



**RDMA & BLMA's Joint Newsletter**

**Newsletter  
September 2019**



**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

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

**RDMA President's Report Dr Kimberley Bondeson**

Presidents Report - September 2019

Welcome to Spring, and what a dramatic start. Day time temperatures peaking between 24 and 32 degrees, and now the bushfires and fire storms in Queensland and New South Wales. There has been significant loss of homes and bushland, but to date, no loss of life. However, the wildlife is definitely suffering, and it has been heart warming to see photos of people rescuing burnt koalas and kangaroo's from the burnt bushland, and taking them to shelters to be cared for until they have healed and can be safely returned to their habitats. One of the difficulties, of course, is that the koalas eat eucalyptus leaves, so will have to wait until the trees recover so that they have a food source. On the human front, the AMAQ is offering support to doctors and there patients in these bushfire affected areas.

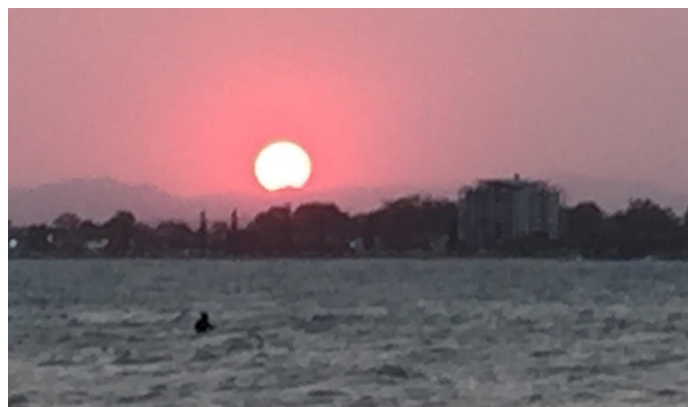
Now, onto the topic of privacy -There is now ongoing information concerning the use of PBS prescription data and MBS information – apparently it has been common practice to use this information, without patients or their doctors consent, for the last 16 years. It has been estimated that at least 8 million patient have been traced via the PBS prescription data and MBS information on behalf of medical research. (Australian Doctor, sept 2019). Australia Doctor also reports that the Department of Human Services receives about 20 requests a year from researchers wanting to recruit patients, and had agreed to assist in 95% of cases.

It does not state if any money is involved in paying for this data, but personally, I would find it highly unlikely that there is not a cost involved for the Department of Human Services, and I can't see them giving the data

away for free. Onto a brighter note, the AMAQ National Conference in Scotland is coming up, and I have been advised that it will be a bit chilly over there.

On the local front, the combination of smoke, dust and the bushfires created the most magnificent "red sun", which one of my friends took a photo of, at Woody Point, on the Redcliffe Peninsular.

Dr Kimberley Bondeson



**RDMA & BLMA's Joint Newsletter**

*Welcome from*

**Dr Robert (Bob) Brown**

President Brisbane Local Medical Association

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

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

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 <b>New Date</b>		
Friday	November	22nd



### RDMA Executive Contacts:

President:

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Vice President & AMAQ Councillor:

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Treasurer:

Dr Peter Stephenson  
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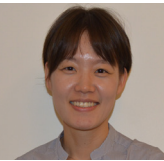
Co-Meetings' Conveners

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Advertising information is on RDMA's website  
[www.redcliffedoctorsmedicalassociation.org/](http://www.redcliffedoctorsmedicalassociation.org/)

### NEWSLETTER DEADLINE

Advertising & Contribution **15th October 19**

Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)

W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

### BLMA Executive Contacts:

President:

Dr Robert (Bob) Brown  
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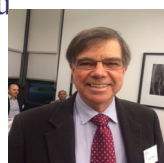
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Secretary:

Dr Ian Hadwin  
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E: hadmed@powerup.com.au



Treasurer & Meeting Convener

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



### BLMA 2019 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111  
Email: gmcnally1@optusnet.com.au

W: [www.northsidelocalmedical.wordpress.com](http://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 18TH SEPTEMBER 2019

## RDMA AGM Meeting 20.08.2019

Dr Kimberley Bondeson RDMA President Introduced Sponsor Representative: Asha Lindsay who then introduced the Speaker Dr Wayne Herdy for the night:

### Executive RDMA Members Re-elected:

Dr Kimberley Bondeson President, Dr Wayne Herdy Vice President, Dr Geoff Hawson, Secretary, Dr Peter Stephensen, Treasurer.

