



RDMA

**RDMA & NLMA's Joint
Newsletter**

Newsletter SEPTEMBER 2017

Thai Burma Railway and Hellfire Pass

See Where We Work & Live on page 20.
<http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf>

President's Report Dr Kimberley Bondeson

We have world-wide wild weather at the moment, with 3 hurricanes threatening the East Coast of America, and the largest superstorm, Hurricane Irma, pounding the Caribbean with devastating effects, the island nations of Antigua and Barbuda especially being hit hard.

There is a major evacuation currently occurring on the Florida East Coast of America.

Then to the north of Australia, we have North Korea posturing and experimenting (testing) with nuclear missiles which is making our politicians uncomfortable, and scrambling to find a diplomatic solution.

While the world is changing, Medicine is changing also. There are a series of articles in the most recent Medical Observer dedicated to Artificial Intelligence versus a Doctor Consultation, and the use of Virtual Reality Headsets and manikins which allow medical students to make mistakes without consequences.

However, cadavers are still considered the gold standard. Absolutely! I remember hours being spent in the anatomy labs, and the surgical registrars coming into the labs for refreshers. Will be interesting to see how this new type of teaching/learning pans out.

The Medical Board of Australia has just been given new powers to immediately suspend or impose conditions on doctors even if they are not an immediate threat to patient safety, according to the latest edition of Australian Doctor. These powers allow the watchdog to take immediate action against any doctor on the grounds of "public interest". These

changes affect all states and territories, except WA and SA, who must pass their own laws to affect the changes. APRHA still has its powers, so we have yet to see how this will work.




Dr Herdy just completed his last leg of his variety bash, and has a series of photos which show the extent of his trip and involvement of the local people.

We look forward to seeing all his photos and hear his interesting tales. He has already told me that he slept on a 4cm foam mattress which was quite comfortable, when camping out at Charleville, however, the 1 degree temperature was quite chilly!

And I am off to Rome, to attend the AMAQ National Conference I will report on how it goes on my return.

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.



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& 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.*

RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President & AMAQ Councillor:

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Larry Gahan
Ph: 3265 7500



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Co-Meetings' Conveners

Ph:3049 4444

Ms Anna Wozniak

M: 0466480315

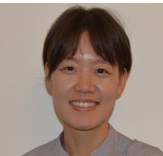
Email: qml_rdma@qml.com.au

Ph:3049 4444

Ms Amelia Hong

M: 0466480315

Email: qml_rdma@qml.com.au



Newsletter Editor Dr Wayne Herdy
Newsletter Publisher. M: 0408 714 984
Email: RDMAnews@gmail.com

Advertising information is on RDMA's website
www.redcliffedoctorsmedicalassociation.org/

NLMA Executive Contacts:

President:

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



Secretary:

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



Treasurer:

Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au



Meetings' Convener: TBC

Dr Graham McNally
Ph: 3265 3111
E: gmcnally1@optushome.com.au



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 October 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 12TH SEPTEMBER 2017

RDMA Meeting for 23.08.17

Dr Kimberley Bondeson, RDMA President Introduced the Sponsor Iconcore Representative who in turn introduced the Speaker for the night: Dr Jim Coward, Medical Oncologist, Topic Ovarian Cancer.

Below: 1. Dr Jim Coward Speaker. 2. Iconcare reps Lisa Redolfi, Jim Coward, Vanessa Tarlington.

Clockwise: 3. Iconcare Reps; Joanne Blake, Paul & Janelle Van Dir Boon. 4. Carol Gahan, New Member Dominique Stower (Neurology, RBWH) and Lara Gahan. 5. New Member Professor Michael Poulser (Radiation Oncologist (Skin, Head, Neck), Icon Ctr North Lakes, ROC Greenslopes, Mater Ctr Sth Brisbane) and Geoff Hawson



Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 12th September

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: NeoTract

7:40pm Speaker: Dr Jo Schoeman - Urologist
Topic: Minimally Invasive Surgical Advancements for Benign Prostatic Hyperplasia

8:15pm Main Meal, Question Time

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

RSVP: By Friday 8th of August

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

Specialist Diagnostic Services Pty Ltd (ABN 94 007 190 042) v/a QML Pathology PUB/AMR/1320, version 1 (Jan-16)

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The Surf & Turf Variety Bash 30 Aug-8 Sep, 2017 Hit the finish line

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

Dr Wayne Herdy was again an entrant for this year's Bash finishing soon!!

