REDCLIFFE & DISTRICT and BRISBANE LOCAL MEDICAL ASSOCIATION

RDMA & BLMA's Joint Newsletter

Newsletter
JUNE 2019

Find Us On facebook

HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/

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

Presidents Report June 2019

It is a beautiful winters day at 17 degress this am, with a promise to have lots of warm temperatures later on in the day. Winter has come on quickly, earlier than last year.

Flu season is just around the corner, but we are still seeing pockets of influenza A, consistently throughout the year.

There is a Kite Festival this weekend at the Redcliffe Peninsular, and will be enjoyed by all in the gorgeous weather.

The result of the most recent Federal Election, which saw Prime Minister Scott Morrison voted in as our Prime Minister, has been described as an unexpected result for the Liberal Party.

The election was described by many, at the time, as the unlosable election for the Labour Party. It seems that their polling was not accurate, and now the people have spoken, with an unexpected result – the bookies are reported to have been so confident that the Labour party would be in power, that they paid out the punters, before the polling was counted. I

t is just a reminder, that we live in a democratic country, and that polls are not necessarily right in predicting outcomes.

On the world stage, the Prime Minister for the UK has resigned, Brexit is still in doubt, and they are looking for a new Prime Minister.

Two oil tankers were targeted in a suspected attack near the strategic Strait of Hormuz, a vital waterway for global oil shipments. One oil tanker was Japanese, and the other Norwegian owned. No one was killed.

The Iranian Foreign Minister is describing the incidents as suspicious and Iran naval forces are investigating the 'incident'.

In another part of the world, Hong Kong, over 1 million protesters have taken to the streets, vowing to fight proposed extradition laws that will enable extradition to mainland China.

So we are living in a radically changing world. It puts into prospective the difficulties that the Australian Health System is experiencing, and reminds us that we are indeed a lucky country.

By international standards, Australia has an enviable public health system.

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.

RDMA Executive Contacts:

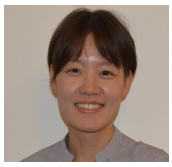
President:
Dr Kimberley Bondeson
Ph: 3284 9777

Vice President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5491 5666

Secretary:
Dr Geoff Hawson
E: reception@cancersecon-dopinion.com.au

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Co-Meetings' Conveners
Ph:3049 4444
Ms Anna Wozniak
M: 0466480315
Email: qml_rdma@qml.com.au



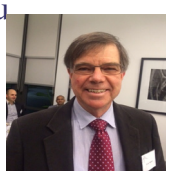
Ph:3049 4444
Ms Amelia Hong
M: 0466480315
Email: qml_rdma@qml.com.au

Newsletter Editor Dr Wayne Herdy
Newsletter Publisher. M: 0408 714 984
Email:RDMAnews@gmail.com
Advertising information is on RDMA's website www.redcliffedoctorsmedicalassociation.org/

BLMA Executive Contacts:

President:
Dr Robert (Bob) Brown
Ph: 3265 3111
E: drbbrown@bigpond.com

Vice President
Dr Paul Bryan
Ph: 3261 7000
E: paul.bryan@uqconnect.edu.au



Secretary:
Dr Ian Hadwin
Ph: 3359 7879
E: hadmed@powerup.com.au

Treasurer & Meeting Convener
Dr Graham McNally
Ph: 3265 3111
E:gmcnally1@optusnet.com.au

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 15th July 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 25th June 2019

RDMA February Meeting for 29.05.2019

Dr Kimberley Bondeson RDMA President Introduced Sponsor Representative: Andrew Cuttle who then introduced the Speaker Dr Rakesh Molhotra for the night:

Speaker
Dr Rakesh Molhotra, Endocrinologist
Topic : "Rethinking the First Injectable: A Case-Based Approach to Incorporating Trulicity into your Practice"

Sponsor: Eli Lilly

Photos (Down Left to Right & Down):
Speaker Dr Rakesh Molhotra

Andrew Cuttle sponsor representative and Rakesh Molhotra.

New Members:
Drs Geoff Hawson, New Member Astra Ballete and Peter Stephenson.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 25th of June 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: Bristol Myers Squibb
7:40pm	Speaker: Dr Alaa Alghamry, General Medicine/Stroke Physician Topic: "It's all about safety: Practical tips to improve anticoagulation management in Atrial Fibrillation"
8:00pm	Main Meal served
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business

RSVP: By Friday 21st of June 2019
(e) RDMA@qml.com.au or 0466 480 315

qml.com.au

QML Pathology
Specialists in Private Pathology since the 1920s

INSIDE THIS ISSUE:

Competitive Advertising Rates:

Full page A4: $560.00
Half page A5: $330.00
Qtr page A6: $260.00
Business Card size (new): $70.00
Advertorials: $260.00
Inserts: $260.00

The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- 10% discount for 3 or more placements
- 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 Wayne Herdy, North Coast Councillor

IS THERE ANYBODY AT THE STEERING WHEEL OF THIS JUGGERNAUT? And SCREEN TIME STRIKES AGAIN (continued page 6)

IS THERE ANYBODY AT THE STEERING WHEEL OF THIS JUGGERNAUT?

I don't usually use this column to talk about my personal problems, but this issue is different – and has a global implication.

I came back from a recent holiday to find that I had been bombarded with no fewer than five referrals from the Office of the Health Ombudsman to AHPRA about me and my prescribing. The common theme was that the complainants were all drug addicts and had been foiled in their attempts to obtain semi-legal prescriptions for their drugs of choice. All had been notified to Medicines Regulation and Quality and were known addicts on approved treatment programs. All had been unable to doctor-shop because the intending prescriber or pharmacy had made a due diligence enquiry with either MRQ or my office.

