



RDMA

RDMA & NLMA's Joint Newsletter

Newsletter

MAY 2017

ANZAC Veteran's Stories Roy Cornford's Story AIF 2/19 Battalian cont:

See Where We Work & Live on page 20.
<http://anzacportal.dva.gov.au/veterans/stories/roy-cornford>

President's Report Dr Kimberley Bondeson

The North and South East Queensland Coasts are receiving one month's rainfall over the next 3 days. Whilst this is not adversely affecting the Redcliffe and surrounding areas, news are reporting that previously flooded areas from Bundaberg down the coast are been flooded. What an unusual May, with cold weather and rain.

The new budget is out, with some thawing of the Medicare Rebate freeze. It will be rolled out very slowly, with indexation for Medicare items to be introduced in four stages, starting with bulk billing incentives from 1 July, 2017. The cost to the government in the first 12 months is estimated at \$9 million. Not a great amount in the overall cost of Medicare.

In July 2018, indexation will start for GP consult items and 12 months after that, July 2019, indexation for specialist and allied health consultation will also be introduced. The budget did not address After Hours item numbers, which has seen a dramatic increase in usage over the last 5 years.

The Health Care Homes, the proposed new funding package for GP Care for Chronic Disease Patients has been delayed until December. It appears the government is not quite sure how it is going to work. Corporate owned GP practices make up one quarter of the practices which have enrolled and would begin registering patients in return for receiving block funding from the government. It appears that the RACGP did not anticipate this, and feel that this may complicate any outcomes, and be a disadvantage to GP owned practices. The actual breakdown of the 200 shortlisted practices for the Health Care Homes trial is as follows (Australia Doctor May 2017) – IPN and Primary Health Care will make up 60 of the 200, a further 37 Aboriginal Health Services, two After-Hours Services – (who, interestingly, by definition are not GP practices), a Headspace

Centre and a single Nurse-Led Clinic.

There does not appear to be any firm enforcement of rents paid by Pathology Centres co-located with GP Practices. However, the budget has committed \$18 million over 4 years for audits and compliance programs. "Budget Papers indicate the money will go towards enhancing data analytics to target audit activities and increasing targeted compliance activities." (Australian Doctor, May 2017). Not sure how this is going to work, or if there is any firm plan.

The My Health Record which has already had some \$2 billion invested into it – a further \$380 million over 2 years is planned.

The government also announced a backflip on a proposal to remove bulk-billing incentives for diagnostic imaging and pathology services. \$3 million in funding was also promised as compensation for reforms to the National Cancer Screening Program.

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.

QML Pathology
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REDCLIFFE LABORATORY
Partnering with Redcliffe & District Local Medical Association for more than 30 years.

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

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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 24TH MAY 2017

RDMA Meeting for 26.04.17

Dr Kimberley Bondeson, RDMA President introduced Sponsor BioSCL Representative's Greg Curren, Paul Sheahan, & Alexzandra Harridge (BioCSL) who introduced the Speaker Dr Tim Grice, Pain Management Physician & Specialists Anaesthetist. Topic was Chronic Pain Management - Time to Rethink Your Approach.

Below: 1. BioSCL's Reps Greg Curren, Paul Sheahan, Speaker Dr Tim Grice & Ms Alexzandra Harridge.

2. Dr Christopher Tomsett (New Registrar Banksia Beach, Bribie Island), Dr Dupre & Dr Omid Grouanourimy (New doctor Burpengary Doctors)

3. Dr Christopher Tomsett. 4. Dr Nyo Win (New Doctor Narangba Doctors). 5. Dr Omid Grouanourimy.



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Wednesday 24th of May 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 Speaker: Dr Robert Brown
Topic: AMAQ
 - 7:45pm Speaker: Dr John Yaxley, Urologist. Topic: An update on the investigation and management of prostate cancer, including the role of the GP.
 - 8:20pm Main Meal, Question Time
 - 8:40pm General Business, Dessert, Tea & Coffee

RSVP: By Friday 19th of May 2017

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

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology PUB/MR/1330, version 1 (Jan-16)

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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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AMAQ BRANCH COUNCILLOR REPORT DR WAYNE HERDY, NORTH COAST COUNCILLOR

BUDGET 2017

Scott Morrison handed down his Budget on 9th May. There were a few tidbits for health, but they look like crumbs from the table rather than a feast.

The big ticket items related to future-proofing – infrastructure like the inland railway and the second Sydney airport at Badgery's Creek multi-billion dollar items. Looking at the 14 "Fact Sheets" from the Budget, almost all relate to housing affordability and investment services. None refer to health matters.

It is clear where the Treasurer is reading the hearts of the Australian voting public. Worrying about whether your kids are going to live the great Australian dream and own their own homes is perceived to take precedence over health and education, or even national security.

As always, there are a lot of small plans in the health portfolios that attract attention, but a few are worth a closer look:

The Victorian Cytology Service gets \$41.6M over 4 years. They must not have heard that cytology of Pap smears is obsolescent and HPV screening scheduled to replace Paps.

