



JAMALA BY Wayne Herdy

See Where We Work & Live on page 20.

President's Report Dr Kimberley Bondeson

What a beautiful start to winter, cold nights and mornings with glorious sunshine and blue skies during the day! I have just unpacked my winter woollies, and packing away summer clothes. It still amazes me in these chilli mornings to see some of my patients in a T-shirt and shorts. The closest they get to winter clothes!. The old saying that Queensland breeds them tough is true. I will have a warm winter jacket on any time.

The Federal Budget has been released, and there are long awaited changes for the medical profession. Some of the changes are: The medicare rebate freeze is due to start thawing, with progressive lifting of the MBS freeze, with the indexation of standard GP attendance items due to recommence from 1st July, 2018. Rural GP workforce has been given additional prevocational GP training places for rural areas, and a commitment to 100 extra training places for rural generalists.

Rural Bonded Medical Students Scholarships and Bonded Medical Places are to be radically overhauled, and will apply to all new participants from January 2020. Changes include

1. A standard 3 year return of service
2. Return of Service eligible locations are being expanded – 50% of prevocational and vocational training in Return of Service eligible locations can count towards Return of Service obligations, with the remaining 50% required post fellowship.
3. Return of Service obligations can be served in 3 month blocks (including in post-fellowship years).
4. Scaling of Return of Service according to rurality with continue.


The current 12 year 'medicare ban' for MRBS recipients will be cut back to 6 years. Currently, it appears that there are no rural scholarships been offered (2016 seems to be the last year) until DoH sorts itself out (the challenge of implementing the boarder package of rural health reforms – in the interim, current bonded medical graduates will have to comply with their current contractual obligations. This lack of availability of medical students to access the traditional extra income support (and often only income support) that the rural scholarships previously offered is already been felt by medical students. I am finding that there are medical students, who are in serious financial difficulties, in their final years of study at

medical school, who have no opportunity to access what the old rural medical scholarships offered eg. Financial support – money to live off, and a holiday job to enable money to be saved towards the next years expenses - as I once did during my own medical school training.

Any funding to assist medical students in their final years is extremely limited, and certainly does not cover the actual costs of rent, groceries, transport and other necessities of being a medical student, and attending hospital ward rounds for training. Whilst the old system is criticized as not been able to fulfil its goal of having doctors complete their return of service in rural communities, and the current restrictive return of service conditions (eg. The current 12 year "medicare ban" for Medical Rural Bonded Scholarship holders) are unworkable and unreasonable, we are now left with a gap. What scholarships are available for our medical students to access, to support them in their training? This needs to be addressed, urgently, or we are going to find that we will lose some of our senior medical students, as they take a year off study at medical school, to try and earn enough money to get themselves through their final years.

Kimberley





**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.**

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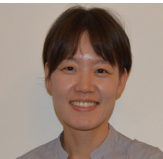


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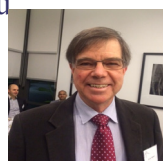
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RDMA 2018 MEETING DATES:

For all queries contact Emelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	27th
Wednesday	March	28th
Tuesday	April	24th
Wednesday	May	30th
Tuesday	June	26th
Wednesday	July	25th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	28th
Wednesday	September	12th
Tuesday	October	30th
NETWORKING MEETING		
Friday	December	7th



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NLMA 2018 MEETING DATES:

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	13th
2	April	10th
3	June	12th
ANNUAL GENERAL MEETING - AGM		
4	August	14th
5	October	9th
6	December	11th OR 14th



NEXT MEETING DATE 30TH MAY 2018

Monthly Meeting

Redcliffe & District Medical Association Inc.

RDMA Meeting for 24.04.18

Dr Bondeson, RDMA President Introduced Andrew Cuttle, Sponsor Eli Lylly News.

Andrew Cuttle then introduced the Speakers: 1) Dr Vishnu Sannaragappa Endocrinologist & General Physician Caboolture Hospital/ North Lakes Endocrinology, Topic: **"New Trends in Managing Diabetes"**, Speaker 1) Vishnu Sappatragappa 2) and Dr Rakesh Malhotra, presented his presentation. Endocrinologist & General Physician. Caboolture Hospital/ North Lakes Endocrinology: Topic **"Common Thyroid Problems in GP Land"** presentedc by Rakesh Malhotra rinologist & General Physician. Caboolture Hospital/ North Lakes Endocrinology:

Photos from Left to right:

Photo 1, Joint Speakers Rakesh Malhotra and Vishnu Sannaragappa
Photo 2, **New Members:** Sudeep Sudeep and Swapna Devadula.
Photo 3. Prassana & **New Member** Deepali Shirkhedkar.
Photo 4: **New Members:** Maliha Farzana and Sophie Galloway.