### Speaker

Dr Wayne Herdy,

**Topic :** "Everything you ever wanted to know about Hepatitis C but were afraid to ask."

**Sponsor:** Gilead

### Photos (Left to Right & Down):

**1.** Speaker Dr Wayne Herdy, Kimberley Bondeson President and Asher Lindsay Gilead Rep.

### **2. Gilead Representatives:**

Carly Fisher, Asha Lindsay, Garath Cole and Amr Khrilia.

# Monthly Meeting

Redcliffe & District Medical Association Inc.

**DATE:** Wednesday 18th of September 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: Dr Tyson Doneley and Knee360
7:40pm	Speaker: Dr Tyson Doneley Topic: "Total Hip and Knee Replacement Update."
8:00pm	Main Meal served
8:20pm	Question Time
8:30pm	Dessert, Tea & Coffee served
8.40pm	General Business

**RSVP:** By Friday 13th September 2019  
(e) [RDMA@qml.com.au](mailto:RDMA@qml.com.au) or 0466 480 315

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# The team behind your result

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- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

### CLASSIFIEDS

Classifieds subject to the Editor's discretion.

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

If you would like to advertise in the next month's newsletter please email [RDMAnews@gmail.com](mailto: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



### MANDATORY REPORTING AND MEDICAL RESEARCH?

AMAQ Branch Councillor Report – The closing date for this September, 2019 is the 6th November, 2019.

#### Mandatory Reporting

The AMA has been working hard to get sensible changes to the controversial legislations which forces doctors to report registered health practitioners who are experiencing mental health problems to the Australian Health Practitioner Regulation Agency (AHPRA).

The Council of Australian Governments (COAG) will see this type of legislation applied in all other states and territories, except Western Australia, which has vastly different laws. In Western Australia, Doctors are exempt from reporting doctors under their care.

The consequences of this is that there are Doctors flying to Western Australia to seek help, and not in their own state or territory, for fear that they will be reported to AHPRA, and lose their livelihood, or have restrictions placed on their ability to practice medicine.

This situation is not helping the suicide rate amongst doctors, who are fearful of seeking help.

The Queensland revised guidelines are an improvement, but are not the same as the Western Australian Solution, which is what Doctors want.

Let's hope that the law makers listen to what the Medical Profession want, and feel is necessary to support their colleagues who are in distress.

There is an ongoing consultation process that is open to interested parties to make a submission, as part of the public consultation process.

#### Medical Research

Several overseas research articles, projects which were developed in China, have been recently retracted after study authors were unable to provide evidence on the source of the transplanted livers and kidneys cited in their work.

(The Medical Republic, Sept 2019). Apparently over 19 articles have been retracted from the journal "PLOS One" and "Transplantation". According to an editorial in "Transplantation", which retracted the articles, the journal stated that it was "unacceptable to use organs from executed people, regardless of what nation or timeframe the study took place in."

The same article in The Medical Republic states that recent data from the China Organ Harvest Research Centre shows that China is still performing more organ transplants than any other country in the world.

How the world and Australia respond to these types of claims/information is important.

There are only 3 countries in the world, Israel, Spain and Taiwan, which have legislated that their citizens are not allowed to go overseas to purchase organs for transplant.