GET YOUR TAX DEDUCTION:

DONATE at the new website link:

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



The team behind your result

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AMAQ BRANCH COUNCILLOR REPORT DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



SUNSHINE COAST MEDICAL SCHOOL PLACES, MERIT BASED SYSTEMS.

The Sunshine Coast Medical School places have been resolved.

The Government has committed to 50 Commonwealth Supported Places.

Apparently the 50 Commonwealth Supported Places have been reallocated from other medical schools, with the overall number of Commonwealth Supported Medical School places across the country remaining unchanged.

However, as part of the negotiations with other medical schools, the Commonwealth has agreed to support the recruitment of additional international full fee paying medical students at those universities that have given up places. (AMA Media release, 31/8/17).

This is concerning, as there is still a shortage of internship places, as well as prevocational and specialist training places.

It also puts Australia well above the OECD average of graduating medical students. This does not address current medical workforce problems.

It is uncertain at this stage how many medical graduates will miss out on internship places in 2018. For domestic graduates, all states except Victoria offer a ballot based system.

This is the situation in Queensland, where you put your name down for a hospital of your choice.

If there are too many applicants for that hospital, all the names are put into a hat, and the ones that are withdrawn are allocated to hospitals that are under-filled.

This system shares the positions

around fairly, and avoids all the high merit achieving students applying to certain hospitals, and possibly missing out on more rural experiences.

Most interns and junior doctors like to do their internship in the hospitals in which they do their undergraduate training. This is understandable, but not always possible.

I recall a certain number of my colleagues having fantastic internship years and subsequent junior doctor years in metropolitan and rural hospitals, which was not expected when we were medical students.

The state of Victoria has a merit based system, which requires candidates to apply to individual hospital and health services. This creates a difficult system, where metropolitan, regional and rural hospitals are filled with medical graduates who do not fall into the 'preferential merit' system.

A lot of these young doctors are international graduates. International students are not guaranteed an internship. The exact number of these graduates and where they end up is assessed by a national audit, which is conducted five times a year, and relies, in Victoria, on each jurisdiction submitting their data on applications and offers.

I am not convinced that this merit based system has any advantages over the ballot system.

Sincerely

Kimberley Bondeson

August 2017

AMAQ Councillors Report

Branch Councillor – Greater Brisbane Area



AMA QUEENSLAND'S ANNUAL CONFERENCE

ROME

17 - 23 SEPTEMBER 2017

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:

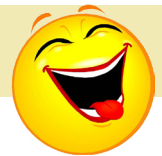
Neil Mackintosh, Conference Organiser

P: (07) 3872 2222 or

E: n.mackintosh@amaq.com.au

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

Interesting Tidbits **NATTY MOMENTS:**



FUNNY QUOTES:

I walk around like everything is fine, but deep down, inside my shoe, my sock is sliding off.

Unless your name is Google stop acting like you know everything.

Some people just need a high-five.

When you wake up at 6 in the morning, you close your eyes for 5 minutes and its already 6.45. When you are at work and it's 2 you close your eyes for 5 minutes and it's 2.31.

I'm going to stand outside. So if anyone asks. I'm outstanding.

Sometimes I have to tell myself it's just not worth the jail time.

Of course I'm an organ donor, who wouldn't want a piece of this?

The more you weigh, the harder you are to kidnap. Stay safe. Eat cake.



The first 5 days after the weekend are always the hardest.

10 Facts About You.

1. You're reading this right now.
2. You're realising that is a stupid fact
4. You didn't realise I skipped three.
5. You're checking it now.
6. You're smiling now.
7. You're still reading this even though its stupid.
9. You didn't realise I missed eight.
10. You're checking it and smiling about how you fell for it again.
11. You're enjoying this.
12. You didn't realise there's only supposed to be ten facts.

<https://www.google.com.au/h?q=funny+quotes>

**REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION
(RDMA's) NEWLY ELECTED EXECUTIVE MEMBERS
23RD AUGUST 2017**



Annual General Meeting 27/08/17

RDMA's Newly Elected Executive Committee:

- President:**
Dr Kimberley Bondeson
- Vice President:**
Dr Wayne Herdy
- Treasurer:**
Dr Peter Stephenson
- Secretary:**
Dr Larry Gahan
- Committee Member:**
Dr Geoff Hawson

Monthly Meeting

Redcliffe & District Medical Association Inc.