DATE: Wednesday 30th of May 2018

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Pine River Private Hospital
7:40pm	Speaker: Dr Sanjeev Ranjan, Specialist Psychiatrist/ General Adult Psychiatrist, Pine River Private Hospital Topic: "Managing Anxiety Disorders- Common Pitfalls and How to Address Them"
8:05pm	Main Meal served
8:20pm	Question Time
8:25pm	Dessert, Tea & Coffee served
8.40pm	General Business

RSVP: By Friday 25th of May 2018

(e) RDMA@qml.com.au or 0413 760 961

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AMAQ BRANCH COUNCILLOR REPORT

DR WAYNE HERDY, NORTH COAST COUNCILLOR

AMA NATIONAL CONFERENCE 25-27TH MAY 2018



STOP PRESS: The AMA National Conference on 27th May elected Victorian GP Dr Tony Bartone as its incoming President. Queensland Obstetrician Gino Pecoraro contested the position for president but was unsuccessful. No second places in politics. National Conference also elected Queensland Thoracic Physician Chris Zapalla as the incoming Vice-President.

As I do most years, I attended AMA National Conference in Canberra from 25th to 27th May. One of the highlights of National Conference is the address by the Minister for Health.

This year, Greg Hunt started by getting the audience (of doctors) on side by reminding us that "Australia has the best doctors and the best medical workforce in the world" and the best medical outcomes in the world. I am fond of quoting that Australia has the second-longest life expectancy in the world, and if we excluded our indigenous failures and excluded the small population of centenarians on the Japanese island of Okinawa, we would probably have the highest life expectancy in the world. The Minister went on to say that we achieve this with a medical budget of 10% of our GDP, about the same as OECD averages. This compares very favourably with 20% of GDP spent in USA for much less attractive health outcomes.

The Minister continued on a positive note by reminding us that indexation of MBS rebates would resume in July for GP's (he forgot to mention that specialists will have to wait much longer or that GP's have foregone \$100 M while he rebates were frozen). He kept on the positive note by reminding us that a review of the MBS is taking place, although he did not add to our joy by giving any details of the review. He was proud to announce the ongoing implementation of My Health Record, the central electronic health record, as an opt-out model. He expects participation by 75% of GP's and 75% of hospitals by the end of 2018. He was not so optimistic about specialist engagement.

He made several mentions about reform of private health insurance, espousing the principles of affordability and value for money. Throughout his speech, he was unable to give any more detail about what reforms are actually going to see the light of day.

The Minister reiterated what we already know about the third wave of reform detailed in the recent Budget – the workforce reforms, research funding, money for primary care, mental health care, and aged care. He was particularly proud of the changes to the PBS, even though the expensive additions will only benefit a small

number of patients and have rather little real impact on life expectancy.

Specific measures contemplated in the Budget included Cystic Fibrosis screens, more funding for cataract surgery, MRI funding for prostates, and 3D mammograms.

The Minister made another new announcement about specific proposed new funding for wound management, but this is still subject to referral to a Medicare Task Force (don't hold your breath).

On the topic of the proposed Health Care Homes, he ceded that the project was "failing to meet its targets". Later in the day, the opinion was voiced that Health Care Homes are dead in the water, although there are still some who hope that the project can be resuscitated.

On workforce issues, the Minister repeated the usual mantra of need for special care to the rural and regional workforce, to teach and train and retain doctors in the bush, but there was not a lot of substance to the mantra. He did announce 100 extra junior doctor places with incentives for young doctors to train and stay in rural and regional locations.

Minister Hunt finally turned his attention to the future. He made a new announcement about primary care, advocating universal coverage and a level playing field, but I did not hear any details about what this meant. He spoke about indigenous health, with special attention to the HTLVI virus. What did attract the attention of the audience was when he addressed the problem of the mental health of health workers, acknowledging the stress and challenges of our profession, but he attracted applause when he predicted an imminent national end to mandatory reporting. The Minister acknowledged that this will encourage and allow doctors to seek help from people they know and trust, without attracting a penalty.

Overall, the audience came away with a sense that this is a Minister who is not anti-doctor and who has a sincere intent to improve health outcomes by recruiting the cooperation of the medical profession.

Wayne Herdy

AMAQ BRANCH COUNCILLOR REPORT

DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



AMA FEDERAL ELECTIONS, AMAQ PRESIDENT & VICE PRESIDENT ELECTIONS AND SUPER VACCINE PROGRAM.

AMA Federal Elections are coming up, and we have 2 Queensland doctors nominated for the two top positions.

Dr Gino Pecoraro has nominated for President, and Dr Chris Zappala for Vice-President. Other nominations for president include Dr Tony Bartone and Dr Brad Frankin, and for Vice-President, Dr Xavier Yu, Dr Janice Fletcher and Dr Jill Tomlinson.

Good luck to the Queensland team.