Last year, a street addict made a complaint to OHO because his pharmacy refused to dispense an opioid to him. His complaint was that I had failed to provide a prescription. The fact was that there was a valid prescription at the pharmacy, but the pharmacist refused to continue staged dosing because of the patient's antisocial and threatening behaviour. After issuing the usual notice to me, an officer of OHO made a phone call to my office, got the facts, maybe also called the pharmacy, and eventually I received a letter that the complaint had been resolved at a local level. Common sense prevailed. That was last year.

This year, the performance of OHO has gone totally out of control. Of the new referrals to AHPRA about me, the worst case involved a lady who was a known amphetamine injector, with lots of evidence, from previous treating doctors and from my own records, that this was a fact. She tried to get into another GP. The other GP recognised something was amiss and phoned me. He got an answer that the patient was under MRQ approval, that she had recent proof of injecting and of near-psychotic behaviour. I suggested that he not prescribe (well, under State regulations he was not allowed to prescribe controlled substances for her legally), but if he was prepared to take over her care, he was welcome to contact MRQ and request transfer of the approval. He declined to see the patient.

She complained to OHO that I had false information on my records (which neither she nor the other doctor had seen) and that I was stopping her from seeing other doctors, so she wanted the false information removed from my record. Fact: I was not stopping her from seeing other doctors; the State regulations were stopping her from getting legal prescriptions from other prescribers unless or until they had the MRQ authorisation transferred. Fact: I have an unfair burden of challenging patients that most GP's refuse to see, so I am always delighted when another GP is prepared to take on one of my problem children. Fact: I refuse to remove from my records an entry which I conscientiously believe to be accurate, especially when there is copious clinical evidence and independent documentation that it is the truth.

When they received this telephoned complaint, OHO notified my office that a complaint had been received (but only to inform me that I should have no further contact with the patient in case I pollute their evidence). Nobody from OHO spoke to me to learn that the patient was a florid addict. Nobody from OHO contacted the other doctor to ask what had happened in his office that prompted him to (a) telephone another doctor for information and (b) refuse to see the patient. If OHO had spoken to me, they would have been told that, at the time, the complainant was an in-patient in SCUH being treated for acute amphetamine toxicity. She had been pulled over by the police for erratic driving, with three unrestrained children in the back of the car, and abused and assaulted the police when she stepped out of the car. The children were taken into care by DOCS and handed to their father. The patient was taken to medical care.

In this case, a single brief telephone call from the OHO officer to talk to me could have averted any further action. If any doubt remained, another brief call to the other doctor, maybe one to MRQ, and maybe another to SCUH, would have removed any doubt. Instead, the case escalated straight to AHPRA. The Ombudsman must be seriously lacking in resources (government budget) to flick every

Dr Wayne Herdy, North Coast Councillor Report *Continued*

matter straight to AHPRA (budget paid by you and me in our registration fees). The OHO staff look as if they are totally lazy or totally stupid or both. Contrasted to the common-sense "local level" resolution of last year, resources are being wasted. Not the least of the resources being wasted is my time – I foresee hours of paperwork before this one goes away, which means that hundreds of patients will not get appointments with me over the next few months.

Bottom line: the Office of the Health Ombudsman has failed to exercise it's most basic function of enquiry before launching a trivial matter into a major investigation. And, having aired my amazement about this case, I keep hearing that I am far from being an isolated case. There are others. Will you be next?

SCREEN TIME STRIKES AGAIN.
One of my favourite soap box items is my abhorrence of screen time, electronic media generally, and social media specifically. I don't have a Facebook or Twitter account. I relish telling stories about watching families come into the restaurant, sit down and spend the entire time of their family night out totally absorbed in their individual screens. So, of course, I loved it when the news came out last year that the American Medical Association had gone public on their policy about "safe levels" of screen time (starting at zero for the age group 0-2 years).

Another fond pursuit of mine is drawing distinctions between male and female behaviour. No, not the salacious stuff, but more subtle differences. When a man goes to destroy another man, he will do so physically, either punch him up or shoot him down. A woman wanting to destroy another woman will destroy her reputation (look up the origin of the word "trivia", ultimately a meeting place in the ancient world where women would gossip about other women). Boys do, girls talk.

So let's combine these two peccadillos of mine and look at a study recently reported. The research looked at what teenagers do after school (instead of the archaic pursuits of kicking a football around or whatever). Boys and girls all indulge in screen time, but there is a difference. Girls go to social media. Boys go to gaming. Same rules, i.e. boys do, girls talk, but now in a totally modern environment. There has to be an evolutionary lesson there somewhere.

Wayne Herdy

TIME TO PARTY

And

Celebrate

Decades of Service

By Dr Ralph Smallhorn

To the greater Peninsula Community

Time: 11am - 3pm

When: Friday 28th June 2019, Where: Margate Medical Centre

Come along and enjoy food and fellowship

Share memories, Say Thanks and Best Wishes

To our Dear Dr Ralph

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

AMAQ Elections and Revalidation-Professional Performance Framework.

AMAQ Councillor Report – Greater Brisbane Area

The Federal Election is over, we have the same Prime Minister, Scott Morrison again, despite predictions that stated that the opposition (Labour) would be voted in. The Honourable Greg Hunt remains as the Health Minister.