- DATE:** Wednesday 25th October
- 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
- 7:40pm Speaker: Dr Ben Dodd
Upper GI and Bariatric Surgeon
Topic: 'Weight Loss Surgery in 2017: Indications, operations, follow up, ensuring lasting success'
- 8:15pm Main Meal, Question Time
- 8:40pm General Business, Dessert, Tea & Coffee

RSVP: By Friday 20th of October
(e) RDMA@qml.com.au or 0466 480 315

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Suitability: Suitable for Medical Specialist. Can share reception if required.

Contact: Please email Mike Davis at Michael@sportsandspinalphysio.com.au to discuss availability and costs.



Junior Doctors Benefit From Resilience Booster

Hundreds of Queensland hospital interns will benefit from AMA Queensland's unique mental health program, *Resilience on the Run*, thanks to a funding commitment by Queensland Health.

The program was devised by the AMA Queensland Council of Doctors in Training to increase resilience, manage stress and promote wellbeing among junior doctors.

The program has already been successfully introduced at hospitals in Rockhampton, Ipswich and the Metro South health area and will now be made available to 740 interns statewide.

The long hours, pressure to perform and intense scrutiny that come with working in a hospital can all have major impacts on the health and wellbeing of junior doctors.

The campaign to improve the mental wellbeing of doctors saw other major developments in August.

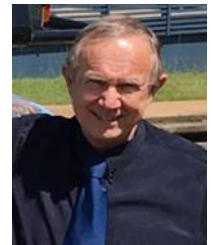
AMA Queensland hosted a suicide prevention forum in Brisbane, bringing together 45 doctors and senior managers from Queensland Health and the private sector to discuss the barriers to better mental health that affect individuals, leaders and the wider health system.

It was a complex discussion, but there was no shortage of ideas on how to address this problem, all of which will be fed into a national suicide prevention forum on September 14.

The focus of AMA Queensland and others on doctors' mental health is also leading to action at a federal level, with the August COAG Health Council requesting the Australian Health Ministers' Advisory Council to conduct a national review of mandatory reporting.

Health ministers agreed that 'doctors should be able to seek treatment for health issues with confidentiality' – an encouraging sign for the profession.

Jane Schmitt
CEO AMA Queensland



Surf & Turf 2017 Variety Bash Website link:
<https://www.variety.org.au/bash/bashers/car-5555/>

Dr Wayne Herdy's Surf & Turf Pictorial



Leaving Caloundra

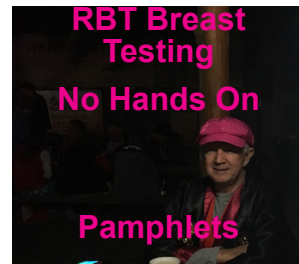
Dinner at Chinchilla first Day



Breakfast at Nindigully Pub



Nindigully Pub on banks of Moonie River



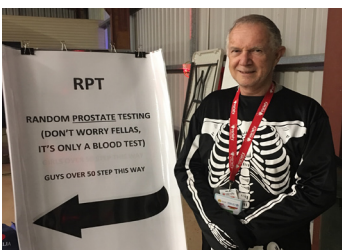
RBT Breast Testing
No Hands On
Pamphlets



Heading to Ballon School Lunch



Hilton Charleville Showgrounds



Moonie School

Morning Tea & Presentation at Moonie School



Continued on Page 10

Bash Locations

Chinchilla Nindigully Charleville Blackall Longreach Longreach Alpha Moranbah

Dr Wayne Herdy's Surf & Turf Pictorial cont:



Lunch at Adavale Population 12. Most are at Charleville for a Birthday. Population today 350+



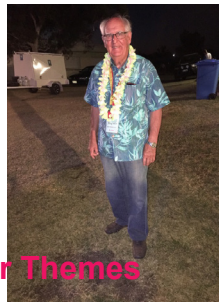
Adavale Pub



Officially just back from The Black Stump. Memorial to Surveyors Datum Point behind Blackall School. Staying overnight in Blackall Showgrounds.



Rock Star Themes



Breakfast at Blackall



Stonehenge. Drained Town's Fuel and working on the Beer.



Longreach Caravan Park



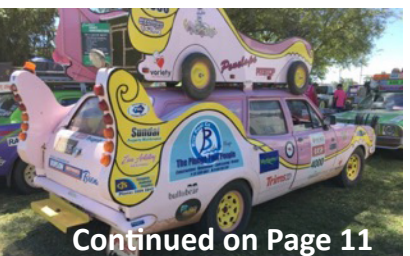
Longreach Lay Day. Checking Over heating.



Dinner at Stockmans Hall of Fame and Sheep Dog Show.



Aramac School Lunch



Continued on Page 11

Caloundra

Bowen

Bash Locations

Chinchilla Nindigully Charleville Blackall Longreach Longreach Alpha Moranbah

Dr Wayne Herdy's Surf & Turf Pictorial cont:



Contestants Setting up camp at Alpha Caravan Park



Morning Tea at Mistake Creek



Lunch at Clermont State School. Heading back to the Coast.



High Jinks Bubble Wrapped Cars & Flat Tyres. Just for the fun of it.



King & Queens Night: King Fahad and Harem



Lots of Pretenders but 2 real kings and a team of Priscillas.



Breakfast at Moranbah School.



Helpers at Moranbah



Breakfast at Bowen



Brunch on Beach at Whitsundays



Life wasn't meant to be easy



Waiting in Marshalling Area



Rally Cars in Marshalling Area. Next Stop Airlie Beach

FINISH is Continued on Page 12

Exceptional cancer care at North Lakes

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Radiation Oncologist



Dr Ashish Misra
Clinical Haematologist



Dr David Grimes
Medical Oncologist



Dr Haamid Jan
Medical Oncologist



Prof Michael Poulsen
Radiation Oncologist



Dr Robert Hensen
Clinical Haematologist



Dr Agnieszka Malczewski
Medical Oncologist



Dr Jason Restall
Clinical Haematologist

9 McLennan Court | North Lakes | QLD 4509 | P 07 3453 0000 | F 07 3453 0001 | E admin.northlakes@iconcore.com.au | iconcancercentre.com.au



The Medical Journal of Australia • MJA

MEDIA RELEASE

SERIOUS ROAD INJURIES ON THE RISE FOR CYCLISTS

EVEN as the number of road accident fatalities has declined in Victoria, the number of serious road traffic injuries has not changed, and the incidence of serious trauma for pedal cyclists has actually increased, according to research published in the *Medical Journal of Australia*.

Researchers, led by Dr Ben Beck, the deputy head of Prehospital, Emergency and Trauma Research at Monash University, analysed data from the population-based Victorian State Trauma Registry and the National Coronial Information System on road traffic-related deaths and major trauma during 2007–2015.

What they found is alarming news for pedal cyclists, with the incidence of hospitalised major trauma for them increasing by 8% per year and the absolute number of cases more than doubling over the 9-year study period. This led to a 56% increase in disability-adjusted life-years (DALYs) for pedal cyclists.

Also concerning was the absence of a decline in the incidence of hospitalised major trauma for motor vehicle occupants, motorcyclists or pedestrians. The estimated costs of health loss associated with road traffic injuries exceeded \$14 billion during the study period.

“Australia is internationally recognised for its success in improving road safety; interventions such as legislation for compulsory seat belt use and restricting drink-driving, targeted public safety campaigns, and lower speed limits have reduced road traffic mortality,” the researchers wrote. “However, our finding of no change in the incidence of hospitalisation for major trauma indicates that the impact of such interventions is not translating into reduced rates of serious injury.

“Given the substantial burden of serious road traffic injury and the associated economic costs, efforts to improve road safety should clearly shift in emphasis to averting serious injuries.”

They concluded that “it is likely that current road safety targets, such as those set by the World Health Organization and the Victorian state government, will be difficult to meet”.

“Greater focus on reducing the rate of serious injury and further investment in road safety, particularly for pedal cyclists, is needed.”

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

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Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



TREAT DEPENDENCE AND ADDICTION AS CHRONIC BRAIN DISEASE – AMA

AMA Harmful Substance Use, Dependence, and Behavioural Addiction (Addiction) 2017 Position Statement

Substance dependence and behavioural addictions are chronic brain diseases, and people affected by them should be treated like any other patient with a serious illness, the AMA says.

Releasing the AMA’s *Harmful Substance Use, Dependence, and Behavioural Addiction (Addiction) 2017 Position Statement* today, AMA President, Dr Michael Gannon, said that dependence and addiction often led to death or disability in patients, yet support and treatment services were severely under-resourced.

“Behavioural addictions - such as pathological gambling, compulsive buying, or being addicted to exercise or the internet - and substance dependence are recognised as chronic diseases of the brain’s reward, motivation, memory, and related circuitry,” Dr Gannon said.

“Substance abuse is widespread in Australia. Almost one in seven Australians over the age of 14 have used an illicit substance in the past 12 months, and about the same number report drinking 11 or more standard alcoholic drinks in a single session.

“Substance use does not inevitably lead to dependence or addiction. A patient’s progression can be influenced by many factors - genetic and biological factors, the age at which the use first started, psychological history, family and peer dynamics, stress, and access to support.

“The costs of untreated dependence and addictions are staggering. Alcohol-related harm alone is estimated to cost \$36 billion a year.

“Those affected by dependence and addictions are more likely to have physical and mental health concerns, and their finances, careers, education, and personal relationships can be severely disrupted.

“Left unaddressed, the broader community impacts include reduced employment and productivity, increased health care costs, reliance on social welfare, increased criminal activity, and higher rates of incarceration.

“About one in 10 people in our jails is there because of a drug-related crime.

“Given the consequences of substance dependence and behavioural addictions, the AMA believes it is time for a mature and open discussion about policies and responses that reduce consumption, and that also prevent and reduce the harms associated with drug use and control.

“Services for people with substance dependence and behavioural addiction are severely under-resourced. Being able to access treatment at the right time is vital, yet the demand for services outweighs availability in most instances.

“Waiting for extended periods of time to access treatment can reduce an individual’s motivation to engage in treatment.

“While the Government responded quickly to concerns about crystal methamphetamine use with the *National Ice Action Strategy*, broader drug policy appears to be a lower priority.

Continued Page 15

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : <http://www.ama.com.au/>



**TREAT DEPENDENCE AND ADDICTION AS CHRONIC BRAIN
DISEASE – AMA**

***AMA Harmful Substance Use, Dependence, and Behavioural Addiction (Addiction) 2017
Position Statement***

Continued from Page 14

“The recently-released *National Drug Strategy 2017-2026* again lists methamphetamine as the highest priority substance for Australia, despite the Strategy noting that only 1.4 per cent of Australians over the age of 14 had ever tried the drug.

“The Strategy also notes that alcohol is associated with 5,000 deaths and more than 150,000 hospitalisations each year, yet the Strategy puts it as a lower priority than ice.

“The updated *National Drug Strategy* is disappointing. The fact that no additional funding has been allocated to the Strategy to date means that any measures that require funding support are unlikely to occur in the short to medium term.

“The Government must focus on those dependencies and addictions that cause the greatest harm, including alcohol, regardless of whether some substances are more socially acceptable than others.

“General practitioners are a highly trusted source of advice, and they play an important role in the prevention, detection, and management of substance dependence and behavioural addictions. Unfortunately, limited access to suitable treatment can undermine GPs’ efforts in these areas.”

The AMA’s *Harmful Substance Use, Dependence, and Behavioural Addiction (Addiction) 2017 Position Statement* can be read at <https://ama.com.au/position-statement/harmful-substance-use-dependence-and-behavioural-addiction-addiction-2017>

2 August 2017

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

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Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

BHUTAN:

Small Group Tour:

by Cheryl Ryan



Popularly known as the land of the Thunder Dragons, this beautiful country offers some of the most alluring mountain sites.

Located amidst Himalayan Mountainous Landscape, Bhutan is a holiday retreat to serenity.

The small group tours in Bhutan cover the stunning valleys of Thimphu, Trongsa, Paro, Gangtey Phobjikha, Punakha, Wangduephodrang, Trashigang and Bumthang.

You can experience the real spirit of the Bhutanese in these townships.

A country with extravaganza of natural beauty

Set on the lap of the enchanting Himalayas, Bhutan boasts of some of the exotic and rare flora and fauna.

Toorsa Nature Reserve, the Kulong Chhu Wildlife Sanctuary and Phipsoo wildlife Sanctuary are some of the must-visit tourist attractions of the country.

This Himalayan nation is truly steeped in majestic mountain vistas and ancient mysticism.

Visit the monasteries in the country and the Monastery of Punakha offering breathtaking views.

The 13th century Tango Monastery in Bhutan is built over a cave, making it a must-visit attraction.

What have we planned for you?

A complete itinerary includes all the religious, cultural and historical attractions of the country.

- Visit some of the sacred temples and Buddhist monasteries in the Himalaya.
- Explore several cultural attractions in the country including markets, museums and medieval fortresses.
- Hike up to the well known Taktsang Monastery, located around 900 meters above the valley level on a cliff.
- Enjoy the ancient and elaborate carvings and wall paintings in Dzongs and temples.
- Explore the beautiful landscapes of Bhutan from rich valleys to thick forests.
- Village excursions and farmhouse visits to experience the exotic culture of this country up-close.

Be prepared to experience the rich culture and ancient way of life in Bhutan!

Join me on a small group Tour March 2018.

www.123Travelconferences.com.au



Key Super Deductible contribution considerations

Salary sacrificing into super is a popular strategy for clients looking to maximise their retirement savings tax effectively. Since 1 July 2017, many individuals now have the additional option of making personal deductible super contributions.

While deductible contributions are not new, they were generally not available to the majority of employees before 1 July 2017 due to the operation of the 10% rule (which required less than 10% of income to be attributed to employment activities). The removal of this rule on 1 July 2017 means employees now have greater flexibility around how they make tax effective contributions for retirement.

Some clients may decide to take advantage of this flexibility while others will simply cease their existing salary sacrifice arrangement in favour of deductible contributions to overcome some of its drawbacks (e.g. potential reduction in Superannuation Guarantee (SG) or other employer benefits).

For these clients, it is important they meet the other rules associated with deducting personal contributions to ensure a deduction is not denied.

To recap on these rules as well as other important tips and traps when helping clients implement personal deductible superannuation contributions, particularly as part of their retirement income strategy.

Cash flow differential and the need for a 'top-up' contribution

The ability to replace an existing salary sacrifice arrangement with personal deductible contributions can provide a number of benefits to clients.

For example, clients who are currently salary sacrificing into super and are also repaying a mortgage could consider making a single deductible contribution close to the end of the year. This provides higher regular cash flow that can be used during the year to make additional repayments to an offset account that can be withdrawn near the end of the year to make the contribution.

Also, making a contribution closer to year end can help with managing contribution caps especially with a lower \$25,000 concessional contributions cap from 1 July 2017. For example, Super Guarantee is payable on employee bonuses which is usually not known in advance. This means it is often difficult to ascertain the maximum amount that can be salary sacrificed in the beginning of the year, leading to the need to adjust or cease salary sacrifice contributions near the end of the year.

However, it is important to weigh these benefits with the benefits of regular salary sacrifice contributions – dollar cost averaging, positive market returns and encouraging disciplined savings before deciding to switch.

Reminder

Contributions in excess of the concessional contributions cap from 2013-14 are no longer subject to excess concessional contributions tax. Instead, excess contributions are included in assessable income and taxed at marginal tax rates (with tax reduced by a non-refundable 15% tax offset).

An excess concessional contributions charge is also payable to recognise that the tax on excess concessional contributions is collected later than normal income tax. Excess concessional contributions (up to 85%) can be withdrawn to pay the tax liability. Excess amounts not withdrawn will count towards a person's non-concessional contributions cap. Everyone's position is different so if you have any further questions please feel free to call me 07 54379900.

Good investing Kirk Jarrott



NEW MEDICAL SCHOOL – GOOD INTENTION UNDERMINED BY BAD POLICY

The AMA is pleased that the impasse over medical school places on the Sunshine Coast has been resolved, with a commitment to 50 Commonwealth Supported Places (CSP) announced today, but good intention has been undermined by bad policy.

AMA President, Dr Michael Gannon, said that the AMA has supported the establishment of the new medical school, provided total national medical student numbers do not increase.

“We welcome the fact that the Government has partly listened to our arguments, with the overall number of CSP medical school places across the country remaining unchanged,” Dr Gannon said.

“The 50 CSP places on the Sunshine Coast have been reallocated from other medical schools.