On the Queensland front, there is an election coming up for a new AMAQ president and Vice-President.

Current nominations for AMAQ President include Prof. Steve Kisley and Dr Dilip Dhupelia, and for Vice-President Dr Tim Finn and Dr Michael Cleary. Results will be announced shortly.

There is extreme interest in the current vaccination program. The over 65yo's have a "super vaccine" available to them, which the government released to GP's in May, only includes 3 strains.

It does not include any specific protection against influenza B, which has been dubbed the Brisbane virus.

This vaccine is only licensed for the over 65yo's. The other vaccine which is available is a quadrivalent flu vaccination, which has been available in Private pharmacies since early March this year.

It is also supplied for the general public, under the National Immunisation Scheme.

It takes 2-3 weeks for a vaccine to give protection, and this protective period lasts for 3-4 months. The influenza season typically starts in Brisbane with the EKKA celebrations, which is at the beginning of August. So we

can see there is already a problem.

The private pharmacies, who have been giving out the quadrivalent vaccine in March, will not be protecting those patients from the actual flu season in August and September.

And as both vaccines protection against a particular virus is a prediction, which may or may not be right, we will just have to wait and see what happens and sincerely hope that the vaccines offer some protection, and that we do not get another horror flu season.

Private Health Insurance is on the down – prices are rising, and according to a recent Roy Morgan analysis, 250,000 people in Australia did not renew their private health insurance within the last year (to March, 2018).

The main reason listed was the increase in private health insurance premiums and the increase in out of pocket costs. This trend will see increasing pressure on the public health system.

One solution that has been put forth to try to ease pressure on public emergency departments is for the government to support and encourage privately insured patients to access private hospital emergency departments.

However, there is opposition by the public to do this, as there is a cost associated with attending a private hospital emergency department.

Sincerely

Kimberley Bondeson

RDMA COMMITTEE MEMBER

DR GEOFF HAWSON MBBS FRACP FACHPM DIPCLINHYP



RETIRED DOCTORS REPORT

Dear Members,

Just letting you know that the following motion was presented at the AMA National Conference and passed with 91% for, 6% against and 3% abstentions.

Kimberley and I were interviewed following the presentation by Australian Doctor.

I believe the significant factor that allowed the motion to be passed so overwhelmingly was the presentation of a significant finding of our survey that over 70% of our members believed that CPD in some form was necessary. This is a change from the "I am retired and just want to prescribe." The motion will need to go to Federal AMA and be discussed. We do not know what form the survey will take.

"We move that the federal AMA approves a nationwide survey of members to ascertain their views on limited registration in transition to retirement, the scope of practice for limited registration, the registration requirements (recency of practice, definition of practice, CPD), and the potential range of practitioner contributions to the profession in transition to retirement and retirement."

Dr Geoffrey A T Hawson
MBBS FRACP FACHPM FRCPA (1976)
Dip Clin Hyp CFTe[ATAA]
Associate Professor (U of Q)
Cancer Second Opinion
1/49 Butterfield St Herston 4006
<https://cancersecondopinion.com.au>

Interesting Tidbits **NATTY MOMENTS:**

What would you call a person who had no body and no nose?

Nobody knows.

A pig stands in front of an electric socket:

"Oh no, who put you into that wall?!"

I saw this sweet poor old lady fall down the stairs and hurt herself.

At least I assume she was poor because I didn't find more than 3.50 in her wallet.

Here, I bought you a calendar.

Your days are numbered now.

Where do fish sleep?

Funny One Liners

In the RiverBed.

Talk is cheap, yeah?

Have you ever talked to a lawyer?!

My wife's driving test went surprisingly well yesterday. She got 7 out of 12.

The 5 managed to run to safety.

Husband: Wow, honey, you look really different today. Did you do something to your hair?

-Wife: Michael, I'm over here!

Do you know a tree's favorite drink?
Root beer!

What did one plate say to his friend?

Tonight, dinner's on me!





AMA Queensland

LMA NEWSLETTER COLUMN – MAY 2018

2018-2019 Budget Submission

AMA Queensland recently released its *2018-2019 Budget Submission*. Our Submission calls on the State Government to:

Reform the Office of the Health Ombudsman (OHO) to improve its accountability and fairness.

Establish a new Queensland Medical Education and Training Institute (QMETI) to improve the quality of the junior doctor training experience.

Extend *Resilience on the Run* – with mandatory reporting on the reform agenda, the time is right for the Government to build on their success in helping to improve the mental health of junior doctors by extending funding for AMA Queensland's successful *Resilience on the Run* program beyond the intern years to PGY2 through 5.

Fund a state-wide public health awareness campaign to help combat the obesity epidemic facing Queensland.

AMA Queensland will provide a detailed analysis to our members after the Treasurer delivers the Queensland Budget on 12-15 June 2018.

You can read the full 2018 Budget Submission at www.amaq.com.au.

Mandatory reporting laws

AMA has welcomed the agreed strategy for mandatory reporting laws that emerged at the Council of Australian Governments (COAG) meeting in April. However, there are concerns about some wording in the **COAG's communique**. AMA will work to provide feedback to the state and federal ministers towards acceptable nationally consistent mandatory reporting laws.

New Strategic Plan 2018-2020

We have finalised the *AMA Queensland 2018-2020 Strategic Plan*. I welcome you to read the new Strategic Plan at www.amaq.com.au. We will update members on progress towards these goals in the coming months.

If you have any issues you feel need AMA Queensland's attention, feel free to drop us a line. We are always happy to get your thoughts directly via membership@amaq.com.au.

Jane Schmitt

Chief Executive Officer, AMA Queensland

Redcliffe Hospital GP Liaison Update

Dr James Collins mngplo@health.qld.gov.au

Outpatient referrals to Public Hospitals

For the information required for outpatient referrals please go to www.health.qld.gov.au/metronorth/refer and select the outpatient department you are referring to. This is so there is sufficient clinical information to safely decide how urgent the patient should be seen and so that the clinician has the required information at the first appointment.

Need urgent advice from general medicine teams from Redcliffe Hospital this winter?

Redcliffe Hospital provides GP direct access line to general medicine team advice.

Medical Assessment Unit, Redcliffe Hospital – Phone 07 3883 7777 (ask for the medical registrar on-call)

Call for advice or direct admission to the Medical Assessment Unit (MAU) bypassing the emergency department. The MAU is appropriate for patients who do not have a medical emergency, have a clear diagnosis, are stable and do not have infection control issues.

Find out more about these options at: <https://metronorth.health.qld.gov.au/refer-your-patient-page/emergency-referrals>. They include:

Brisbane North PHN is also re-running its Emergency Alternatives emergency department avoidance campaign in the lead up to winter 2018. Please also make your patients aware of the alternatives to emergency department particularly in the afterhours when your practice is closed. Information is available at www.emergencyalternatives.org.au.

Acknowledgement of GP outpatient referrals to Metro North public hospitals

GPs who haven't received acknowledgement of outpatient referrals from Metro North public hospitals in a timely manner are requested to call Central Patient Intake on 1300 364 938 to receive an update on the status of the referral instead of re-sending the referral. This can be confusing as to whether this is a new referral that has to be read again by the specialist team.

If you send your referrals using secure transfer and the electronic templates you will receive an auto acknowledgement of your referral. If you would like to sign up for eReferral templates and secure web transfer please contact your local Primary Care Liaison Officer (PCLO) by calling 07 3630 7300.

Upcoming GP education events at Public Hospitals

- **Monday 11 June 2018** – GP Alignment Program paediatrics workshop – The Prince Charles Hospital, 2.00 pm – 8.30 pm
- **Saturday 21 July 2018** – Cancer preceptorship for GPs – Royal Brisbane and Women's Hospital, 8.30 am – 5.30 pm
- **Saturday 28 July 2018** - GP Alignment Program Maternity Workshop – Royal Brisbane and Women's Hospital, 8.00 am – 5.00 pm

More information available at <http://bit.ly/phnevents>.

Methotrexate Shared Care Letter Research Outcome, by Dr James Martin

A shared care letter for the use of methotrexate and information on subcutaneous administration of methotrexate in rheumatological disease has been developed by the rheumatology department. A GP survey found it to be useful and was reported to have an impact on patient care. There was also strong support for the introduction of shared care letters for other disease-modifying antirheumatic drugs (DMARDs).

Useful rheumatology resources for GPs can be found under the Rheumatology Referral Guidelines section on the "Refer your Patient" website in bottom right corner under "Resources section" -

https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/rheumatology

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Hansard report of the speech by former AMAQ President, Dr Christian Rowan,

contributed by Wayne Herdy: Continued Page 13

Queensland Parliament Hansard Green

DATE: 15/05/2018

FILE: 15052018_000445 LEGISLATIVE ASSEMBLY_GREEN CHAMBER.DOCX

SUBJECT: Australian Medical Association Queensland

MEMBER: Dr ROWAN

Australian Medical Association Queensland

Dr ROWAN (Moggill—LNP) (2.35 pm): I acknowledge the many hardworking doctors, the very many good and loyal members of the Australian Medical Association Queensland, as well as many current and former staff in the AMAQ secretariat and a number of former presidents and others I have served with. I would like to thank AMA Queensland President, Dr Bill Boyd, for awarding me the president's award during his current 2017-18 AMA Queensland presidential term. I thank Bill for recognising me for my over 10 years of service to AMA Queensland in various professional capacities including as a former president, former branch councillor and former board member. I table some articles and a copy of the award certificate and photo for the benefit of the House.