The proposed Adani Coal Mine in Central Queensland has finally been given the go ahead after the Queensland Environmental Department has signed off on a plan to manage the groundwater on and around the company's Galilea basin mine site, near the Carmichael River.

This will produce new jobs in the industry for the region, and is thought to be one of the topics that was the downfall for the Labour Governments recent election loss, along with the franking credits, which would have affected self-funded retiree's income.

We now have a new Chair of the Medical Board, after 20 years. It is Dr Anne Tonkin, who has taken on the task of following through on the question of Revalidation.

It has been given a new name, in my view, called "Professional Performance Framework". It looks and sounds exactly like Revalidation, which is occurring in the UK.

There is shortly to be released a consultation paper on upgrading CPD requirements, by the Medical Board.

The initial proposal was put through in 2017, and required all doctors over 70 yo in clinical practice to have a peer review, every 3 years.

It sounds like age discrimination, in my view.

Doctors with a high number of complains will also be subjected to a peer review process – the results, along with proposed remediation plan when 'deficits are found'' will be reported to the board.

Professionally isolated practitioners are also on the radar, with recommendations that these doctors increase the level of "peer-based CPD''

The reforms also go onto detail all doctors having to undergo at least 50 hours of CPD, which will involve new demands for peer review.

All doctors have to prepare a professional development plan.

The RACGP unsuccessfully tried to incorporate some of these guidelines into their CPD programs, via their PLAN program.

It was unpopular and unsuccessful, and the most recent RACGP elections reflected this is the presidential candidates not supporting the PLAN which had been introduced, and therefore, after a change in president of the college, resulted in the PLAN been canned.

We will be watching to see what comes of the new consultation paper.

Dr Kimberley Bondeson – June 2019

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION
DR GEOFFERY HAWSON'S SECRETARY REPORT

SOAPBOX PRESENTATION
AMA NATIONAL CONFERENCE
SUNDAY 26 MAY 2019

Good morning,

I am Geoff Hawson secretary of RDMA,

In 2017, a survey in SEQ of 3 LMA's showed that an overwhelming majority supported a step-down form of registration based on reduced CPD hours, with many believing that doctors should be given the opportunity to continue to contribute to the profession.

At the Canberra NatCon 2018, a motion was passed asking that this survey be repeated nationally.

It was passed by an overwhelming 91% of delegates.

Federal AMA has stated that they will not be proceeding with this survey, stating that "despite significant advocacy, the attitudes of Health Ministers and the Medical Board of Australia remain unchanged.

With this in mind, and acknowledging the passage of time, the AMA does not believe that a member survey will assist on achieving further change."

We have heard from the chairman of the board that because of decreasing income from member fees, that there was a 30% reduction in the funding to committees.

Over the past decade when the Australian Medical workforce has increased from approximately 80K to 115K, the number of AMA members has remained about the 30K mark.

About 15% of members are aged 55-64 & 13% over 65.

The AMA advocates for many issues.

This one (retirement) will affect 100% of all doctors.

If the AMA continues to ignore what their delegates have voted for then the AMA will drift in to irrelevance and cease to be the peak advocacy body for the profession.

If this is democracy, then we need another system of government.

I implore the FC to reconsider the proposal already voted on and costed.

Next year is another AMA election.

I urge you to seek your candidates' opinion on respecting membership decisions and opinions.

If they are unable to commit to this, consider voting for someone else.

Thank You

Geoff Hawson,

Secretary RMDA

EXERCISE PHYSIOLOGY @ SPORTS & SPINAL

Our Accredited Exercise Physiologists are allied health professionals, providing exercise and lifestyle therapies for the prevention and management of chronic disease, injury and disability.

Here at Sports and Spinal our EP's have special interest in treating:

- ✓ Injury Rehab
- ✓ Weight Loss
- ✓ Women's Health
- ✓ Falls Prevention
- ✓ Diabetes
- ✓ Blood Pressure
- ✓ Cancer
- ✓ Chronic Pain
- ✓ Depression & Anxiety
- ✓ Clinical Pilates
- ✓ Hydrotherapy
- ✓ Osteoporosis & Arthritis

Exercise Physiology is FULLY BULK BILLED at all our Brisbane clinics.

CHERMSIDE
Suite 2, 832 Gympie Road
Ph: 3708 1284 F: 3708 1285

NORTH LAKES
Lvl 1, 9/12 North Lakes Drive
Ph: 3152 7212 F: 3152 7181

sports&spinal™
sportsandspinalphysio.com.au

SPRINGFIELD
22A Commercial Dr
Ph: 3085 0100 F: 3085 0177

WOOLLOONGABBA
48 Annerley Road
Ph: 3137 0599 F: 3137 1199

ICON CANCER CENTRE

World-class cancer care in North Lakes

Our exceptional local team provides medical oncology, haematology and radiation oncology together under one roof, saving valuable travel time for our community to access cutting-edge cancer treatment.

Radiation Oncologists

Dr Jim Jackson
All cancer types, with interest in stereotactic radiation therapy, CNS, head and neck, genitourinary and breast

Dr Manoja Palliyaguru
Gynaecological, breast and prostate

Dr Mark Pinkham
Stereotactic radiation therapy, CNS, head and neck, lung and skin

Prof Michael Poulsen
Skin, head and neck, lung, colorectal and breast

Medical Oncologists

Dr David Grimes
Generalist – all solid tumours

Dr Haamid Jan
Lung, skin and gastrointestinal

Dr Agnieszka Malczewski
Skin, gastrointestinal and prostate

Dr Adam Stirling
Lung, gastrointestinal, CNS and genitourinary

Haematologists

Dr Jason Butler
Myeloma, leukaemia, lymphoma and stem cell transplantation

Dr Robert Hensen
Lymphoma, myeloma and leukaemia

Dr Ashish Misra
Bone marrow transplantation, haemostasis and thrombosis

Dr Jason Restall
Cytopenias, leukaemia, lymphoma, myeloma/MGUS and myelodysplastic syndromes

We offer:

- No wait list
- Cancer Council's Transport to Treatment service available to patients
- On-site pharmacy, pathology and Qscan radiology
- The latest in radiation therapy technology, including stereotactic radiation therapy.

9 McLennan Court | North Lakes, QLD 4509 | P 07 3453 0000 | F 07 3453 0001 | iconcancercentre.com.au

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

Doctors secure significant MOCA 5 deal

After a protracted period of bargaining with Queensland Health, commencing February 2018, the *Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018* (MOCA 5) was successfully endorsed by Medical Officers and certified via the Queensland Industrial Relations Commission (QIRC) in May 2019.

You can read more about on the agreement and the wins ASMOFQ, in partnership with AMA Queensland, has achieved for public hospital doctors through the bargaining process online at www.amaq.com.au.

The new agreement is in full effect from 31 May 2019.

The foundation of the agreement is the increase in wages for all medical officers of 2.5% from MOCA 4 rates per annum for the life of the Agreement and the increase in Professional Development Allowance for both Resident Medical Officers and Senior Medical Officers.

The first salary increase will be 2.5% effective from 1 July 2018. There will be over 39% increase in Professional Development Allowance for Resident Medical Officers and an increase to Senior Medical Officers' Professional Development allowance to compensate for increasing costs associated with continuing professional development, upskilling and registration.

This is a milestone agreement for Queensland's public hospital doctors, and a true sign of our members' value in our public health system.

Voluntary Assisted Dying

The Queensland Parliament is currently holding an Inquiry into Aged Care, End-of-Life and Palliative Care and Voluntary Assisted Ding.

In April, AMA Queensland provided two submissions to the Inquiry into Aged Care, End-of-Life and Palliative Care and in May we provided our submission into Voluntary Assisted Dying, following extensive consultation with the AMA Queensland Council, which is the policy machine of our organisation.

The AMA Queensland submission made the following key points:

- AMA Queensland does not support the introduction of Voluntary Assisted Dying in Queensland.
- It believes doctors should not be involved in interventions that have as their primary intention the ending of a person's life, although this does not include the discontinuation of treatments that are of no medical benefit to a dying patient.
- AMA Queensland believes doctors and medical facilities have the right to conscientiously object to Voluntary Assisted Dying and that they should not be legally bound to participate.
- AMA Queensland recommends that if the Queensland legalised Voluntary Assisted Dying in Queensland, the medical profession needs to be involved in developing the relevant legislation and guidelines to ensure appropriate safeguards are included.

You can read the full submissions into Voluntary Assisted Dying, Aged Care and Palliative Care at www.amaq.com.au.

Continued Page 11

AMA Queensland close to securing mandatory reintroduction of fluoride

As a result of AMA Queensland's relentless campaigning and lobbying for the Queensland Government to legislate the mandatory introduction of fluoride into the Queensland water supplies, the Minister has requested we meet with him to discuss the prospect of amendments to legislation for a mandated outcome so that fluoride can be reintroduced back into the water supply across the State.

We will keep members abreast of progress on this important public health issue.

Welcome to the new Board and Council members

Following the close of ballots for AMA Queensland leadership roles, Dilip has been returned as AMA Queensland President for another term.

We welcome Associate Professor Chris Perry as Vice President, Dr Michael Cleary as Chair and all our enthusiastic new Council members.

We also congratulate our new Councillors and welcome back those that are returning to another year in their representative roles.

This is a steady and experienced team and we look forward to working together to represent Queensland doctors.

You can find the full list of successful candidates at www.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.

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

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. 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- 20th July 2019
physio@sportsandspinalphysio.com.au

No cost for local practiitioners

PILATES - MORNING TEA - LUNCH - CANAPES

SCCO 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

THE NUMBERS ARE GROWING...

From 1 January to 30 April 2019, the TGA has approved 3,562 applications to access medicinal cannabis as an unapproved drug through the Special Access Scheme B.[1]

APPROVED AREAS OF USE INCLUDE[1,2]:

- Chronic, neuropathic and cancer pain
- Migraine and sleep disorders
- Anxiety and PTSD

Althea is committed to assisting practitioners throughout the applying, prescribing and dispensing process.

ARE YOU READY TO CONSIDER USING ALTHEA MEDICINAL CANNABIS AS A TREATMENT?

Althea™ | CONCIERGE

Visit: **concierge.althea.com.au**
Phone: 1800 187 878
Email: GPinfo@althea.life

References: 1. Source for Therapeutic Goods Administration approvals: Therapeutic Goods Administration – Access to medicinal cannabis products. Accessed from: https://www.tga.gov.au/access-medicinal-cannabis-products-1. Accessed on: 18 April 2019. **2.** Therapeutic Goods Administration – SAS Category B approvals, 01/11/17 to 31/10/18. Accessed from: https://www.tga.gov.au/sites/default/files/foi-925-1819-01.pdf. Accessed on: 6 May 2019.

Abbreviations: PTSD, post-traumatic stress disorder; **TGA,** Therapeutic Goods Administration.

Althea Company Pty Ltd is an Australian-owned licensed **importer and manufacturer** of medicinal cannabis based in Victoria.

Althea Company Pty Ltd., Suite 2, Level 37, 360 Elizabeth Street, Melbourne, VIC 3000. ABN 82 618 177 192.

Being A College Examiner
Dr Paul Bryan

I recently examined in the RACGP Objective Structured Clinical Examination (OSCE) for the third time. For those who don't know, this is the third and final examination a GP registrar must pass in order to become a Fellow of the RACGP and thus a 'VR GP'.

To get to this point, in addition to supervised practice, various modules and formative assessments, a GP registrar must have already passed the multiple-choice written examination (known as the Applied Knowledge Test, or AKT) and short answer written examination (known as the Key Feature Problem, or KFP).

In short, the OSCE is essentially the final hurdle between GP registrar training and unsupervised, autonomous clinical practice.

The OSCE involves a series of short and long stations designed to test specific clinical skills including communication, history taking, physical examination and management in the context of a clinical encounter.

On this occasion, I was in the Outpatients Clinic of the RBWH; a nice change of scenery from the Mater where I have examined for the past 2 years. It brought back some memories, as this was the same place I completed my own final clinical examinations – both for medical school and GP training. It was certainly less stressful being on the examiner's side of the table!

For the first time, I examined on a long station. This was interesting, as the long station tests a candidate's ability to perform a number of clinical skills and to show a greater breadth and depth of knowledge, compared to the short cases.

It was a long day, as I elected to examine for the full day (though there is also the option to examine only in the morning or the afternoon). After 20 consecutive candidates, I think I could recite the case in my sleep! But I had the benefit of a convivial and experienced co-examiner, a lovely lunch, and plenty of coffee as needed.

Understandably, I can't go into specifics. Suffice it to say though, most candidates did a fair job, and, as always, there were a few that stood out. Examining eager and knowledgeable junior doctors always causes me to reflect on my own practice and approach to patient consultations.

In this way, I find being an examiner makes me a more reflective and self-aware clinician. Reading around the topic I examined on also prompted me to refresh my knowledge of that particular area of medicine.

Whatever your speciality and wherever you are in your medical career, I would encourage you to get involved in examining the prospective fellows to your field.

In this way, you can give back to the profession, network with collegiate and like-minded doctors, and help ensure the ongoing high standards of your speciality.

If you would like to know more about becoming an examiner for RACGP, email qld.exam@racgp.org.au for more information.

Dr Paul Bryan

DHAS(Q)
Doctors' Health Advisory Service

Only A Phone Call Away by Dr Paul Mercer

It is very Australian to watch out for your mate's back.

This is no less important in the profession of medicine where serious responsibility and trust in medical practitioners in the Australian community often creates the pressure of burnout or the personal loss of health carries a burden often too heavy for one individual to bear.

When practicing medicine in a context such as Queensland, the Doctors' Health Advisory Service was developed in response to a growing awareness that the complications of both the pressure and the health and well-being of doctors needed support in a confidential and trustworthy manner.

I entered General Practice in 1983, and this coincided with the evolving presence of the Doctors' Health Advisory Service in the medical landscape of Queensland. Ross Phillipson approached me as a young GP and encouraged me and many of my colleagues to consider the greater good and be part of an on-call service to support doctors and medical students throughout the state. The decision to participate was in many ways straightforward. GPs care for patients in their communities and medicine is its own special community that connects us all through our work.

The skills of General Practice are, in many ways, transportable to this professional interface and are only a telephone call away through the establishment of the Doctors' Health Advisory Service. Most of my engagement was through the use of a beeper service. Doctors or medical students who were either needing advice or support or who were "in crisis" could ring a central number which triggered a call to the beeper device and then the doctor on call, such as myself, would respond to the phone number that we were paged. Nowadays a mobile phone text or call makes the connection.

DHASQ has been very supportive of its GP telephone counsellors. There are regular training opportunities provided. There are dinner events to reflect and receive updates on trends and changes in the medical landscape that impact on doctor's health. Each year the Doctors' Health Advisory Service has an AGM and a dinner which is worthy of attendance, and another event at which comradery can be established. As the needs of the medical profession in Australia have continued to show the need for support, national conferences have also been stimulating and challenging events to participate in.

The GP counsellor role has generally meant that we have been on call a week or two weeks every 12-18 months. Occasionally other colleagues need to withdraw for personal reasons so there is that opportunity to fill an emergency slot as well. Being on call is a significant role but it is not onerous in that usually there are only 3-4 calls a week at most. What can be challenging is some calls are incredibly valuable to those who make contact to the service.

Their situation is very isolated, they feel very unsupported in a particular context, and relating to a colleague through the Doctors' Health Advisory Service that is non-judgmental and confidential has been both rewarding to me as an on-call doctor, and to people who have recognized the need for help.

Leaders of DHASQ such as Joan Lawrence and Frank New have been amazing supporters of GPs in their role. Confidentiality restricts telling the "stories" of encounters with colleagues. Current estimates put burnout at around 54% of the medical workforce. Most of us cope with the impact of being a little overwhelmed, but often this can get out of hand and a more severe depression might occur. If we are already at stretch point another health issue might throw us way outside our comfort zones.

Having an independent, voluntary doctor's health support service is an invaluable asset to every doctor working in our state and I would recommend the role that I have undertaken over the last 30 years to any other General Practitioner who recognizes the importance of this for our whole profession.

Dr Paul Mercer

The Medical Journal of Australia • MJA
MEDIA RELEASE

HPV TESTING SHOWS POSITIVE IMPACT ON CERVICAL SCREENS

THE change from Pap smear tests to human papillomavirus (HPV) testing made by the National Cervical Screening Program in 2017 is resulting in earlier detection of potential cancer-causing infections, according to the authors of research published online today by the Medical Journal of Australia.

The switch from biennial cytological Pap testing of asymptomatic women aged 18–69 years, to 5-yearly primary HPV testing of women aged 25–74 years was a "major paradigm shift" according the researchers, led by Dr Dorothy Machalek from the Centre for Women's Infectious Diseases at Melbourne's Royal Women's Hospital.

The NCSP Renewal program distinguishes between HPV specimens submitted for primary screening and those submitted for other indications (non-screening), requiring laboratories to classify all tests accordingly for Medicare billing purposes and for patient management. Women with non-screening tests are regarded as being at higher risk than other women because of their symptoms or signs or a prior cervical abnormality.

Machalek and colleagues conducted a retrospective review of 195 606 specimens submitted for HPV testing between December 2017 and 31 May 2018, to measure HPV testing patterns and rates of oncogenic HPV-positivity.

Oncogenic HPV was detected in 8.1% of screening tests and 20.9% of non-screening tests. Among oncogenic HPV-positive screening tests from women of recommended screening age (25–74 years), 35.5% also had a cytologic abnormality. The proportion of HPV16/18-positive samples with high-grade abnormality was 15.3%. For samples positive for other oncogenic HPV types, the proportion was 6.3%. Repeat HPV testing after 12 months was recommended for 5.4% and direct colposcopy for 2.6% of screened women aged 25–74 years.

"A key finding was that the rate of referral to colposcopy based on HPV primary screening sample results for women of recommended screening age (2.6%) was considerably higher than that based on historical primary cytology screening results from our laboratory (0.8%)," Machalek and colleagues wrote.

"The higher rate is broadly consistent with clinical trial data and predictions from modelling.

"The switch from cytology- to primary HPV-based screening in Australia will ensure cervical screening is evidence-based and best practice," they concluded.

"While the predicted long-term benefits are substantial, timely monitoring of the transitional phase is critical for ensuring the program performs as expected and community confidence in the policy is maintained."

Please remember to credit *The MJA*.

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

MEXICO
"A Melting Pot of Rich History and Bountiful Natures"
by Cheryl Ryan

From the fast life of modern Mexico City to ancient Mayan ruins and fascinating museums, to scintillating night clubs and scrumptious cuisine, Mexico is a box full of surprises. It will surely have you all smiles, and on your toes, once you convince your spellbound-heart into leaving the mesmerizing beaches of the Mayan Riviera.

Revisiting the Past

1) Guanajuato: The beautiful colonial city of Guanajuato boasts of charming haciendas and spectacular colonial buildings. The streets and colourful streets branch out in every direction giving a unique and vibrant cityscape.

2) Dias des los Muertos, Oaxaca: Oaxaca's Day of the Dead Festival is when families decorate the tombs of their departed loved ones with flowers, and leave offerings for the returning spirits. The unique culture is definitely worth a visit.

3) Copper Canyon: A network of beautiful work of nature, the Copper Canyons can be explored best on the 'Chihuahua al Pacifico' Railway, which takes you through some breath-taking views of the canyon.

4) Chichen Itza: This remarkable Mayan city is truly a Wonder of the World. Its most popular attraction is the temple-pyramid of El Castillo. The Great Ballcourt and the El Caracol are other must-see sites.

5) Teotihuacán: Built by the Teotihuacán Empire, the largest metropolitan city of the world – with its imposing pyramids – definitely finds importance in your Mexico checklist.

Let the Waves Roll!

1) Espíritu Santo: Shallow, blue waters surrounded by light-pink cliffs, Espíritu Santo in La Paz, is a true gem of Mexico with its plethora of islands and beautiful beaches. It is a must-visit, especially for snorkelling and kayaking.

2) Tulum: The tropical beach of Tulum, with its pristine white-sand beach is great for relaxing in the Sun or, long walks with the rhythmic sound of the waves in the backdrop.

3) Los Cabos: A long beach, lively with restaurants, bars, fine resorts, and plenty of attractions including, water sports – Los Cabos is remarkable. Visit Los Cabos for remarkable sport fishing.

4) Cozumel: It is a prized National Marine Park, thanks to its beautiful coral reefs and incredible variety of tropical fish. Don't miss out on scuba diving and snorkelling while in Cozumel.

5) Acapulco: No trip to Mexico is complete without a visit to the famous resort town of Acapulco. It is famous for its azure waters, lively beach, and impressive cliff diving

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Mexico.

- Trip to the archaeological site of Teotihuacán, and the canals and gardens of Xochimilco. Option to attend "Lucha Libre"(Mexico's famous wrestling) at night
- Trip to Puebla, Oaxaca and the Zapotec ruins of Monte Alban
- Trip to the lush Chiapas jungle with its abundant flora and fauna – a refreshing change of scenery from the history-rich Mayan ruins
- Guided trip to Chichen Itza, and Playa del Carmen, where you can shop for souvenirs, enjoy the nightlife, and swim, snorkel or dive in the Caribbean Sea
- Trip to the Mayan ruins of Tulum, and the beckoning beach
- Explore the Copper Canyon aboard the 'Chihuahua al Pacifico' Railway

www.123Travelconferences.com.au
123 TRAVEL CONFERNCE

HOME CARE PACKAGES AND SELF-FUNDED RETIREES…. Article 2.

All too often we see self-funded retirees accessing home care packages resulting in them paying more for care than if services were directly accessed. This is because fees such as administration and case management fees charged by service providers, reduce the value of funds available for care and supports. A fully self-funded retiree may want to consider if it is actually worthwhile accessing a Level 1 or Level 2 package when considering the fees charged by service providers. Home care packages are provided by a range of service providers from not-for-profit and commercial enterprises which are subsidised by government. Therefore, an Aged Care Assessment Team (ACAT) assessment is required to access a package. There are four packages available: **Level 1** – Basic care package, **Level 2** – Low level care package, **Level 3** – Intermediate care package, **Level 4** – High level care package.

Home care packages will not cover full-time care, as a rough estimate the government subsidised services are unlikely to stretch to more than the equivalent of 15 hours a week of care for a Level 4 package. Each package level has a budget allocation which is funded by the Government and the client's own fees. The Government's contribution varies based upon the 'income-test care fee' contributed by the home care recipient. Every dollar paid by a home care recipient, as an 'income-tested fee', will reduce the subsidy paid by the government by a dollar. The 'income-tested fee' merely shifts how much is paid by the government and how much is paid by the home care recipient.

- **Basic Fee** – up to $10.54 per day (based on 17.5% if the single basic age pension) **PLUS;**
- **Income-tested care fee** – capped at $11,012.99, calculated by the Department of Human Services (DHS)

Now let's look at the cost of a home care package for a fully self-funded retiree paying the capped 'income-tested fee' of $11,012.99. You can see from the below table that the self-funded retiree pays the 'basic daily fee' and capped 'Income-tested fee' which equals $14,860.09 per annum (blue column). This is the amount payable by the self-funded retiree for their homecare package. However, if they were to access a Level 1 package, they would pay only $12,118 (orange column), as a person can never be asked to pay more than what it costs to take care of them. A self-funded person in this situation may want to consider whether it's actually worth accessing a Level 1 or possibly Level 2 package due to the administration and case management fees which further reduce the value of a package. Hence, what the self-funded retiree is paying for, they may not get back when also paying service provider fees. Therefore, it may be worthwhile for a self-funded retiree to use their own money to purchase the services directly.

Home care package	**Basic daily fee per annum** ***($10.54 per day)***	**Income-tested fee per annum** *(annual capped value)*	**Basic daily fee + Income tested fee per annum** *(max. fee payable by self-funded retiree)*	**Total package value with basic daily fee per annum**
Level 1	$3,847.10	$11,012.99	$14,860.09	$12,118.00
Level 2	$3,847.10	$11,012.99	$14,860.09	$18,892.40
Level 3	$3,847.10	$11,012.99	$14,860.09	$36,923.40
Level 4	$3,847.10	$11,012.99	$14,860.09	$54,133.15

*fees current to 30/06/19

There is more to consider then just the cost when accessing a home care package as a self-funded retiree. Therefore, we always recommend a home care review be conducted by an accredited aged care specialist when a self-funded retiree is considering accessing a home care package.

Yours in Aged Care

Sharon Coleman

Accredited Aged Care Specialist / Accountant

Australian Medical Association Limited
42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604
ABN 37 008 426 793
T: (02) 6270 5400 F (02) 6270 5499
Website : http://www.ama.com.au/
AMA

MARK WORLD NO TOBACCO DAY WITH NEW ANTI-SMOKING CAMPAIGN TO RAISE PUBLIC AWARENESS OF DANGERS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

World No Tobacco Day is an opportunity for the newly re-elected Federal Government to make good on its commitment to reinvigorate national anti-smoking campaigns, AMA President, Dr Tony Bartone, said today. World No Tobacco Day is observed each year on 31 May to highlight the harms associated with tobacco and to encourage action from individuals, communities and governments to support decreased use of tobacco.

“For many years, Australia has been considered a world leader in tobacco control, with plain packaging, graphic warnings, restrictions on advertising and continued increases in excise,” Dr Bartone said. “As a result, smoking rates in Australia halved between 1991 and 2016, from 24 per cent to 12 percent.

“Despite these declines, smoking continues to be the leading preventable cause of death and disease in Australia, and it is a leading risk factor for many chronic health conditions. “Tobacco is unique among consumer products in that it causes disease and premature death when used exactly as intended.

“Two in three smokers will die as a result of smoking. Smoking increases the risk for coronary heart disease, stroke, peripheral vascular disease, respiratory disease and many cancers. “World No Tobacco Day provides an important opportunity to discuss quitting strategies with current smokers. Hopefully it also encourages many smokers to engage in a quit attempt.

“The AMA welcomed the Coalition’s $20 million commitment to reinvigorate national anti-smoking campaigns, and the specific measures to tackle Aboriginal and Torres Strait Islander smoking rates announced in the April Budget.

“We need to see real action and movement on anti-smoking campaigns that can help the seven out of 10 smokers who say they want to quit this deadly habit. “GPs can help smokers by discussing the realities of a quit attempt, including how to avoid common triggers, as well as the potential role of medication and nicotine replacement therapy.

“This targeted support must be complemented by population level measures to reinforce the dangers associated with tobacco use, particularly to young people who are known to be more vulnerable to messages that glamorise smoking.

