in and we shall for ever be grateful to our Navy. The destroyers and ships supported and kept us alive because without the Navy we would not have seen out the distance.

Hautrie Crick

Ten o'clock at night we got in to Tobruk, the trucks pulled up and we jumped off and all we did was just sort of dug a little depression in the ground and laid a groundsheet down and laid on that until the morning. When we woke up in the morning we were half buried in sand. There'd been a storm through the night and the way the sand drifts over there, it just travels over anything in its path, and we were just pushing the sand away like that just to get up in the morning.

Living Conditions

Bob Semple

One bottle of water was used for all purposes. There were no trees and you are just out in the harsh sunlight. There was some scrubby vegetation, a bit like a sort of saltbush, around the area. It can get very cold at night, after being 45 degrees [during the day] or more sometimes, you know. The sandstorms come up swiftly and they just shut down the book for two or three days at a time, or a couple of days anyhow. It's just like pulling a blind down from sky to land, and they're turbulent and vicious entities that come up out of

the desert.

Hautrie Crick

The water used to be bought up in petrol drums that were emptied that day or whenever and the water used to taste like bloody petrol. That's all we used to have to drink, and do a bit of a wash and a shave etc. Oh, it was shocking.

Jack Caple

You fill up a tin cup of water to do your teeth, shave, and wash your hands and face, and that's it for three weeks. When you came off the red line you'd get down to the blue line and nick down to the beach to have a wash up. At night time the truck would come up with our dinner which we had in our Dixies tin. You'd use them for the bully beef stew and another smaller one we used for the prunes and rice which were our sweets. And we had two buckets of water. One was supposed to be hot, and the other one was cold. There were no tea towels. He holds up a tin of bully beef, (a small size of tinned meat), three tins of which was shared between three men for lunch for a long time. The rations were pretty scarce.



Bob Semple

Dealing with disease and fleas was routinely challenging on a daily basis.

You couldn't imagine the fleas that would gather in multiples in a tin hat, and the numerous flies you had to combat. This caused an awful lot of problems with the desert sores and living on hard rations all the time. I think old Bill Angliss wouldn't have been too proud of his bully beef in the tins. We turned the key in them just like you do with the sardine tins or similar and hot fat would run down the package they were in. You had that for breakfast, dinner and tea, and with hard rations a lot of the time. And water. That was a precious commodity.

Continued next month: