



Newsletter October 2019

RDMA & BLMA's Joint Newsletter



[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

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

See Where We
Work & Live
P20. Ernest
Brough

RDMA President's Report Dr Kimberley Bondeson

Presidents Report – October, 2019

What a wonderful trip to Scotland for the AMAQ national conference. The temperature was gorgeous, cold, between on average 5-19 degrees, the people friendly and the conference itself inspiring. It began with a welcome by the Australian High Commissioner to the United Kingdom, The Hon George Brandis, QC . There was a range of international speakers, as well as our own local Queensland speakers, which was informative and interesting.

The history of the Edinburgh Medical School, and in particular its history concerning the teaching of anatomy was absolutely fascinating, and well worth the trip on its own. Hearing first hand from Scottish local about how Brexit is affecting them was interesting as well. It seems that there is ongoing confusion in the United Kingdom as to how it is going to pan out, with some shops and restaurants stocking up on foods and Christmas fare in anticipation of shortages at Christmas time.

We ended up in the Orkney Islands, and I was fascinated by the hairy pigs and long haired cattle – all adapted to the cold and wind. I had never seen anything like them before. When we drove on the bus to the Orkney Islands, I noticed a deep sea oil rig in one of the harbours – my first thought was, are we in Norway?

The history is fascinating, with the Orkney Islands and Shetland Islands been given by the King of Norway in the 14th century to the King of Scotland as part of dowry, as the daughter of the King of Norway was to marry the then King of Scotland – so, in fact, it had been a part of Norway in the past. And this was very evident in the Scottish and Viking artefacts and heritage that we saw in the villages.

Back in Queensland, to changing weather is another thing. I can't remember when we had

a spring season like this, with temperatures at night of 12 degrees and days between 24 and 36 degrees. Bushfires in NSW and Southeast Queensland have compounded to making this an unusual year.




AMAQ Conference 2019 Pictorial on page 10.

Dr Kimberley Bondeson

Dr Bob Brown and Kimberley Bondeson at the AMAQ National Conference Gala Dinner in Scotland.





**RDMA & BLMA's Joint
Newsletter**

Welcome from
**Dr Robert (Bob)
Brown**

President Brisbane Local
Medical Association

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

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



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Partnering with Redcliffe & District Local Medical Association for more than 30 years.

UPDATED

RDMA 2019 MEETING DATES:

For all queries contact Anna Wozniak or Amelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	26th
Tuesday	March	26th
Tuesday	April	23rd
Wednesday	May	29th
Tuesday	June	25th
Wednesday	July	31st
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	20th
Wednesday	September	18th
Tuesday	October	29th
NETWORKING MEETING New Date		
Friday	November	22nd



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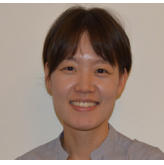
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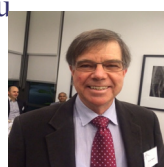
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BLMA 2019 MEETING DATES:

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Email: gmcnally1@optusnet.com.au

W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available
Venue: Riverview Restaurant, Bris Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

1	February	12th
2	April	9th
3	June	11th
ANNUAL GENERAL MEETING - AGM		
4	August	13th
5	October	10th
6	November	29th



NEXT MEETING DATE 29TH OCTOBER 2019

RDMA Meeting 18.09.2019
Dr Kimberley Bondeson RDMA
President Introduced Sponsor
Representative: Dr Tyson Doneley

Speaker

Dr Tyson Doneley, Orthopaedic Surgeon

Topic : "Total Hip and Knee Replacement Update"

Sponsor: Dr Tyson Doneley

Photos (belowLeft to Right & Down):

1. Philip Dupre, Speaker Dr Tyson Doneley and Zac Caruana Knee360.
2. Premila Balakrishnan, Paramban Rateesh & New member Shruti Rateesh.
3. A Members Group Photo



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 29 October 2019

TIME: 7pm for 7:30pm start

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

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

AGENDA:

7:00pm	Arrival & Registration
7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc
7:35pm	Sponsor: Peninsula Private Hospital
7:40pm	Speaker: Dr Amanda Reilly Topic: "When do patients really need to see the orthopaedic surgeon? "
8:00pm	Main Meal served
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business

RSVP: By Friday 25th October 2019

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

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The team behind your result



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- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



SOAPBOX PRESENTATION AMAQ NATIONAL CONFERENCE 2019 AND SENIOR ACTIVE DOCTORS, IE. ASADA, PRESIDENT DR HAWSON. INFORMATION ON ASADA MEMBERSHIP WILL BE AVAILABLE ON RDMA WEBSITE AND OTHER QUEENSLAND LOCAL MEDICAL ASSOCIATIONS IN THE AMAQ MAGAZINE. I WOULD APPRECIATE ANY INPUT INTO HOW WE CREATE CHANGE TO ALLOW OUR SENIOR DOCTORS TO CONTINUE TO CONTRIBUTE TO THE PROFESSION.

AMAQ Branch Councillor Report – October 2019

Soapbox Presentation, AMAQ National Conference, Scotland, September 2019
Australian Senior Active Doctors – presented by Dr Kimberley Bondeson, President, RDMA, and AMAQ Councillor

I am presenting the work of RDMA executive committee, predominately Dr Geoffrey Hawson, who is the Secretary of RDMA. He is unable to attend this meeting as he is doing a locum in Griffith (he is a Haematologist/Oncologist).

In 2017, RDMA conducted a survey of 3 South East Queensland Local Medical Associations, which showed an overwhelming majority support for a step down form of Registration based on reduced CPD hours, with many believing that doctors should be given the opportunity to continue to contribute to the profession.

In 2018, in Canberra, at the AMA Federal Conference, a motion was passed asking that this survey be repeated nationally. It was passed by an overwhelming 91% of delegates.

Since then, Federal AMA has stated that they will not proceed with the survey – remember, all we were asking for is a simple survey asking the medical profession if they support a step-down form of registration with continuing professional development.

Federally, all states, except Queensland,

voted not to support a survey, but to have further discussions with the Medical Board about retired doctors.

Going forward on this issue, Dr Hawson, is now the President of “Australian Senior Active Doctors Association” – ASADA – which has been in caretaker mode after the death of its last president. The custodian of ASADA Stephen Milgate has stated:

“The use of the word retired is a problem. Doctors only retire when they die. They will always use their knowledge to help someone, even if it is to explain to someone who is treating them.

Australia now has an environment of potential disasters, terrorism and natural and so forth. Our senior doctors can play an important part in a properly organized plan, which would galvanize the support of all those with medical training for an emergency”.

In summary, what we have now is a more solid foundation for Senior Active Doctors, ie. ASADA, of which Dr Hawson is now the President.

Information on ASADA membership (which is \$20) will shortly be available on RDMA website and RDMA is listed with the other Queensland Local Medical Associations in the AMAQ Magazine.

I would appreciate any input into how we create change to allow our Senior Doctors to continue to contribute to the profession.

Kimberley Bondeson

AMAQ BRANCH COUNCILLOR REPORT DR WAYNE HERDY, NORTH COAST COUNCILLOR



ALLIED HEALTH PRESCRIBING ON THE HORIZON.

Occasionally the AMAQ puts an opinion opportunity out on the net. One that precipitated a veritable avalanche of opinions was the news that “they” are considering giving prescribing rights to physiotherapists in Emergency Departments.

As somebody who has been prescribing doctors’ potions and poisons for half a century, I know that this is about the most hazardous thing that we do.

And now the privilege – and risk – is being transposed to a class of health professionals with half of our training.

The proposal at first glance includes paracetamol and ibuprofen – sounds harmless enough, and they are available OTC anyway, so what’s the difference?

The proposal mentions a formulary available to allied health prescribers, but we have not seen the formulary yet.

The biggest concern expressed by responders is the possibility that the formulary will include narcotics.

“Outcome measures: The primary outcome will be the prescriber attributed medication error adverse event count. The secondary outcomes will be patient satisfaction and experience and prescribing event count.”

I submit a few quotes. I can cite the sources if needed:

“This issue is this, it is the thin edge of the wedge, because it is not only physios who have a trial going but Pharmacist and Speech Pathologist.

None of them are prescribing in the true sense of the word, no group is taking ownership of patients in the long term. There is no follow up of patient.

The pharmacists are essential clerking the patient drugs.”

Patient satisfaction is a poor outcome to measure and doesn’t always reflect good clinical practice. Obvious example is that if a drug seeker requests endone and is prescribed it – this would look like a great outcome!”

“This is the thin end of a very large wedge which has come about due to public emergency departments being understaffed with insufficient doctors for the number of patients presenting.

Doctors are expensive, so rather than increasing the medical workforce, why not train physios to prescribe, pharmacists to vaccinate, etc.

We are on a slippery slope where our role is being devalued, carved up and given to others.

It can be seen as ‘protecting turf’, but I view it as preserving and championing best patient care as opposed to ‘cheap’ patient care, which may save dollars in the short term but will be far more costly in the long term due to poorer outcomes and litigation.”

Doctors should be pleased that a recent further attempt by pharmacists to get autonomous prescribing rights has been rebuffed.

[OK, this is Federal, and the physiotherapy suggestion is State, so the political ramifications are played by different rules – I got that].

Pharmacists know a whole truckload more about medications and pharmacology than physiotherapists ever will.

If pharmacists can’t be given a prescribing role (more than they already have with their OTC dispensing), how can the role be offered to a class that knows so little about biochemistry?

Wayne Herdy

The best possible cancer care is now closer to home for Moreton Bay through to Caboolture.

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Dr Manoja Palliyaguru



Dr Mark Pinkham



Prof Michael Poulsen

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Dr Haamid Jan



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Dr Adam Stirling

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Dr Jason Butler



Dr Robert Hensen



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



THE ROLE OF A PODIATRIST

Diabetic Foot Australia has identified three priorities that need to be addressed for people with, or at risk of diabetes-related foot disease, with one priority aiming to enable greater access to affordable and effective care (Diabetic Foot Australia, 2017), including mandatory diabetic foot screening at least once per annum for all risk levels. (Diabetic Foot Australia, 2017; Ntuil et al., 2018).

A podiatrist is highly trained and skilled in assessing the neurological, arterial, venous, structural and dermatological status of the foot and lower limb in healthy and diabetic individuals.

Podiatrists provide regular foot screening, callus and nail care, diabetic friendly footwear prescription, offloading devices, patient education and a multi-disciplinary approach to the management of the diabetic foot. As well as identifying and managing high-pressure areas, gait abnormalities and impairments including falls risks which can further be a consequence of sensory and motor neuropathy (Reeves, 2019). Evidence is leading to patients requiring in-depth education about the sensory, motor and autonomic neuropathy, peripheral vascular disease, etiology of ulcers and infections, warning signs and appropriate preventative measures.

SPORTS & SPINAL PODIATRY LOCATIONS

BROADBEACH P: 07 5592 1341 F: 07 5531 6609
BUDERIM P: 07 5476 9068 F: 07 5445 3012
CALOUNDRA P: 07 5437 2679 F: 07 5491 1253
CHERMSIDE P: 07 3708 1284 F: 07 3708 1285
COOLUM P: 07 5415 0024 F: 07 5351 1866
KAWANA P: 07 5438 8511 F: 07 5322 5640

MAROOCHYDORE P: 07 5479 1777 F: 07 5479 1242
NAMBOUR P: 07 5441 2744 F: 07 5441 2844
SIPPY DOWNS P: 07 5322 5644 F: 07 5322 5645
SPRINGFIELD P: 07 3085 0100 F: 07 3085 0177
ROBINA P: 07 5689 4138 F: 07 5689 4139
WOOLLOONGABBA P: 07 3137 0599 F: 07 3137 1199



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



Real-time script monitoring legislation passes in Queensland

Queensland Health is currently developing a new real time prescription monitoring system (RTPM) to monitor the distribution of S4 and S8 medications across Queensland.

The monitored medicines system requires all prescribers to log in to the RTPM system before prescribing medications; the system provides health professionals with either a green, amber or red light at which point the health professional can decide whether to prescribe or not.

In September, the Medicines and Poisons Bill 2019 (which contains the RTPM) and the TGA Bill 2019 were approved by the Queensland Parliament.

The new Medicines and Poisons Framework will:

- allow more effective monitoring of medicines, poisons and therapeutic goods
- streamline prescribing of medicinal cannabis by enabling non-specialist medical practitioners to prescribe without the need for approval from Queensland Health, eliminating duplication with the Commonwealth approval process
- ensure Queensland Health will better be able to respond to new or emerging substances that are unregulated
- improve Queensland Health's ability to monitor and respond to health risks, and enable the chief executive to make emergency orders, emerging risk declarations, recall orders and public warnings
- provide improved certainty and safety for manufacturers and consumers
- simplify licencing requirements
- improve national uniformity by aligning key terminology with the Commonwealth Poisons Standards.

The Real Time Prescription Monitoring (RTPM) system will go live in the second half of 2020. Queensland Health has assured AMA Queensland that the RTPM system will be quick and easy to use with minimal interruption to clinical workflow so that patient care remains the key focus.

Emergency department crisis update

AMA Queensland and the Australasian College for Emergency Medicine (ACEM) recently wrote to the Cairns and Hinterland Hospital and Health Service Executive in response to their recent correspondence regarding the concerns we raised on the ongoing capacity issues facing Cairns Hospital, and the inadequate action in resolving the ongoing crisis.

We requested an urgent response outlining the steps that the Hospital Executive intended to take in the immediate and short term to implement the necessary interventions to resolve the crisis in Cairns Hospital. The detailed action plan is to include timeframes for these interventions and the appropriate hospital executive(s) accountable for their implementation.

We will keep members abreast of any significant developments.

Queensland Doctors' Community ***LIVE November 2019***

AMA Queensland has developed a member platform for real-time, online peer-to-peer discussions with your colleagues.

It will be place to discuss and debate issues affecting you, your practice or hospital, patients and the health system, along with other practical advice from our partners and team eg. workplace

Continued Page 9

Continued From Page 8

relations matters, including non-payment of overtime, unfair rostering arrangements and bullying and harassment, general finance, insurance and legal.

Queensland Doctors' Community will give you the opportunity to network, collaborate, ask advice, share ideas, discuss challenges, post questions, read and share blogs, connect with other members and much more.

You will be in complete control to drive conversations the way you want to, and tailor your profile to ensure you only receive information relevant to you.

Queensland Doctors' Community will be live in November, so keep an eye out for launch details coming soon.

Upcoming Performance Management seminar – Brisbane North

Twice a year our AMA Queensland Senior Industrial Officer, Michelle Cowan, hits the road to bring training closer to your region so you and your team can get some hands on training time in the critical issues around managing in your workplace.

Register for the Brisbane North Workshop on 29 October, from 9am-12noon at www.amaq.com.au/events

Michelle has prepared a 3-hour workshop all about performance management and how to make it easier for you to:

- keep your team focused and motivated;
- deal with challenging staff;
- understand the legal effect of performance reviews on employment disputes; and
- execute a fair and reasonable performance management process and monitor the outcomes.

Don't miss the opportunity to get hands on with this important 'people management' topic, expand your knowledge and develop your practical management skills.

2020 Membership Renewal

It's that time of the year... Shortly you will receive *your 2020 membership renewal notice*.

We count on your support, your membership investment directly helps us to help you and your patients – it is also fully tax deductible.

In our commitment to sustainability, we encourage members to opt for paperless renewal and renew online once you receive your notice. If you wish to receive only digital renewal notices, please email the Membership Team at membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland

AMAQ NATIONAL CONFERENCE 2019 PICTORIAL



Soapbox presentation, Dr Kimberley Bondeson



The Hon George Brandis, QC, Australia High Commissioner to United Kingdom in his welcome speech at the AMAQ National Conference in Scotland.



Hotel at Orkney Island, Scotland



Hairy Highland Cattle

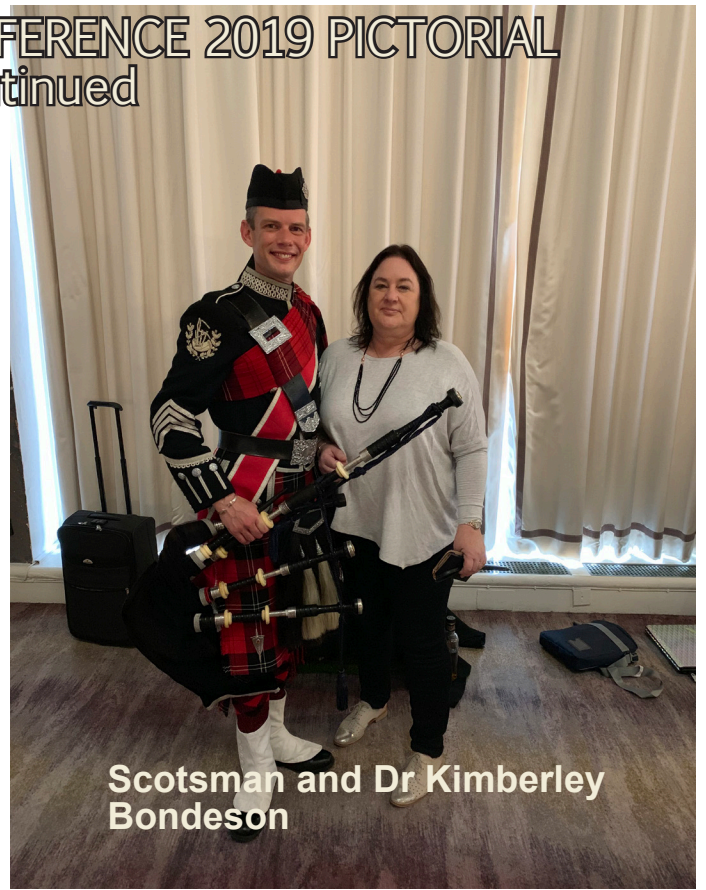


Hairy pig in Orkney Island, far northern Scotland

AMAQ NATIONAL CONFERENCE 2019 PICTORIAL
continued



Welcoming Scotsman at one of the Local Scottish Houses in the countryside



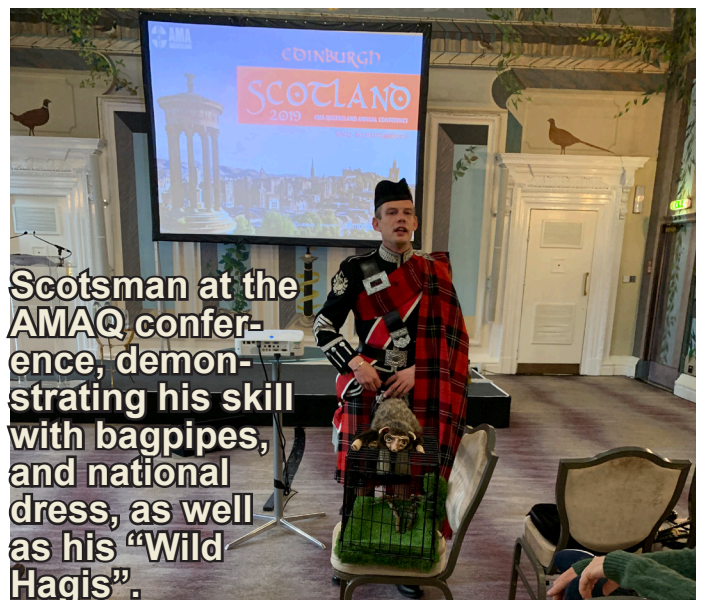
Scotsman and Dr Kimberley Bondeson



Rum distillery demonstration



Falconry display



Scotsman at the AMAQ conference, demonstrating his skill with bagpipes, and national dress, as well as his "Wild Hags".

Christmas Party

Redcliffe & District Medical Association Inc.

DATE: Friday 22nd November 2018

TIME: 7.00pm for 7.30pm start

VENUE: Renoir Room - The Ox, 330 Oxley Ave, Margate

COST: Members Free of charge, Members' partners \$60
Non-members \$60, Non-members' partners \$100

DRESS: Smart Evening Wear

SPONSOR: Redcliffe & District Medical Association Inc.
The Golden Ox

DETAILS: 7:00pm - Arrival and Registration
7:30pm - Entrée served
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
8:15pm - Main Meal
8:40pm - General Business, Dessert, Tea & Coffee

RSVP: By Monday 18th November 2018
(e) RDMA@qml.com.au or 0466 480 315

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 **QML Pathology**

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Blinded to the Future

by Dr Philip Dupre

“Heavier-than-air flying machines are impossible.” --- (Lord Kelvin, president, Royal Society, 1895)

“I think there is a world market for maybe five computers.” --- (Thomas Watson, chairman of IBM, 1943)

“There is no reason for any individual to have a computer in their home.” --- (Ken Olsen, president, chairman and founder of Digital Equipment Corp., 1977)

“The telephone has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.” --- (Western Union internal memo, 1876)

“Airplanes are interesting toys but of no military value.” --- (Marshal Ferdinand Foch, French commander of Allied forces during the closing months of World War I, 1918)

“The wireless music box has no imaginable commercial value. Who would pay for a message sent to nobody in particular?” --- (David Sarnoff's associates, in response to his urgings for investment in radio in the 1920's)

“Professor Goddard does not know the relation between action and reaction and the need to have something better than a vacuum against which to react. He seems to lack the basic knowledge ladled out daily in high schools.” --- (New York Times editorial about Robert Goddard's revolutionary rocket work, 1921)

“Who the hell wants to hear actors talk?” --- (Harry M. Warner, Warner Brothers, 1927)

“Everything that can be invented has been invented.” (Charles H. Duell, commissioner, US Office of Patents, 1899)

“The [flying] machine will eventually be fast; they will be used in sport, but they are not to be thought of as commercial carriers.” -- Octave Chanute, aviation pioneer, 1904.

“The ordinary ‘horseless carriage’ is at present a luxury for the wealthy; and although its price will probably fall in the future, it will never come into as common use as the bicycle.” -- The Literary Digest, 1889.

“[It] is, of course, altogether valueless.... Ours has been the first, and will doubtless be the last, party of whites to visit this profitless locality.” -- Lt. Joseph D. Ives, Corps of Topographical Engineers, 1861, on the Grand Canyon.

“Landing and moving around on the moon offer so many serious problems for human beings that it may take science another 200 years to lick them.” -- Science Digest, August, 1948.

“X rays are a hoax.” “Aircraft flight is impossible.” “Radio has no future.” -- Physicist and mathematician Lord Kelvin (1824-1907)

“I think there is a world market for maybe five computers.” -- Thomas Watson, Chairman, IBM, 1943.

“The bomb will never go off, and I speak as an expert in explosives.” -- Adm. William Leahy, U.S. Atomic Energy Project, 1945.

“Computers in the future may weigh no more than 1.5 tons.” -- Popular Mechanics, 1949.

“We don't like their sound, and guitar music is on the way out.” -- Decca Recording Co., in rejecting the Beatles, 1962.

Contributed by Dr Philip Dupre

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NEW STANDARDS RULE OUT PHARMACIST PRESCRIBING
The AMA 10 Minimum Standards for Prescribing

The AMA today released its new *10 Minimum Standards for Prescribing* to ensure patient safety and high-quality health care.

Developed by the AMA Council of General Practice (AMACGP) and approved by the AMA Federal Council, the Standards are consistent with medical ethics and frameworks for the quality use of medicines.

AMA President, Dr Tony Bartone, said today that the AMA’s new Prescribing Standards are all about putting the interests of patients first, and providing governments with strong evidence to reject attempts by unauthorised or inappropriately skilled practitioners who may seek prescribing rights outside of their scope of practice.

Dr Bartone said the guidelines were developed to make clear the minimum standards required of all prescribers authorised to prescribe S4 and S8 medications.

“Currently, a range of health professionals can prescribe S4 and S8 medications. The primary prescribers are doctors, but dentists, optometrists, midwives, and nurse practitioners also have authorised prescribing rights within regulated limitations and in very specific circumstances,” Dr Bartone said.

“There is a push from the Pharmacy Guild of Australia for pharmacists to have prescribing rights, but the AMA totally rejects this proposal. It is inappropriate, and unsafe for patients. Instead, the AMA wants to see pharmacists working in general practices within the scope of their practice.

“Working collaboratively with the Pharmaceutical Society of Australia (PSA), which represents individual pharmacists, the AMA developed a proposal for integrating pharmacists within general practice to assist GPs and their patients with medication management.

“Working closely with GPs in a general practice provides the ideal setting for pharmacists to use their complementary skills to ensure the quality use of medicines and the reduction of adverse drug events in patients.

“The Pharmacy Guild, on the other hand, would like to see is pharmacists paid to prescribe as well as paid to dispense. This would create a significant conflict of interest.

“The AMA has long held that separation of prescribing and dispensing is an important safety measure. It also contributes to the trust relationship between the doctor and the patient.”

Dr Bartone said the AMA Prescribing Standards will provide guidance to all prescribers in understanding their role within a patient’s GP-led multidisciplinary health team.

“It is vital that health professionals operate within their scope of practice,” Dr Bartone said.

“Doctors are the only health professionals trained to provide comprehensive medical care.

“Doctors are the only health professionals trained to fully assess a person, initiate further investigations, make a diagnosis, and understand the full range of clinically appropriate treatments for a given condition, including when to prescribe and, importantly, when not to prescribe medicines.

“GPs train for 10-14 years, some even longer. This training enables them to holistically assess, examine, investigate, and diagnose a patient presenting with undifferentiated symptoms.

**Continued from Page 14**

“The AMA urges all governments to ensure that patient care is not fragmented, misdirected, or delayed by prescribing models that do not align with the AMA’s Standards,” Dr Bartone said.

The 10 Minimum Standards for Prescribing are:

- **Standard 1:** Prescribing by non-medical health practitioners should only occur within a medically led and delegated team environment in the interests of patient safety and quality of care.
- **Standard 2:** There must be no pecuniary or non-pecuniary benefit to the prescriber related to the choice of medicines prescribed or the dispensing of those prescribed medicines.
- **Standard 3:** Before prescribing establish a therapeutic relationship with the patient and perform a comprehensive medicines assessment to identify what other medicines, including complementary medicines, the patient is taking and consider any implications to the patient’s treatment plan.
- **Standard 4:** Prescribers ensure they:
 - a) consider the necessity and appropriateness of medications in managing the patient's health care needs,
 - b) choose the most suitable and cost-effective medicines when medicines are considered appropriate, taking into account the efficacy, potential for self-harm and the ability of the patient to adhere to the dosage regimen,
 - c) advise patients are aware of the relevant side effects of prescribed medications as well as relevant interactions between medications, and
 - d) report any adverse reactions to the TGA.
- **Standard 5:** Prescribers must maintain clinical independence.
- **Standard 6:** Prescribers must operate only within their scope of practice and comply with state, territory and legislative requirements including restrictions under the Pharmaceutical Benefits Scheme.
- **Standard 7:** Prescribers work in partnership with the patient to set therapeutic goals and with other health professionals as appropriate to select medicines and to tailor and implement a treatment plan.
- **Standard 8:** Prescribers provide clear instructions to delegated prescribers within the health care team and to other health professionals who dispense, supply, or administer the prescribed medicines.
- **Standard 9:** Prescribers with the patient consent communicate with other health professionals within the patients’ health care team about the patient’s medicines and treatment plan.
- **Standard 10:** Prescribers monitor and review the patient’s response to treatment and adjust the treatment plan as appropriate.

The standards are informed by the [AMA Code of Ethics](#), the [AMA Guidelines for Doctors on Managing Conflicts of Interest in Medicine](#), the [AMA Position Statement on Medicines](#), and the National Prescribing Service (NPS) [Competencies Required to Prescribe Medicines: Putting quality use of medicines into practice](#).

The AMA 10 Minimum Standards for Prescribing are available at <https://ama.com.au/10-minimum-standards-prescribing>

14 October 2019

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COSTA RICA

by Cheryl Ryan



Costa Rica in Central America is a small country landlocked between Nicaragua and Panama; and washed by the lashing aquamarine waves of the Pacific Ocean and the Caribbean Sea along its two sides. The country is known for its vast beaches, majestic active volcanoes and lush green national parks picturesque with breathtaking flora and fauna. Engage in bird watching and gush at the thrill of spotting the toucans, macaws, herons and kingfishers!

Costa Rican Cuisine

While Galla Pinto -rice and black beans - makes the national staple, many dishes are influenced by the abundance of fresh fruits and vegetables of this tropical country. Relish the Boquitas (appetizers), Ceviche (lemon-juice-soaked-raw-seafood), Chicharron (crispy pork) and Tres Leches (popular dessert) during your stay.

What Have We Planned For You!

- Opt for one of the many walking tours in the capital city of San Jose located in the Central Valley of Costa Rica. The city is buzzing with restaurants, shopping, casinos, and night life. Encircled by tropical green valleys and mountains, the city boasts of historic architecture and is home to a variety of museums.
- Experience the quietude of the Corcovado National Park also the largest in the country with vacant beaches, magical marine life, spectacular wildlife and loads of activities like camping, hiking and other water sports. Also visit the Drake Bay and the nearby Archaeological Museum of Stone Spheres.
- Take a trip to the mountainous town of Turrialba and engage in the most exciting

river rafting on the Reventazon and Pacuare Rivers.

- Sample the surreal surroundings of the Monteverde Cloud Forest Reserve nestled in tropical mountainous region. The Reserve has exceptional biodiversity and is home to countless species of reptiles, amphibians, insects, butterflies and a mammoth 400 species of birds, the most striking and rare being the extraordinary quetzal.
- Go on a day tour from San Jose to La Fortuna in the Northern Plains of Costa Rica. You are bound to be captivated by the marvelous Arenal Volcano often seen to be spewing lava. The volcano is surrounded by rainforests and hot springs. Also must-visit is the La Fortuna Waterfall, where you could take a swim at the base or sip away on your coffee from a café at the top while you admire the splendor of the natural surroundings.

Costa Rica with its abundance of natural wonders and vibrant cities is a paradise on earth!

Cheryl Ryan -123Travel

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Christmas brings together families and important decisions

As we approach the end of another year many people will be looking forward to the festive season and the chance to slow down and catch up with family, particularly elderly parents. Busy lives and distant homes can make it easy to feel out of touch. Sadly, at this time of year adult children may also begin to notice changes in their ageing parents.