Tabled paper: Bundle of photographs, documents and articles regarding the presentation of a President's award to the member for Moggill, Dr Rowan MP by the Australian Medical Association.

This brave and loyal presidential decision is not without controversy given the public hospital doctors dispute of 2014 and the inaccurate perception, or view by some, that I, as the then AMA Queensland president in 2013-14, had a conflict of interest in industrial negotiations given my involvement with the Liberal National Party. However, importantly, it must be remembered that this had been a declared and known conflict of interest when becoming president-elect and also president of the association. In fact, I had formally written to the then president of the LNP, Mr Bruce McIver, prior to taking up the president's role requesting that my LNP membership be suspended for the duration of my term as AMA president. I table correspondence with respect to this.

Tabled paper: Correspondence, dated 18 March 2018, from Dr Christian Rowan to Mr Bruce McIver seeking to suspend his LNP membership from 12 months from 1 June 2013 to 25 June 2014.

I also table copies of emails and documents when I first became president-elect with respect to declaring a potential conflict of interest to the CEO, Jane Schmitt, and the organisation prior to becoming president the following year.

Tabled paper: Emails, dated 24 May and 20 June 2012, from Dr Christian Rowan and conflict of interest disclosure forms dated 20 June 2012.

What I have to bring to the attention of the House today, our great democratic institution here in Queensland, is the ongoing extraordinary organisational attacks on the democratic powers and decision-making ability of another democratically elected AMA Queensland president. In fact, the current CEO, Jane Schmitt, and others have a track record of attacking and undermining the authority of a number of AMA Queensland presidents and duly elected other officials. I table correspondence.

Tabled paper: Correspondence and a media article regarding decisions and actions of the Australian Medical Association.

The recent conduct of Labor apparatchik AMA Queensland CEO, Jane Schmitt, will go down in the history of the organisation as one of the greatest displays and acts of vitriol, bile, ostensible bias, vendetta and political payback. On learning of the current president's intent to award me the president's award and on my receipt of this award from the current and well-respected AMA Queensland President, Dr Bill Boyd, the current Chief Executive Officer of AMA Queensland, Jane Schmitt, then took extraordinary unprecedented steps to try to prevent the award being given because of her own conflicted political ideology, union links, distorted philosophical views and corrupted conflict in not being able to deliver balanced public policy with respect to industrial matters—important balanced public policy for the benefit of both doctors and, even more importantly, patients and their clinical outcomes. However, the president's award had already been awarded prior to her actions.

Hansard report of the speech by former AMAQ President, Dr Christian Rowan,

contributed by Wayne Herdy

Recent actions of the CEO, following a briefing to the also conflicted board chair, then led to the ramming through of board resolutions without all of the required information, denying natural justice, denying procedural fairness and excluding the current president from written communications by him to me with respect to abolishing a longstanding organisational award, of which many AMA members have been a recipient, including former AMA Queensland president and former VMO Committee chair, Dr Ross Cartmill, who has been a recipient of this award. I acknowledge Ross in the gallery today. The CEO and board chair allegedly undertook this action under the biased and inaccurate 'guise' of organisational risk.

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<http://ropes/sites/ropes2013/Document Templates/ropes.docx>

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In part this saga also stems from the historical actions and duplicity of Labor's Dr Chris Davis, including Dr Davis's undermining of his then colleague the former health minister, the Hon. Lawrence Springborg. I table articles.

Tabled paper: Article from the Courier-Mail, dated 30 July 2014, titled 'What political turncoat really thinks of his part, Dishonest, Shameful, Self-serving, Incompetent, Sign me up'.

This undermining was done as a part of an unholy alliance with AMA Queensland's CEO and representatives of the ASMOF union as well as others including a number of Labor members and now Palaszczuk Labor ministers who sit in this chamber today. Dr Davis's breach of cabinet solidarity and his subsequent sacking—and also Dr Davis's previous attack and ambush with other cronies—on well-respected former CEO Kerry Gallagher has not been forgotten.

Politics has a long memory. Given that Dr Davis, the AMA's CEO, the Together union and ASMOF collectively have all elected the socialist Palaszczuk Labor government, it can be said that all have contributed to untold misery for patients, health professionals, farmers, families, businesses as well as community and faith based organisations at large. I note that Dr

Davis was awarded the Dr Bruce Shepherd Medal for his contribution as an elected representative to undermining his own then health minister for breaching cabinet solidarity, resigning from the LNP, resigning from parliament and for joining the Labor Party.

In concluding, I thank President Bill Boyd for the award, particularly given the annual award has now been reportedly abolished into the future, despite it having a long history within the organisation. I also take the opportunity to acknowledge the many professional colleagues who have supported me, and I table some examples.

Tabled paper: Bundle of correspondence regarding Dr Rowan in his capacity as President of the Australian Medical Association.