By comparison, the Medical Services Advisory Committee (the policeman who oversees Medicare fraud) is also funded to \$44.5M, and enhanced compliance is expected to recover overpayments of \$103.8M over four years.

The Medicare Benefits Schedule Review, the office that decides what Medicare rebates should be, also picks up \$44.2M over 3 years. More cash for jobs for Commonwealth bureaucrats, but none of that cash goes to patient care.

THE MEDICARE FREEZE WILL THAW.

The big news item was the lifting of the Medicare freeze. This is undoubtedly welcome news for doctors who bulk-bill, and for patients of doctors who don't bulk-bill. But don't go and order your new BMW yet. Bulk-billing incentives for GP's will be indexed from July 2017 (adding \$9.5M to GP's incomes, or a few hundred dollars per GP for the year), but standard consultations by GP's and specialists won't be indexed until July 2018. We will wait a year for indexation to resume (adding \$146M to doctors' incomes, or about \$3,000 per doctor per year), with no adjustment **Continued on Page 5**

AMAQ BRANCH COUNCILLOR REPORT

DR WAYNE HERDY, NORTH COAST COUNCILLOR



for the three years during which rebates were frozen. Specialist procedures and allied health rebates won't be indexed until July 2019.

GENERIC PRESCRIBING.

Generic prescribing is back on the Budget agenda in a big way. The Feds want to save nearly \$2B by making cheaper generics the default option. The expected saving is around \$400M per year, or about three times the sum being handed back to doctors' income when the rebate freeze thaws.

The Budget does provide for SOME of the savings to be ploughed back into new and amended listings on the PBS, but this is calculated to be around \$300M per year, so the portfolio is still \$100M per annum better off.

My starting point is that pharmaceutical research is expensive and hazardous. I try to prescribe brand-name to reward the company that took the financial risk to develop and market a new product, at a time when we are high on the slope of diminishing returns.

My second point is the promise that all savings (and that figure of \$1.8 billion has been questioned by health economists a lot more clever than I am), will be ploughed back into new PBS drugs. When a politician talks like that about re-allocating bits of his budget, we are always rightly suspicious, especially when the simple word "new" is tossed around. The health budget is being stressed by one new player in the field – the direct-acting anti-virals for Hepatitis C hit the PBS two years ago and numbers are rising rapidly towards the planned multi-billion ceiling figure. Are they "new" to the PBS? Or is the Minister eyeing off the possibility of adding populist items like alternative remedies or medical marijuana. What a controversy that would inflame!

My third point, and possibly the most important one, is that the Minister expects to create the default-generic position by interfering with the practice software that almost all prescribers use. My legal mind asks how it is possible for a government to impose such a policy on the privately-purchased software that we use. Moreover, my ethical mind asks whether it is proper for a government to intervene in the development of a product (ie the computer software) and the private purchaser. OK when we are talking aircraft safety, but not OK when we are talking about bending the clinical discretion of highly-trained and skilled professionals.

MANDATORY REPORTING TO BE NO MORE?
And now for something completely different.....

Mandatory reporting of health practitioners by other health practitioners was a controversial issue when it reared its ugly head some years ago. There was a real fear that doctors would not seek help because of the risk of being reported – and history has borne out a narrative that many health professionals did in fact fail to seek help. In WA, the reporting requirement was made optional. We suspect that most doctors honour the legislation in their refusal to dob in a mate, as long as the mate actually seeks help.

What is news is that NSW has started to see the light and is considering dropping the mandatory reporting legislation. Paradoxically, NSW is the jurisdiction with the most belligerent history in persecuting under-performing doctors, so it is a breath of fresh air to see common sense arising from that jurisdiction.

If NSW does in fact drop the mandatory reporting requirement (and not replace it with something equally Draconian), then the path will be clear for other States to follow suit.

Wayne Herdy, Branch Councillor,

QML Pathology provides testing to help diagnose and manage allergies*

Speak to your Medical Liaison Officer for more information or call 07 3121 4444



Does not apply to all cases. You should not rely on this information without first obtaining professional advice.

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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.



WOMENS HEALTH
 @sports &spinal™

CHERMSIDE SPORTS & SPINAL

Suite 2, 832 Gympie Road, Chermside, QLD 4032

P: 3833 2555

Email: physio@sportsandspinalphysio.com.au

AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



WELCOME TO DR BILL BOYD NEW AMAQ PRESIDENT, AMA NATIONAL CONFERENCE

Welcome again to our new AMAQ President, Dr Bill Boyd. He has a difficult task ahead of him, and have no doubt he has the necessary skills to deal with them. And Scottish charm.

The AMA and the AMAQ are particularly concerned at the Health Ministers agreement at the March COAG Health Council to introduce changes to the national law, which will enable community members to be appointed as chairpersons of the National Boards, which includes the Medical Board of Australia. This Bill, is proposed to be introduced to parliament mid-year.

The AMA and the AMAQ do not support this proposed change. It is felt that it is essential that the Chair of the National Medical Board of Australia remains a Medical

Practitioner, and oppose a non-medical practitioner Chair. (AMA Queensland 24 April 2017 Online News, CEO Update).