It's distressing and worrying to accept that your parents who were once vital may soon need help to manage their day to day needs. Hard decisions may need to be made and many children and parents will need professional guidance to convert the mountain of data on aged care into meaningful and relevant information and ultimately into appropriate decisions.

It might be time for a family meeting

If you have elderly parents, this year's planning should include family discussions to help parents plan ahead for the help they may need. A family meeting is often an essential step in planning for aged care and may help to minimise conflicts within your family. Emotional conflicts between family members can make the transition to care more distressing for an elderly parent and have the potential to rip families apart.

#

If you are in fact that elderly parent, Christmas time provides you an opportunity to discuss your care needs with your adult children. Make yourself heard. Have these discussions earlier whilst you are still able to maintain your control and independence, to anticipate how your need for care may increase. Christmas time might be one of the few opportunities during the busy year for discussions with all those people who are important to you.

#

If thought of this discussion fills you with dread, as an Accredited Aged Care Professional I can assist with arranging and running a family meeting to help your family see the big picture more objectively. I can provide a neutral voice in what can be an overwhelmingly emotional discussion, so you can consider the best options for your parents' care/ your care, security and happiness.

#

The earlier you take this step, the better. Planning ahead ensures that parents are fully involved in the decision-making and removes some of the stress from other family members. With a well organised plan in place, your family can respond more quickly and effectively when an event requiring a move to aged care occurs.

If you have any questions please call me to discuss. 07 54379900

#

Kelly Brady – Poole & Partners Investment Services Pty Ltd#



AMA WELCOMES MEDICAL COLLEGES' SUPPORT FOR CURRENT MEDEVAC LEGISLATION

The AMA supports today's call by the Presidents of eleven highly respected Medical Colleges for the Australian Parliament to maintain the existing Medevac legislation and the Independent Health Advice Panel (IHAP) process.

It reflects the AMA position and years of strong AMA advocacy to ensure quality health care for asylum seekers and refugees.

AMA President, Dr Tony Bartone, said that the AMA – with the backing of the Colleges – has consistently proposed and supported a body of clinical experts, independent of government, with the power to investigate and advise on the health and welfare of asylum seekers and refugees.

“Today's united call from the esteemed Medical Colleges is consistent with the long-held AMA position that those who are in the care of the Australian Government and who are seeking, or who have been granted, asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay,” Dr Bartone said.

“Over the last couple of months, I have met Home Affairs Minister, Peter Dutton, and the Home Affairs Department Chief Medical Officer, Dr Parbodh Gogna, to reiterate the AMA's strong support for Medevac and the ongoing work of IHAP.

“The AMA has a representative on

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IHAP.

“IHAP is working as intended and the Parliament should continue to support and properly resource it into the future.

“The AMA believes IHAP must be better supported in its important work to assess the needs of asylum seekers and refugees for transfers for medical and psychiatric assessment and treatment.

“Asylum seekers and refugees in Australia or in offshore detention, in the care of the Australian Government, should be treated with compassion, respect, and dignity,” Dr Bartone said.

13 October 2019

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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC MEMBERSHIP SUBSCRIPTION BENEFITS

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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.

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Where We Work and Live

“A Fortunate Life: Ernest Brough”

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



Journalist Marc McEvoy with Ernest Brough and Director Dr Brendan Nelson.

He still considers war to be a “horrendous folly”.

But despite everything he went through, he doesn't regret the decision he made when he was just 19 years old.

“War's a damnable thing,” Brough says in his book. “Don't let anyone ever tell you otherwise. The damage runs deep.

Most soldiers will bring the war home with them in some form.

Some will never forget it; some will die from it; from suicide or alcoholism, years after the guns have packed up and gone home.

You see, it's just not natural for human beings to go out and kill other humans. And that's what war's all about.”

These days, he admits his memory isn't what it

used to be, but he doesn't let it bother him.

“I say things and I forget what I say,” Brough said, laughing once more.

“It's true too. You can't remember everything, and I don't intend to keep on remembering everything.

You do that, and it will drive you mad at the end of the world ...

“For a bloke who could have died many times, I've lived a lucky life ...

And if this old bloke has one piece of advice to impart it's this: Live your heaven on earth – today.”

Read Marc McEvoy's personal story about Ernest Brough in the Reader's Digest here.

The End.