Unfortunately, I choose not to name many others, particularly given a number serve in elected AMA positions, as I have real concerns for reprisals against them with respect to AMA organisational, political and/or professional bullying, harassment and intimidation.

Finally, any potential organisational risk with respect to this matter has been created by the CEO and chair by not handling a sensitive and complex matter with greater due diligence, natural justice, procedural fairness, independence and acknowledgement by both of them of their own conflict of interest on the matter. In my maiden speech I referenced hoping not to have to take such action. It provides me no joy, solace or comfort in having to make this speech, although the irony of being able to exercise freedom of speech as a democratically elected representative in this great democratic institution is not lost on me. I hear the CEO's contract will not be renewed but her immediate position and that of others is untenable.

(Time expired)



Thursday, 15 March 2018 – Dr Paul Angel met with Federal Member for Petrie and discussed the following issues:

- Medicare Rebates Frozen despite increasing costs of overheads, wages, utilities, rates, maintenance, etc. Expenses of Majellan Medical Centre provided.
- Government spending – Hospitals vs GP Costs and Fees.
- Equipment Costs – eg. Gymna Shockwave Therapy Unit, Full Body Mapping System for skin checks (\$40k)
- Fees associated with becoming a GP including University, exams and ongoing registration and professional development requirements and costs.
- GP experience and qualifications in the general practice setting not compensated accordingly.
- Dr Paul Angel’s personal experience, qualifications and professional development.
- Medical Practice Red Tape inc Accreditation, paperwork associated with Centrelink, chronic disease management care plans and team care arrangements, reports, authority requirements for medications.
- Medicare restrictions – not able to charge additional fee to cover dressings when patient is bulk-billed, limitations on mental health and allied health consults very restricting especially where mental health is concerned – lacking support in this area within the hospital system.

Northern Lights Cruise

Scandinavia

by Cheryl Ryan

The breath-taking view of the fjords and wondrous phenomena of nature like the Northern Lights and the Midnight Sun make a Scandinavian cruise an adventure that will stay in your heart forever. Iceland, Sweden, Finland, Norway and Greenland offer excellent opportunities to have an Aurora holiday. Set your camera ready on its tripod, lie back and watch in wonder as the mystical northern lights dance across the night sky.

The aurorae promise of the Arctic skies

The greatest pleasures of a Scandinavian cruise are the Arctic Circle's vast pristine blue waters, plenty of onshore fun activities, and the inexplicable joy of witnessing the dancing aurorae.

1. Bodo, Norway: Sitting between rugged mountain peaks and fjord islands, this industrial centre is bountiful in raw natural beauty and inspiring public art. Have a feel of Norway's Viking history, Sami people's indigenous culture, and fishing industry at the Nordlandmuseet museum exhibits. Norsk Luftfarts museum features aviation military exhibits.

2. Vesteralen and Lofoten Islands, Norway: Snoop into the past at the archaeological sites of Stone Age colonies as well as picturesque fishing villages like Stamsund. On Lofoten, visit Borg – a home-museum that brings to life Viking memorabilia.

3. Tromso, Norway: Discover Norway's polar past at Tromso's museums and architecture scene. Don't miss out on husky dog-sledding and snowmobiling and thereafter, hit a pub in this North Sea's 'party port'.

4. Alta, Norway: Home to the world's first northern lights observatory as well as copious ancient rock art, this UNESCO World Heritage site is a must-see.

5. Kirkenes, Norway: Rich in history and iron ore, the urban town is where you can encounter the unique lifestyle of Sami, snowmobile and savour frozen fjord-caught King Crab dinners.

6. Reykjavik, Iceland: Experience scintillating nightlife, soak in steamy geysers, visit the heritage site Thingvellir National Park and the marvellous two-tiered waterfall at Gullfoss – all in



this exciting capital of Iceland.

What have we planned for you?

- A comprehensive itinerary has been developed to include all the splendid Scandinavian destinations
- Embark on a cruise in Bergen, Norway, which is atop a fjord and ringed by seven hills.
- Arrive at the third-longest fjord in the world – Hardangerfjorden, and explore the area on kayak, Zodiac and hiking trips
- Arrive on the coast of Flekkefjorden and hike on Hidra, the island rich in Viking history. Visit the Hagasan Fort. Resume sea cruise along the southern fjords of Norway.
- Cross the Arctic Circle and reach Norway's Lofoten Islands for sightseeing and kayaking.
- Explore Tromso, Norway with wildlife, sightseeing, history, culture, nightlife and shopping opportunities
- Dock at Vesteralen Islands for excursion
- Cruise across the Skagerrak strait to Weather Islands in Sweden for exploration and kayaking. Anchor at Grebbestad to visit the Bronze Age rock carvings in Tanum
- Arrive at Reykjavik in Iceland. Plenty of sightseeing and recreational adventure opportunities.
- A short extension of the journey shall be arranged if the northern lights don't come out during the cruise

www.123Travelconferences.com.au



June 30 2018 is just around the Corner

Over the years the ATO have continued to wise up and reduce or completely remove previously available deductions.