The AMAQ has in the recent past fought hard to ensure that the Chair of the Queensland Medical Board revert back to a doctor.

The AMAQ has spear headed a campaign to oppose a non-medical practitioner Chair, and details of this can be found from Chiara Lesevre ph: 3872 2209 or email c.lesevre@amaq.com.au

The AMA National Conference is occurring this year in Melbourne at the end of May. I will be attending again this year.

Sincerely Kimberley Bondeson

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



CEO Update - Concerning changes for the Profession

AMA Queensland is very concerned about an upcoming proposed change that will undermine the confidence of the profession in the National Regulation and Accreditation Scheme.

The change

Health Ministers at the March COAG Health Council have agreed to introduce changes to the National Law (Health Practitioner Regulation National Law) which include, as a key reform, **enabling community members to be appointed as chairperson of the National Boards**. This covers the 14 health professions currently regulated under the National Law and in particular, the Medical Board of Australia.

Queensland, due to its unicameral parliament is the host jurisdiction for this Bill, which will be introduced mid-year.

We have fought long and hard to see the Chair of the Queensland Medical Board revert back to a doctor and we are now faced with the same fight at national level, starting in Queensland.

This is an issue of great concern to all doctors. The Chair is a very influential and challenging position that requires a detailed understanding of the practice of medicine. **It is essential that the Chair of the National Medical Board of Australia remains a medical practitioner and we vigorously oppose a non-medical practitioner Chair being considered for such a crucial appointment.**

Actions to date

- We have written and spoken to the Queensland Health Minister to reconsider his position, to no avail.
- We've approached Members of Parliament to encourage them to vote against the Bill and we have also been speaking with Queensland members of the other national boards to gauge their level of concern for their own boards to have someone outside their profession chairing their national board.

Your involvement

- We are seeking medical practitioners' support and ask you to inform your local and federal Members of Parliament (MP). To receive the template letter that can be sent directly to local MPs to oppose the proposed amendment, please contact Chiara Lesèvre on (07) 3872 2209 or email c.lesevre@amaq.com.au.

Together we have a stronger voice. We need the entire profession to be involved to persuasively put this issue forward to Government.

Regards
Jane Schmitt LL.B, LL.M, GAICD
Chief Executive Officer, AMA Queensland

AUSTRALIAN MEDICAL ASSOC QUEENSLAND

LOCAL MEDICAL ASSOCIATION'S NEWSLETTER COLUMN

Concerning changes for the Profession

AMA Queensland is strongly concerned about a possible change being considered by the Queensland Government that would undermine the confidence of the profession in the National Regulation and Accreditation Scheme.

The National Registration and Accreditation Scheme Implementation Project, Stage One Amendment Bill has proposed changes to the National Law to allow the Ministerial Council to appoint community members as chairperson of the National Medical Board.

Queensland, due to its unicameral parliament is the host jurisdiction for this Bill, which will be introduced mid-year.

This is an issue of great concern for the medical profession. The chair is a very influential position that requires a detailed understanding of medical practice.

For example, the nature and extent to which planned re-validation regulation changes the requirements for practice will critically depend on a strong, medically-focused and led Medical Board of Australia.

As you may be aware, when the Queensland Government reconstituted the State Medical Board in 2014, it appointed a Chair from a different profession – a problem which was only recently resolved.

This created consternation and a significant loss of confidence in the work of the Board among Queensland Medical Practitioners.

AMA Queensland vigorously fought for greater medical representation on the Queensland Medical Board and, importantly, for a doctor to chair this important professional body.

We are now faced with the same fight at a national level, starting in Queensland. Doctors providing expert advice on decisions that affect how they offer care, and the health care system as a whole, restores recognition of our important self-regulatory role.

It is essential that the Chair of the National Medical Board of Australia remains a medical practitioner and we vigorously oppose a non-medical practitioner Chair being considered for such a crucial appointment.

AMA Queensland recognises the benefit of community representation on the Board, but this is not appropriate for the role of Chair and there is certainly no need for this change, which will only lead to a lack of confidence in the role of the Medical Board of Australia.

AMA Queensland seeks your support and asks you to inform your local and federal Members of Parliament (MP).

We need your support to persuasively put this issue forward to Government.

Please contact Chiara Lesèvre on (07) 3872 2209 or email c.lesevre@amaq.com.au to receive a draft letter that you can send to your MPs to oppose the proposed amendment.

Australian Medical Association Queensland

AMA Queensland

Continued on Page 11

MEDICAL MOTORING WITH DOCTOR CLIVE FRASER

Safe motoring,
doctorclivefraser@hotmail.com.



“Are You in the Market for a Hardtop?” Cyclone Debbie versus three Volvos

At 2 PM on Tuesday 28th March 2017 Tropical Cyclone Debbie crossed the Queensland coastline at Airlie Beach.

With wind speeds of 190 km/h and peak gusts of up to 270 km/h there was always going to be a lot of damage from the Category 4 cyclone, and the popular resort islands of the Whitsundays were hardest hit.