“However, the AMA understands that, as part of the negotiations with other medical schools, the Commonwealth has been forced to agree to support the recruitment of additional international full fee paying medical students at those universities that have given up places.

“This comes on top of the decision by Macquarie University to establish a new \$250,000 medical degree course, a move that prices a medical degree out of reach for many of our best and brightest students.

“The policy focus must be on the maldistribution of doctors and shortages in particular specialty areas, not supporting universities to boost their bottom line.

“We are graduating record numbers of medical students, putting us well above the OECD average. But we are not providing enough prevocational and specialist training

places for our medical graduates.

Next year, we face a shortage of 569 first year advanced specialist training places.

“We must address community need by supporting extra prevocational and vocational training places, otherwise access to medical care will continue to be a problem in many parts of the country.

“The downside of the Sunshine Coast Medical School announcement is that we have unfortunately seen another example of where horse trading has replaced good medical workforce planning and policy.

“The Government needs to take a much tougher approach to full fee paying medical school places, both for domestic and international students.

“Working with the AMA and other groups will ensure that policy settings genuinely tackle the medical workforce problems we now face,” Dr Gannon said.

31 August 2017

CONTACT:

John Flannery,
02 6270 5477 / 0419 494 761

Maria Hawthorne,
02 6270 5478 / 0427 209 753

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ABN: 88 637 858 491



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 educational 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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Treasurer Dr Peter Stephenson Email; GJS2@Narangba-Medical.com.au

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(First Name)

(Surname)

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

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

Where We Work and Live

The Burma Railway and Hellfire Pass:

<http://anzacportal.dva.gov.au/history/conflicts/thaiburma-railway-and-hellfire-pass.pdf>

The Thai–Burma Railway and Hellfire Pass

The Thai–Burma Railway ... was the common and dominant experience of Australian POWs.

It distorted or ended the lives of over half of the Australian prisoners of the Japanese. ...

Hellfire Pass (Konyu Cutting) pictured as it is today ...

Since 1945 prisoners of war and the Thai–Burma railway have come to occupy a central place in Australia's national memory of World War II.

There are good reasons for this. Over 22 000 Australians were captured by the Japanese when they conquered South East Asia in early 1942.

More than a third of these men and women died in captivity. This was about 20 per cent of all Australian deaths in World War II. The shock and scale of these losses affected families and communities across the nation of only 7 million people.

This focus on Hellfire Pass (Konyu Cutting), is the deepest and most dramatic of the many cuttings along the Thai–Burma railway. Not all Australian POWs worked here in 1943. Nor was the workforce in this region exclusively Australian.

However, in recent years Hellfire Pass has come to represent the suffering of all Australian prisoners across the Asia–Pacific region. The experiences of prisoners elsewhere were, in fact, very diverse.

The Thai–Burma railway (known also as the Burma–Thailand or Burma–Siam railway) was built in 1942–43. Its purpose was to supply the Japanese forces in Burma, bypassing the sea routes which had become vulnerable

when Japanese naval strength was reduced in the Battles of the Coral Sea and Midway in May and June 1942.

Once the railway was completed the Japanese planned to attack the British in India, and in particular the road and airfields used by the Allies to supply China over the Himalayan Mountains.

Aiming to finish the railway as quickly as possible the Japanese decided to use the more than 60 000 Allied prisoners who had fallen into their hands in early 1942.

These included troops of the British Empire, Dutch and colonial personnel from the Netherlands East Indies and a small number of US troops sunk on the USS Houston during the Battle of the Java Sea. About 13 000 of the prisoners who worked on the railway were Australian.

When this workforce proved incapable of meeting the tight deadlines the Japanese had set for completing the railway, a further 200 000 Asian labourers or rōmusha (the

precise number is not known) were enticed or coerced into working for the Japanese

The 415-kilometre railway ran from Thanbyuzayat in Burma (now Myanmar) to Non Pladuk in Thailand. It was constructed by units working along its entire length rather than just from each end. This meant that the already difficult problems of supply became impossible during the monsoonal season of mid-1943. Starved of food and medicines, and forced to work impossibly long hours in remote unhealthy locations, over 12 000 POWs, including more than 2700 Australians, died. The number of rōmusha dead is not known but it was probably up to 90 000.

Continued next month.



Hellfire Pass (Konyu Cutting)