Years ago when year end approached it was a crazy shuffle of money, cheques and paperwork. The ATO has sealed a lot of the old cracks, but there are still a few legitimate areas remaining that you can address prior to year end.

Below are a few standard business items for you to look at prior to the end of the Financial Year 30th June 2018 -:

- Are you under the \$10M turnover? You may be eligible to claim a 100% immediate write-off for eligible items of plant < \$20,000 (GST exclusive amount) This concession was to cease at midnight 30th June 2018 but has been extended to 30th June 2019 in Federal Budget 8th May 2018.
- If you are wanting to reduce your annual profit
 - Pay any superannuation liabilities before June 30 so it reduces the 2018 tax position. The contributions must be cleared funds by 30.06.2018 in the recipients Superfund to claim a deduction for 2018. With super clearing houses and electronic transfers we would suggest making these contributions no later than 21st June to ensure they clear;
 - Review your depreciation schedule for obsolete items;
 - Perform a full stock-take and write off obsolete stock;
 - In limited circumstances prepayments of interest, subscriptions or insurances can be deductible;
 - Consider paying bonuses to staff;
- If you have to purchase consumables consider purchasing them prior to 30th June, this gets your deduction in this year;
- The maximum concessional superannuation contribution for 2018 is \$25,000 per taxpayer, irrespective of age.

Superannuation: Changes applicable from 1 July 2017:

1. The annual non-concessional cap has dropped to \$100,000. (this is non deductible contributions by you into your super fund)
2. The brought forward rule also dropped to \$300,000 for anyone under 65.
3. The amount which can be in a tax free pension became \$1.6M per individual from 1st July 2017.
4. Anyone with over \$1.6 M in superannuation will not be eligible to make non-concessional contributions.
5. Make sure over the next few months you remain under the \$25,000 concessional component. The existing superannuation age requirements and work test will continue to apply.

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

Kerri Welsh

Senior Manager

Next Month – We will review the Federal Budget in detail and let you know the important issues that could affect you or your patients.

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

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AMA PRESIDENTIAL ELECTION 2018
CANDIDATE SPEECH – DR TONY BARTONE

2018 AMA NATIONAL CONFERENCE - #amanatcon
QT Canberra, 25-27 May 2018

AMA National Conference 2018
Candidate Speech
Dr Tony Bartone
Sunday 27 May 2018

*****Check Against Delivery**

I want to share a story with you - a story from my childhood.

A story of my family doctor, who repeatedly came to our home to visit my very sick father, who had been confined to bed for weeks. My father thankfully recovered, and remained very active for 40 more years.

The dedication of my family GP inspired my calling to medicine. A calling to help those who needed health care.

The inspiration that motivated me to become a GP still drives me today.

But my goals have expanded.

I now want to fight for Australian doctors, so they can continue to provide the excellent, compassionate care that my father received.

Australians have a right to quality health care, and it is up to us - as the AMA - to defend our world class health system.

But our health system is ailing.

Public hospital waiting lists continue to blow out.

Private health insurance is becoming increasingly unaffordable for our patients.

The enormous bottlenecks in the training pipeline.

The continuing struggle for some doctors around their own health and wellbeing.

Variable access to care in country towns and rural areas.

continued on Page 16

AMA PRESIDENTIAL ELECTION 2018 CANDIDATE SPEECH – DR TONY BARTONE

General Practice has been systematically starved of funding - tearing at its heart; wearing it down; putting at risk its world class outcomes in primary care, its very survival.

Delegates - our Australian health system needs our AMA to drive the health policy agenda.

The AMA, under my leadership, has the solutions to these issues. Solutions such as:

- significant, targeted investment in general practice, rewarding patient centred care
- improved access to health care, through better funding of public hospitals, not only in the cities, but in rural and regional Australia, and closing The Gap for our indigenous population
- a national medical workforce strategy with quality flexible training solution, addressing workforce distribution issues
- resolving the impasse that is mandatory reporting, and
- supporting our colleagues who are experiencing mental health issues.

Colleagues, we need a strong AMA. We need to work with the State and Territory AMAs to ensure the value proposition we offer is consistent across the country; collaborating to increase efficiencies across the federation, especially improving our communication with them.

Our AMA needs to champion solutions for Australians.

I am ready to act on that call to drive the political health agenda - a call that began, watching my family GP all those years ago.

A GP President will send an urgent, powerful message at this critical time to the GP community that membership of the AMA is essential.

Our Health Minister needs to understand that the time for rhetoric is over. Our patience is wearing thin. We need to see crucial positive actions now.