At the moment that Cyclone Debbie crossed the Queensland coast my surgery was over 1,000 km to the SSE and I was still enjoying sunny skies.

I'd just left my beloved 1997 Volvo V70 wagon at a local repairer for some maintenance.

Having learnt to ignore whatever politicians say and being unable to read the sign language,

I didn't heed Wednesday's warnings from our Premier to stay at home all day on Thursday.

But I did try to postpone my bookings, all to no avail.

By 5PM I'd finished my clinic to start on paperwork and my dictation.

At that moment, the power went out.

I soldiered on with a torch, but then decided it



was time to go home, only to find that my loan car was trapped in the car park as the electric gate wouldn't open.

Two hours later and I was finally on my way.

The worst of the bad weather was over, but there were trees down everywhere.

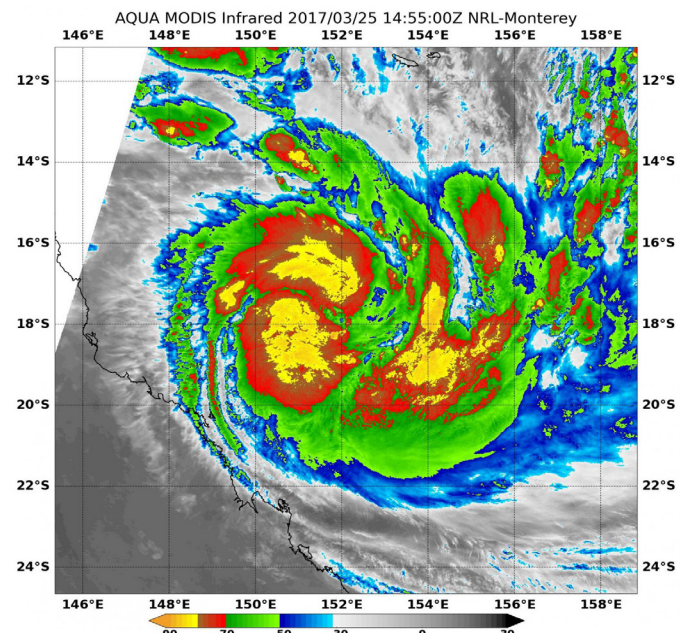
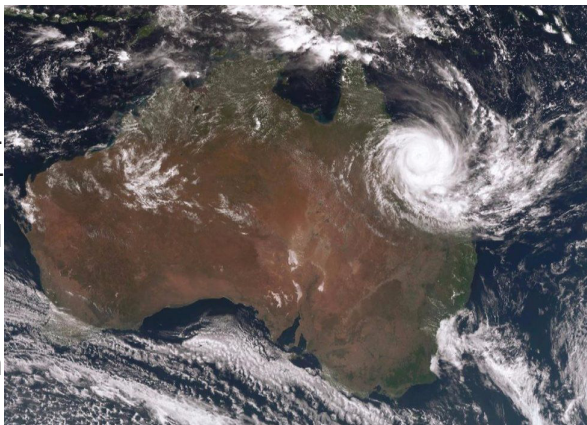
By Friday morning there were clear skies again, so I decided to recover my V70.

I wasn't really ready for the damage I encountered at the mechanical workshop when I discovered that a 30 metre tall gum tree had fallen in the storm on top of at least three Volvos.

Like an anxious parent I scanned the yard for my car.

I couldn't see it amongst the foliage. Surely it wasn't under the mass of branches in front of me?

After 20 years of ownership would I finally be saying goodbye to my V70.



MEDICAL MOTORING WITH DOCTOR CLIVE FRASER

“Are You in the Market for a Hardtop?” Cyclone Debbie versus three Volvos : Continued from Page 10



Well the anxiety was unwarranted because my car was intact some distance from the fallen trunk.

But how did the other Volvos fare under such a mass of wood and leaves?

Surprisingly well was my observation.

They all had broken wind-screens, front and back.

The rooves were dented, but none were crushed.



And yes, true to Volvo's claims, all of the doors still opened.

The scene reminded me of that wonderful 1971 Volvo advertisement which showed seven Volvo 140's stacked on top of one another.

The theory was that Volvos had six steel pillars supporting the roof and that each one could support the en-



tire weight of the vehicle.



On paper, six cars could be stacked on top of a Volvo.

It was a marketing masterpiece when Volvo was being criticized for boxy styling and staid dynamics.

Fast forward to today and there is still no ANCAP fallen gum tree crush test.



If there was I could confirm that all of the Volvos would have passed.

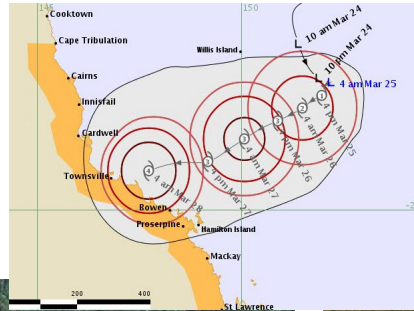


MEDICAL MOTORING WITH DOCTOR CLIVE FRASER

“Are You in the Market for a Hardtop?” Cyclone Debbie versus three Volvos : Continued from Page 11

So I thought that I would introduce more real world testing into this column.

I'll be looking in particular at how the technology in modern cars enables them



to avoid collisions with feral pigs, and what happens when one hits a kangaroo.

Please send your stories of other non-ANCAP collisions to doctorclivefraser@hotmail.com.

Safe motoring,

Doctor Clive Fraser

The poster features the AMA Queensland logo at the top left. Below it, the text reads "AMA QUEENSLAND'S ANNUAL CONFERENCE". The word "ROME" is written in large, white, bold letters across the center, with a circular cutout showing a dome. The background is a photograph of ancient Roman ruins, including columns and a dome, under a sunset sky. At the bottom, the text "17 - 23 SEPTEMBER 2017" is displayed.

PERSONALISED HEALTH CARE – EVOLVING HEALTH CARE NEEDS THROUGH THE CYCLE OF LIFE

Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the *Annual AMA Queensland Conference* in Rome.

The program will feature high-profile European and Australian speakers on a range of medical leadership and clinical topics. RACGP points will be on offer.

To find out more about the conference program or to register, please contact:

Neil Mackintosh, Conference Organiser

P: (07) 3872 2222 or

E: n.mackintosh@amaq.com.au

Download a conference brochure from the events calendar at www.amaq.com.au

SWEARING

By Dr Mal Mohanlal

On 8 May 2017, 6 Minutes Medicine on the Internet published an article titled “The Power of swearing”. It was a research paper presented the previous week to the Annual Conference of the British Psychological Society in Brighton.

It claims that “Swearing out loud has long been known to help acute pain, but now a team of international scientists say a liberal use of profanities is also good for strength building and anaerobic power.

It goes on to say that “The US and UK researchers found that people who swore while they rode an exercise bike for a short, intense period produced more power and had a longer handgrip than those who did not.”

Further they say “We know from earlier research that swearing makes people more able to tolerate pain, says lead author Dr Richard Stephens, from Keele University, UK.

“A possible reason for this is that it stimulates the body’s sympathetic nervous system.”

“If that is the reason, we would expect swearing to make people stronger too – that is just we found in these experiments.”

“But when we measured heart rate and some other things you would expect to be affected if the sympathetic nervous system was responsible for this increase in strength, we did not find significant changes.”

“Why it is that swearing effects on strength and pain tolerance remains to be discovered”, he says”

“We have yet to understand the power of swearing fully”

The following discussion which I joined might help our readers to get over any miserable situation when they are confronted with one:

JM:

“Hard to demonstrate cause and effect. Intense anger can cause increased strength whilst also influencing desire to swear and actual swearing”

Mal Mohanlal:

“There is nothing new or surprising in this

research. It is done by so called scientists who have no self-knowledge or understanding of their own minds or how their subconscious mind operates. The subconscious mind reacts to words not the meaning of the words. If someone tries to make you miserable, say this in your mind: “Bugger off, don’t want you. Come back when you are ready to make me happy, otherwise I have nothing to do with you.” You will be amazed to find yourself instantly free of the negatives, and you do not have to mean what you say either. Try it next time. You do not have to believe what I say.

All health professionals should read my book “The Enchanted Time Traveller – A Book of Self-knowledge and the Subconscious Mind” to gain insight into their own mind before advising others about their mental health issues. Become a true scientist, not remain a pseudo-scientist.”

JM:

“Yeah right. Self-promotion and marketing, with arguable claims. Your qualifications are?”

Mal Mohanlal:

“Don’t you know that some qualified people are utter nuts? I hope you are not one of them.”

Jo:

“My assessment would be that a true scientist would usually have been able to secure a university affiliation, conduct publishable research approved by formal research ethics boards. Like the authors of this study

What are your qualifications? You’re not a pseudo-scientist, are you?”

Mal Mohanlal:

“A true scientist observes reality and puts down his observations for the world to see and assess. I would like all the true scientists of the world to disprove what I have written and see whether they can classify me as a pseudo-scientist. Does anyone need qualifications to understand their subconscious mind?”

There have been no further comments.

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

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AMA

AMA CALLS FOR MARRIAGE EQUALITY

The AMA is calling on the Australian Parliament to legislate for marriage equality, and to end the divisive public debate over same-sex marriage.

AMA President, Dr Michael Gannon, has written to Prime Minister Malcolm Turnbull and Opposition Leader Bill Shorten, urging a bipartisan approach to marriage equality. Releasing the AMA Position Statement on Marriage Equality 2017, Dr Gannon said that excluding same-sex couples from the institution of marriage has significant mental and physical health consequences for lesbian, gay, bisexual, transgender, intersex, and queer/questioning (LGBTIQ) Australians.

“Discrimination has a severe, damaging impact on mental and physiological health outcomes, and LGBTIQ individuals have endured a long history of institutional discrimination in this country,” Dr Gannon said. “This discrimination has existed across the breadth of society; in our courts, in our classrooms, and in our hospitals.

“Many of these inequalities have been rightly nullified. Homosexuality is no longer a crime, nor is it classified as a psychiatric disorder. The ‘gay panic’ defence is no longer allowed in cases of murder or assault, and same-sex couples are allowed to adopt children in most jurisdictions.

“However, LGBTIQ-identifying Australians will not enjoy equal treatment under Australian law until they can marry. “It is the AMA’s position that it is the right of any adult and their consenting adult partner to have their relationship recognised under the Marriage Act 1961, regardless of gender. “There are ongoing, damaging effects of having a prolonged, divisive, public debate, and the AMA urges the Australian Parliament to legislate for marriage equality to resolve this.” While there is no definitive data on the number of Australians who identify as LGBTIQ, samesex couples made up approximately 1 per cent of all Australian couples in the 2011 Census, and more than 3 per cent of respondents to a 2014 Roy Morgan survey identified as homosexual.

People who identify as LGBTIQ have significantly poorer mental and physiological health outcomes than those experienced by the broader population. They are more likely to engage in high-risk behaviours such as illicit drug use or alcohol abuse, and have the highest rates of suicidality of any population group in Australia. These health outcomes are a consequence of discrimination and stigmatisation, and are compounded by reduced access to health care, again due to discrimination,” Dr Gannon said. “The lack of legal recognition can have tragic consequences in medical emergencies, as a person may not have the right to advocate for their ill or injured partner, and decision-making may be deferred to a member of the patient’s biological family instead.

“Marriage equality has been the subject of divisive political and public debate for the best part of the past decade. “It is often forgotten that, at the core of this debate, are real people and families. It’s time to put an end to this protracted, damaging debate so that they can get on with their lives. “As long as the discrimination against LGBTIQ people continues, they will continue to experience poorer health outcomes as a result. “LGBTIQ Australians are our doctors, nurses, police officers, teachers, mothers, fathers, brothers, and sisters. They contribute to this country as much as any Australian, but do not enjoy the same rights. “It is time to remove this discrimination.”The AMA Position Statement on Marriage Equality 2017 is at <https://ama.com.au/position-statement/marriage-equality-2017>.

20 May 2017

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MEDIA RELEASE

OUT-OF-HOME CARE MAY BE HARMING VULNERABLE KIDS

EMBARGOED UNTIL 12:01am Monday, 22 May 2017

THERE are far too many Australian children in out-of-home care (OOHC) and, as a first option, more needs to be done to strengthen and support the family into which they are born, according to the author of a Perspective published in the *Medical Journal of Australia*.

Professor Peter Jones, Dean of Medicine at Bond University on the Gold Coast, wrote that it was time to ask “politically charged” questions, such as whether we should be developing policies that encourage disadvantaged families to have fewer children.

As of 30 June 2015, there were 43 399 children in OOHC in Australia. Recent statistics show that 93.4% of all children in OOHC in Australia live in home-based care, with 81% of them in care for more than 1 year, of whom 41% remain in OOHC for over 5 years. Studies report that children in care experience significantly poorer mental health outcomes, including attention deficit hyperactivity disorder, depression, and attachment and conduct disorders. Children in care are less likely than other children to continue their education beyond the age of compulsion. They have usually experienced trauma and neglect. More than 90% of the children in OOHC in Australia have been placed there after a court order, and most of their parents are from marginalised groups.

The rate at which Indigenous children have been placed in care has more than tripled over the past 18 years, and more than doubled for non-Indigenous children. One in 19 Indigenous children are in OOHC.

“In Australia, OOHC has been assumed to be the safest option for vulnerable children if there is any suggestion of risk of further harm to the child,” Professor Jones wrote.

“This assumption needs to be challenged.”

Professor Jones argued that “there is no evidence to indicate that OOHC reduces the prevalence of mental health problems in this population” and that “a major concern is that there is evidence that children in OOHC in Australia may experience an increased risk of harm while in care compared with children who have never been in care.”

“Community concerns about the risk of a child protection matter leading to the death of a child are out of proportion with the statistics. The homicide rate for children has remained the same at about 0.8 per 100 000 for the past two decades,” he wrote.

Both the United States and New Zealand have reduced the number of children in OOHC in their countries by changing policy to focus on keeping children in care for a limited length of time (US) and by having agreements to have the children placed with kin without formally placing those children under the guardianship of the court (NZ).

“We need to ask politically charged questions, such as should we be developing policies that encourage disadvantaged families to have fewer children?” Professor Jones wrote. “We need to aggressively invest in young vulnerable mothers when they have their first child in disadvantaged circumstances, and not wait until there have been documented problems with child neglect before the child protection and social services systems react.

“We must incrementally reduce our reliance on OOHC as a key goal in overcoming the complex problem of child abuse, neglect and increasing inequity in Australia.”

Please remember to credit The MJA – this assures your audience it is from a reputable source

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

Western Australia

Simply Extraordinary

by Cheryl Ryan

Western Australia – Simply Extraordinary With its photogenic landscapes, stunning beaches, reefs full of extraordinary marine life, and vineyards that craft world-class wines, Western Australia is your go-to destination for ultimate adventure. Get the fun started with the stunning sight of humongous variety of wildlife at every nook-and-cranny, amazing beaches and parks and the lively cities of Perth and Fremantle. WA has so much to offer that you will, most likely end up losing track of time.

An Enthralling Encounter with Nature

1. Fremantle: The cosmopolitan city is famous for handcrafted beers, heavenly coffee and festivity scene. The Fremantle Market is the heart of fashion, live music, performance art, art and craft, and fresh produce. Step into the magnificent vessels rich in maritime history at Western Australia Maritime Museum. Roundhouse and Fremantle Prison are other highlights. Have fun snorkeling and windsurfing at Port Beach and Leighton Beach or, Bathers Beach for mesmerizing sunset-watching.

2. Perth: Bask in the sunshine city at Kings Park and Botanic Garden. On the way to Northbridge and Perth Cultural Centre, check out the mini-bars, restaurants and cafes. Art connoisseurs can follow the City Public Art Walk.

3. Ningaloo Reef: Seize the lifetime opportunity to drift snorkel over gorgeous coral reef teeming with eclectic marine life. Don't miss the chance to dive off Navy Pier or indulge in world-class fishing. Surfing at Surfers Beach is to die for. Explore Ningaloo Marine Park and Cape Range National Park. Look out for emus, kangaroos and lizards on your way to the white-sand Turquoise Bay.

4. Coral Bay: Enjoy a cool afternoon swim, kayaking, diving or snorkelling in the calm waters of Coral Bay as well as the inner Ningaloo reef. Go cruising on a glass-bottom-boat along the outer reef and cherish the sight of dugongs, turtles, manta rays, and dolphins playing in the waters.

5. Karijini National Park: The stunning waterfalls and gorges, lush flora and fauna, and Western Australia's three highest peaks are its popular drawcards.

6. Broome -Cable Beach: Enjoy sunset at this beautiful white-sand beach or, take a Camel ride



along the beach in the evening.

More Marine Adventure!

1. Head to Hilary's Boat Harbour, north of Perth, for an exhilarating humpback whale watching tour.

2. Embark on an exciting underwater journey to explore Western Australia's unique marine life at AQWA, the Aquarium of Western Australia.

3. Penguin Island: Cruise to the largest haven of little penguins, rare Australian sea lions and plenty of seabirds. Head to Koombana Bay – the playground of adorable bottlenose dolphins – and swim with the dolphins or join a dolphin eco cruise.

4. Busselton Jetty: Home to Australia's greatest artificial reef; enjoy a stroll along this spectacular stretch. Check out the Underwater Observatory for a breath-taking view of the reef.

What have we planned for you?

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

- **A day in Fremantle** including Fremantle Prison and Western Australian Maritime Museum
- **A day trip to Perth** including sightseeing, whale shark swim tour and snorkelling
- **Tour of Ningaloo Reef and Cape Range National Park,** canyons of Cape Range and Coral Bay including snorkelling, wildlife-spotting, and other adventures
- **Guided tour of Busselton Jetty and AQWA**
- **Wildlife cruise** to the Penguin Island to be arranged

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



FAREWELL FREEZE – GOVERNMENT WINS BACK GOODWILL WITH POSITIVE HEALTH MEASURES

AMA President, Dr Michael Gannon, said tonight that the Government has begun to win back much of the goodwill it lost with the disastrous 2014 Health Budget with the announcement of a number of positive health measures, most notably an early lifting of the freeze on Medicare patient rebates.

The Medicare rebate freeze will be lifted from bulk billing incentives for GP consultations from 1 July 2017, from standard GP consultations and other specialist consultations from 1 July 2018, from procedures from 1 July 2019, and targeted diagnostic imaging services from 1 July 2020. The lifting of the freeze on Medicare rebates will cost the Government around \$1 billion.

Dr Gannon said that the policy breakthroughs in the 2017 Health Budget are the direct result of the consultative approach of Health Minister, Greg Hunt, with the hands-on input and support of the Prime Minister. “Minister Hunt said from day one in the job that he would listen and learn from the people who work in the health system every day about what is best for patients, and he has delivered tonight,” Dr Gannon said.

“The AMA would have preferred to see the Medicare freeze lifted across the board from 1 July 2017, but we acknowledge that the three-stage process will provide GPs and other specialists with certainty and security about their practices, and will help address rising out-of-pocket costs for patients. “Lifting the Medicare rebate freeze is overdue, but we welcome it.” Dr Gannon said that the Government has also responded to AMA advocacy by:

- reversing proposed cuts to bulk billing incentives for diagnostic imaging & pathology services;
- scrapping proposed changes to the Medicare Safety Net that would have penalised vulnerable patients;
- delaying the introduction of the Health Care Homes trial until October to allow fine-tuning of the details;
- moving to an opt-out approach for participation in the My Health Record; and
- recognising the importance of diagnostic imaging to clinical decision-making.

Dr Gannon said the AMA supports the Government’s measures to increase the prescribing of generic medicines, when it is safe and appropriate and discussed with the patient, and preserves doctors’ clinical and prescribing independence, with savings to be

invested back into the Pharmaceutical Benefits Scheme (PBS).