Kimberley Bondeson

# AMAQ BRANCH COUNCILLOR REPORT

## DR WAYNE HERDY, NORTH COAST COUNCILLOR



### WHICH PART OF THE SKY IS FALLING IN THIS TIME?

Some shock jocks make their reputations and their livings out of predicting disasters and counting heads rolling. Well, the sky is not about to fall in, but this reporter is getting quite worried about one impending health disaster that nobody seems to be very interested in.

Those who know and love me (or otherwise) will know that I have a cohort of drug addicts. Maybe this results from a problem with my toilet training or maybe I just wasn't paying attention to the warnings during medical school. Whatever character flaw led me down this path, I am one of the few who prescribe under the Queensland Opioid Treatment.

Program (QOTP).

My problem is as follows. I am at or near retirement age. Well, realistically I might hang in there for another decade, but I have done enough to be able to hang up my stethoscope with a clear enough conscience. But when I phone around my fellows who practice addiction medicine to see if anybody can name my successor, I get a uniform response – they also are about to head off to that retirement plan and are looking for successors themselves.

Most of the QOTP prescribers I know, those who manage hundreds of patients each, are at or near retirement age. Two have died this year. There are not a lot of us around. Worse, and the real problem, there are no younger doctors eager to take our places.

Within five years, ten at most, almost all of the most productive QOTP prescribers in Queensland will no longer be practising.

And without an active plan implemented very soon, we will not be replaced.

If drug addicts do not have access to treatment plans, the outcome will be a social disaster. A local senior police officer has publicly said: "When Dr Herdy retires, the crime rate on the Sunshine Coast will double.

He is not alone; my own patients say the same thing. And Dr Herdy's case is only one of many parallel scenarios state-wide.

As well as the social disaster, drug addicts will

suffer every imaginable complication of their chosen lifestyle.

OK, not many people really care about junkies or iceheads, but the cumulative health costs will drain the state coffers. [The Commonwealth government decided to pay buckets of gold to clean up Hepatitis C cases, or face the dire prediction from the economists that Hepatitis C would bankrupt the health budget in twenty years and bankrupt the country in thirty.] And the potential cost to the community goes on and on, including motor vehicle accidents, public violence and disturbances of the peace, domestic violence, endless diversion of law enforcement resources, you name it.

Drug addicts aren't politically sexy, but eventually the bean-counters will have to admit that it is cheaper to treat them than not.

"They ought to do something about it." But "they", the health workforce planners don't have a plan. The only planning strategy I have heard is to make it easier to get into addiction training courses and to increase the number of training places.

But if they can't fill the places they have now, how are they going to persuade young graduates to fill the extra places they create?

I drew a likeness to building a bigger car park in the Sahara.

In a few weeks, I will be having a tete-a-tete with Queensland Health (supported by a few of the senior AMAQ secretariat and policy gurus) to discuss this dilemma.

I hope to be able to write a sequel to this article informing my readers that the magic wand has been waved and a perfect solution created.

Until then, I would welcome suggestions from anybody who has a creative left-field solution that might just work.

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 David Grimes



Dr Haamid Jan



Dr Agnieszka Malczewski



Dr Adam Stirling

### Haematologists



Dr Jason Butler



Dr Robert Hensen



Dr Ashish Misra



Dr Jason Restall

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



### **Meeting with members to discuss local issues of importance**

In the coming months, AMA Queensland will be meeting with members, both locally and regionally and attending local medical association (LMA) meetings across the state. In August, Dilip met with the Redcliffe LMA, the Fraser Coast LMA and Hervey Bay Hospital doctors and attended the launch of the Brisbane LMA. Visits to the Central Queensland LMA, Bundaberg, and Cairns are all planned before year's end.

We consider the LMA meetings invaluable to understanding local issues of concern, directly from the practitioners on the ground in those areas.

It also presents you with a chance to directly address the President about how you can contribute to AMA Queensland's policy and advocacy work.

### **New Workplace Relations Advisory Package**

To assist you navigate the complex and ever-changing rules for managing employees, AMA Queensland has just launched a new Workplace Relations Advisory Package.

The Workplace Relations Advisory Package will give you up-to-date and practical support with all employment matters. You will have access to free attendance to workplace relations training events and webinars, contract, manuals, privacy essentials, audits and leave calculations. You will also stay up-to-date with changes on industrial relations and employment law.

By subscribing to WRAP your practice will have to access to our full range of services for one flat fee, without additional charges.

You can read the full list of services included at [www.amaq.com.au](http://www.amaq.com.au)

### **Antibiotic Stewardship**

Members would have seen AMA Queensland member Dr Paul Bartley's excellent opinion piece on antimicrobial stewardship published this month in the MJA Insight, Australian Medicine and the Courier Mail.

Paul adds to AMA Queensland's concerns by providing his expert view regarding the approach taken by Queensland's Minister of Health and Ambulance Services to allow Pharmacists to prescribe antibiotics for UTIs, whilst infectious disease specialists are raising their concerns on multi resistant pathogens and are urging medical practitioners to be ambassadors and to have this issue front of mind in our daily practices.

Congratulations, Paul, for the timely reminder.

### **Private Health insurance**

As you are aware, affordability of Private Health Insurance continues to be a problem, despite the slight slowing down in the premium increases. Each quarter, we continue to see people dropping their private health insurance and ironically each day we read stories about code yellow and ambulance ramping in our public hospitals. The other issue is more older people are joining health funds and younger people are quitting their cover. Something needs to give and the AMA Federal Council has this high on its radar as we

***Continued Page 9***



call for simpler PHI policies. The sooner governments understand that the public sector will be unable to cope without a booming private sector, the better.

### **Crisis talks over emergency department issues**

In August, AMA Queensland and the Australasian College for Emergency Medicine (ACEM) met with Cairns and Hinterland Hospital and Health Service executives to seek an immediate commitment to fix the hospital's emergency department chronic capacity, ambulance ramping and overcrowding issues.

AMA Queensland and ACEM again urged Cairns Hospital to immediately adopt a number of actions to provide some short-term relief:

Following our meetings, the hospital's management committed to providing clear short, medium and long term plans and timeframes in response to issues repeatedly raised by staff, including operational and infrastructure issues. Management also committed to lay out their plans to staff and work on the longer-term issues to improve culture within the hospital.

While we welcomed the commitments to work on system/culture change within the hospital, short-term measures to address the crisis are needed immediately, with a greater focus on implementation and resourcing.

We will see what management proposes, and we will be escalating our concerns to the Queensland Health Minister if the response once does not result in satisfactory solutions.

You can read the joint AMA Queensland and ACEM media releases issued in August at [www.amaq.com.au](http://www.amaq.com.au).

**If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via [membership@amaq.com.au](mailto:membership@amaq.com.au).**

**Dr Dilip Dhupelia**, President AMA Queensland

**Jane Schmitt**, CEO AMA Queensland

## OUR DOCTORS

### **Dr Matthew Peters**

BSc. MBBS FRACS (Plast.)  
Plastic and reconstructive Surgeon



Dr Matthew Peters is a Queensland-trained Plastic and Reconstructive Surgeon and a Fellow of the Royal Australasian College of Surgeons.

He is the Director of Plastic and Reconstructive Surgery at the Royal Brisbane and Women's Hospital, a Senior Lecturer at the University of Queensland School of Medicine, and is a member of the Australian Society of Plastic Surgeons, the Australian Society for Aesthetic Plastic Surgeons and the American Society of Plastic Surgeons.

Since obtaining his Fellowship with the Royal Australian College of Surgeons, Dr Peters has worked in both public and private hospitals across Brisbane. He was made Director of the Department of Plastic and Reconstructive Surgery at the Royal Brisbane and Women's Hospital in 2014, a position that he maintains to date.

In the private sector, he is the co-director of Valley Plastic Surgery, a multi-surgeon purpose-built plastic and reconstructive surgery facility located in Fortitude Valley. He is also available at Northlakes Day Hospital for consultations and short stay surgery.