Next year, Australians will elect a new Federal Government.

We have a narrow window of opportunity to further deeply engage with Government and achieve meaningful outcomes.

And I am ready for any early election call.

Colleagues, I will continue to listen and engage with members across our AMA, ensuring your voices are heard loudly in the corridors of Government.

I am ready to be your next President.

continued on Page 17

AMA PRESIDENTIAL ELECTION 2018 CANDIDATE SPEECH – DR TONY BARTONE

continued from Page 16

Serving our members - that is what the AMA is about. It has been my honour to serve our AMA, and now I look for your support to continue that service as your next Federal AMA President.

#Ends

27 May 2018

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Maria Hawthorne 02 6270 5478 / 0427 209 753

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DR TONY BARTONE ELECTED NEW AMA PRESIDENT DR CHRIS ZAPPALA ELECTED NEW AMA VICE PRESIDENT 2018 AMA NATIONAL CONFERENCE - #AMANATCON QT CANBERRA, 25-27 MAY 2018

Dr Tony Bartone was today elected new President of the Federal AMA, replacing Dr Michael Gannon whose two-year term has come to an end.

Dr Chris Zappala was elected Vice President, replacing Dr Bartone.

Dr Bartone, the immediate past Vice President of the Federal AMA, is a GP from Melbourne and a former President of AMA Victoria.

In a passionate speech to delegates, Dr Bartone spoke about how the dedication and care that his family GP showed to his father during a serious health crisis inspired him to pursue a vocation in medicine.

“I now want to fight for Australia’s doctors so that they can continue to deliver the same quality health care that my father received,” Dr Bartone said.

“General practice has been systematically starved of funding, putting at risk its very survival.

“The AMA, under my leadership, has the solutions.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

“A GP President will send a message.

“Our Health Minister needs to understand the time for rhetoric is over. We need to see real action now.

“We will have a Federal Election in the next year, and I am ready for any early election call.”

Dr Bartone and Dr Zappala, a thoracic physician from Brisbane, were elected at the AMA National Conference, which concluded in Canberra today. Their two-year terms commence immediately.

27 May 2018

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Notice to New and Past Members

Don't waste time! Join now!

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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

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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)

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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

Where We Work and Live

JAMALA By Wayne Herdy

Mrs H is an animal-lover, so her birthday present this year was a two-night stay among the wild creatures of the National Zoo and Aquarium, on the outskirts of Canberra.



lodge guests, we got to feed the lions). The variety of animals and the accessibility of the enclosures, so you can actually see the critters at reasonably close range, are very good.



Built within the zoo is Jamala Wildlife Lodge, very African in character and not at all Australian. Guests have a choice of three styles of accommodation. In the main building, uShaka Lodge, there are a small number of hotel-type suites, some of which are overlooking animal enclosures or the shark pool. Further out in the animal kingdom are the three giraffe "treehouses", sort of townhouses with balconies where the giraffes come to be fed. And top of the menu are the three bungalows, where the privileged guests have the exclusive company of lions or cheetahs or a European bear.

Although not a cheap day out, and certainly not a cheap overnight stay, you can see where the money goes.

Everything is clean and well maintained, there is a high staff presence and they are all well trained and happy to be there. The animals are well kept (there is a full-time vet on staff) and the food is changed frequently, old food being removed and not left to rot. The food is mostly placed in forage sites, so the animals have to use hunting and foraging skills to find their meals. And they do make a point that some of the money goes toward animal conservation elsewhere in the world.



The memsahib and I chose the lions but got second choice, the bear. The folk who got the lions were the losers – the big cats spent all day sunning themselves some distance from the bungalow, and all night roaring just next to the window and keeping the occupants awake. The cheetah people hardly saw the cheetahs nicely camouflaged in the dappled shadows.



But as the bear people we got the best show. Darkle, a 30-year-old ex-Circus refugee, spent much of the day within touching distance of the people inside, separated only by a huge sheet of armoured glass. Mrs H was mesmerized by the presence of 600kg-plus of animal a metre or two away and refused to leave her room all day.

Lodge visitors are well catered for. The meals are definitely 5-star, even if the seating is larger groups rather than individual tables (the seating arrangements force guests to actually speak to one another). We got a few private encounters with the pair of white lions, and several private encounters with other animals.

Paying visitors to the zoo have different viewing points, and the public cannot even see the bungalows in the enclosures.

The rest of the zoo leaves most other Australian offerings far behind. Visitors who know Australia Zoo or Taronga Park rate the national zoo much more highly. The animal encounters are good (as

Like so many high-end experiences, it is not a place I would go back to, but it is definitely a place I would recommend, even for those who are only peripherally animal-lovers. Put aside a few thousand dollars and two nights is enough (one night does not do justice to the full range of activities).



Wayne Herdy