“We also welcome the Government’s allocation of \$350 million to help prevent suicide among war veterans; the expansion of the Supporting Leave for Living Organ Donors Program, which allows donors to claim back out-of-pocket expenses and receive up to nine weeks paid leave while recovering; measures to increase the vaccination rate; and the ban on gambling ads during live sporting broadcasts before 8.30pm. “We acknowledge extra funding for the Rheumatic Fever Strategy, in response to calls in the 2016 AMA Indigenous Health Report Card.”

Dr Gannon said that tonight’s Health Budget effectively ends the era of disastrous co-payment and Medicare freeze policies, and creates an environment for informed and genuine debate about the numerous other areas of unfinished business in the health portfolio. “We now need to shift our attention to gaining positive outcomes for public hospitals, prevention, Indigenous health, mental health, aged care, rural health, private health insurance, palliative care, and the medical workforce,” Dr Gannon said.

Dr Gannon said that the lifting of the Medicare freeze and the other positive measures in the Budget have come about through open discussion and engagement with the Government, and the AMA intends to build on this positive relationship with the Health Minister and the Prime Minister to achieve further benefits for patients and the health system. Dr Gannon said that the AMA is committed to working collaboratively with the Government on:

- the Medicare Benefits Schedule (MBS) Review process;
- an improved system of after-hours care;
- uptake of the My Health Record;
- the Health Care Homes concept and trial
- pathology sector arrangements, including approved collection centre (ACC) rents; and
- MBS compliance.

The AMA will make further comment following examination of the complete Budget papers across portfolios.

9th May 2017

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Where We Work and Live

ANZAC Stories: Roy Cornford AIF, 2/19 Battalion <http://anzacportal.dva.gov.au/veterans/stories/roy-cornford>

Roy's Story Part 3 continued:

It was still very calm and the water was warm and the nights were warm and the days were warm. Well, actually they were hot the days, because you got badly burnt. All my arms were burnt and where you were in the water all the time your skin had gone, you got practically no flesh under the skin – it had all congealed up and sort of looked like big scabs.

On the third night, we still had about 16 of us on the raft. When daylight comes the next morning, there were only nine of us left. I never saw one of them disappear. On that third night I got into the middle of the two rafts that we'd joined together and took my lifejacket off, tied a strap to my arm and lay down in about six inches of water and had a sleep. And I slept very well, because we were very, very tired I'll admit and knocked about, we were only skin and bones.

And then the next morning there was only nine of us on the two rafts and we were floating around and we saw this, looked like a small fishing trawler, going to rafts about four or five kilometres away from us. Someone kept saying "Oh, it's a small ship". And then it started coming closer to us, and we're waving and waving, and when it got closer we realised it was a submarine.

The presence of POWs aboard these Japanese ships was discovered on 15 September, three days after the ships were sunk. The USS Pampanito returned to the area to continue operations against the Japanese convoy and it was then her crew discovered men clinging to rafts who were identified as British and Australians. An immediate rescue operation by Pampanito to

save as many survivors as possible was initiated and she called in three of her sister ships to assist. Luckily for Roy Cornford he was one of the 73 grateful survivors picked up by Pampanito.

Roy's Story Part 4

The [USS] Pampanito happened to come up to have a look around and spotted these rafts with people on them. They didn't know who they were or what they were. They came up and they mounted machine guns on the deck and they came over close to one of the rafts. By this time all the rafts were five and six hundred metres apart, or two kilometres apart, and we're all black with oil of course. One bloke had fair hair and he

sung out "You sink us and now you want to shoot us!" And the sailor sung out "Who are you?" And he says "We were Australian and English prisoners of war." And he called back "Well, we'll throw a rope and the man with the white hair only grab it".

He grabbed the rope and they pulled him aboard, and they were smartly satisfied that we were prisoners and they radioed the news, and another submarine surfaced straight away. The submarine that first spotted us, it cruised around picking up prisoners. It had a crew of 72, and it picked up 73 [survivors] and I was one of the prisoners that it picked up. I was on the second-last raft that they came to. We had two rafts joined together and we did have 18 prisoners on the two rafts but eventually when we were picked up there were only nine of us still alive.

! Pampanito immediately dispatched her precious cargo of Roy and his mates to the US base on the island of Saipan. They were disembarked and immediately admitted to hospital.

From Saipan Island Roy and his fellow survivors were returned to Australia by ship, arriving at the port of Brisbane on 18 October 1944. It was then after further hospital treatment, Roy was discharged from the AIF in May 1945.

In civilian life Roy married his wife Joan in 1947 and raising three children. Roy originally worked as an employee of a painting contractor before setting up his own business, which he ran for almost 30 years. Roy remains an active member of the RSL and following retirement he and his wife Joan established a successful plant nursery and donated all of the profits from 1987 to 2009 to charity. He remains actively involved in community and charity work.

Roy prefers to forget the horrors of his time as a POW, concentrating instead on remembering how he and his mates all helped each other through difficult times and conditions.