“The tobacco industry has shown us that we must not become complacent. Our world-leading anti-tobacco strategy is on the brink of stalling and risks failing the next generation of Australians. “We know that exposure to tobacco advertising, though any medium, can influence a young person’s decision to try or take up smoking. We must continue to ensure that smoking is not normalised, for young people, as well as the rest of the community.”

The AMA Position Statement on Tobacco Smoking and E-cigarettes is at https://ama.com.au/position-statement/tobacco-smoking-and-e-cigarettes-2015. Background

Australian Institute of Health and Welfare (AIHW) data shows that:

- Tobacco is the leading cause of cancer in Australia.
- Around one in 10 mothers smoked in the first 20 weeks of pregnancy.
- There has been a long-term downward trend in daily tobacco smoking since 1991 (24 per cent to 12 per cent in 2016).
- There has been an increase in the number of people choosing to never take up smoking (62 per cent in 2016, up from 51 per cent in 2001).
- In 2016, around one in three (31 per cent) current smokers aged 14 and over have ever used e-cigarettes.
- 57 per cent of daily smokers were aged over 40 in 2016.
- 20 per cent of daily smokers lived in remote and very remote areas of Australia.
- Of the current smokers in secondary school aged 16-17, more than one quarter (26 per cent) smoked daily.

In 2014-15, the Heart Foundation reported that: one in seven (14 per cent) Australians aged 15 years and over smoked daily.

· More than 1.6 million Australian males aged 15 and over smoked, 90 per cent of whom smoked daily.
More than 1.2 million Australian females aged 15 and over smoked, 91 per cent of whom smoked daily.

CONTACT:
Maria Hawthorne 02 6270 5478/0427 209 753
John Flannery 02 6270 5477 / 0419 494 761

Follow the AMA Media on
Twitter: http://twitter.com/ama_media
Follow the AMA President on
Twitter: http://twitter.com/amapresident
Follow Australian Medicine on
Twitter: https://twitter.com/amaausmed
Like the AMA on Facebook https://www.facebook.com/AustralianMedicalAssociation

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS
ABN: 88 637 858 491

Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available

Get Your Membership Benefits! Socialise! Broaden your Knowledge!

Dear Doctors

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

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

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

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

ABN 88 637 858 491

1. One Member (July to June: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr _____

(First Name) *(Surname)*

Email Address: _____

2. Dr _____

(First Name) *(Surname)*

Email Address: _____

Practice Address: *Postcode:*

Phone: *Fax:*

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064 122 AC: 0090 2422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

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

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

"A Fortunate Life: Ernest Brough"

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

Brough was working as a "butcher boy" in Drouin in country Victoria when war broke out in 1939. His mother's cousin was Albert Jacka, who was awarded Australia's first Victoria Cross of the First World War for his actions at Gallipoli. Brough grew up with Jacka's photograph on the sideboard in the dining room, and knew his story well. When Australia declared war on Germany, Brough decided he wanted to make his mother proud and do something to help.

More than 75 years later, he laughs when asked why he decided to join up. "Well, I'm buggered if I know," he said with a grin. "I went down to the station and I said, 'I want to join up,' and they said, 'How old are you?' I said, 'Nineteen', and he said, 'Well, could you go for a walk around the block, and you'll be a bit older when you come back?' And I said, 'Yeah, I can do that for you.' So I walked away for a while and I came back five or 10 minutes later, and he said, 'How old are you know? And I said, 'Twenty.'

"So that's how I got in the army. And, of course, I was a regular bloody nuisance too. I'd be in everything but a bloody sandwich you know. It didn't matter what it was."

Brough fought at the besieged harbour town of Tobruk which he feared was "Gallipoli all over again", and at El Alamein. "That was pretty tough," he said quietly, looking off into the distance. "But never mind, it's all part of it. The thing is not to have fear, and I didn't. I wasn't frightened of nothing, nothing at all. I knew when to step aside, when it was getting a bit thick, see, step aside, let them have a go, and creep back again, and all that sort of thing."

At Tobruk, he and his mates lived "like rats" in foxholes and dug-outs for months on end, enduring blistering heat during the day and bitter cold at night, as well as hellish dust storms. In stifling heat, he survived on one bottle of water a day and didn't take off his boots for a month.

He lived with fleas and flies, dysentery, malnutrition and the blood of other men spattered on his clothes and his unwashed body, often wondering if he would make it through the night.

It was there that Brough was sent on what he calls a suicide mission and was wounded in the arm and the backside. But he never lost his humanity. At El Alamein in October 1942, he piggybacked a badly wounded German soldier to German lines under heavy fire.

"They came in one night, and we were just about ready to go to bed," Brough said. "We didn't know what to do. They were everywhere… The next morning, we searched their dugouts…

I was walking along and … I saw a curtain move, so I opened it up, and there he was.

He had a foot just about blown off. It was shattered. It was all smashed to pieces, so I pulled my cigarettes out, gave him a cigarette, lit it, and put him on my back, and I carried him up to his own hospital.

"A tank missile came across, and bloody well nearly took my head off. I went to ground, and he was still on top of me, so we got up, and got going again.

I got to the hospital, and they're in there saying, 'Don't shoot, don't shoot, don't shoot.'

I'm standing there like a big fat melon … like a bloody old burnt pumpkin … and I thought, 'Bugger this, I'll go back to my dugout again,' and back again I went …

I walked off as if I owned the joint, and they're all standing there, saying, 'Oh, who's that bloke? What's he doing?' And I was walking away as if I was having a good old time …

Continued next month.