Dr Peters is committed to ensuring his patients have access to the latest advances in plastic surgery, regularly attending local and international conferences. Highly regarded for his surgical skills and personal approach, Dr Peters aims to ensure his patients feel comfortable at a time when care and attention is required.

Dr Peters is available for consultations at Northlakes Day Hospital for the following procedures:

- Breast reduction, breast lift, breast augmentation, breast implant removal, revisionary breast implant surgery, breast reconstruction following breast cancer
- Body contouring surgery – abdominoplasty (tummy tuck), belt lipectomy, brachioplasty, thigh reduction, back bra lift, mons reduction
- Face and neck lifts
- Upper blepharoplasty
- Skin cancer surgery

North Lakes Day Hospital | Address: 7 Endeavour Boulevard, North Lakes QLD 4509  
Correspondence | Valley Plastic Surgery: 51 Ballow Street, Fortitude Valley QLD 4006  
P: 07 3488 8118 | F: 07 3488 8119 | E: [info@valleyplasticsurgery.com.au](mailto:info@valleyplasticsurgery.com.au)



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### How to refer

- Please fax a letter of referral to F: 07 3833 6740
- Provide a letter of referral to your patient and have them phone our bookings team P: 07 3833 6710
- Provide an electronic referral via Medical Objects to Provider No: CM4000007H

**Please note that referral criteria are applicable and patients requiring colonoscopy will need to attend a Prep Appointment with our nurse.**

**Patients with co-morbidities may require an initial consultation.**

## Patient Costs

Insured Patient Costs	
Procedure	Fee
Gastroscopy +/-or Colonoscopy	The patient's hospital excess is payable at admission.
Prep Appointment	\$90

Self-Insured Patient Costs		
Procedure	Fee	Estimated Out-Of-Pocket cost
Gastroscopy	\$1100	\$828.80 / \$776.65
Colonoscopy	\$1600	\$1223.85 / \$1121.1
Gastroscopy + Colonoscopy	\$1900	\$1426.65 / \$1297.80
Prep Appointment	\$90	

Aged Pensioner Patient Costs	
Procedure	Fee
Gastroscopy	\$550
Colonoscopy	\$650
Gastroscopy + Colonoscopy	\$750
Prep Appointment	\$35

**FREE PARKING AVAILABLE ON-SITE.**

North Lakes Day Hospital - GP Hotline: 07 3833 6788 Bookings: 07 3833 6701 Fax: 07 3833 6740  
7 Endeavour Boulevard, North Lakes Qld 4509

# Student Health Check Team for The School of St Jude, Feb 23- March 6, 2020 - applications open

Dear friends and friends of friends (and contacts of Dr Pip!),

As many of you are aware, Dr Pip has been involved in and organising the health checks for the last 10 years. This year she is handing over the baton and, with the help of some of the other previous members, I will be assisting with the organisation the health checks for students at The School of St Jude in Arusha, Tanzania. And it is that time of year to start recruiting again for next year!

Many of you will have had the opportunity to help out with these checks previously and some have expressed interest in being involved. For those a bit surprised to receive this email, I'm also taking the liberty to send out to many of Dr Pip's friends and colleagues who she thought may be interested, or know others who may be interested in being involved.

The dates have been confirmed for February 23 to March 6, 2020 and applications are now open.

See <https://www.schoolofstjude.org/join-us/health-check-team-2020> for information and the application process.

We are particularly interested in recruiting health professionals experienced in vision assessment and hearing assessments, as well as health professionals with experience and expertise working with young people with vision impairment, cerebral palsy and other physical disabilities. In the last few years we had physiotherapists and orthoptists that made a great impact in assisting some of the students, particularly in the classroom. Of course, doctors with experience in child health particularly GPs and paediatricians (or registrars), as well as child health nurse practitioners are always highly valued too. Nurses provide valuable support, particularly to the local school nurses. As usual we will need some helpers, although the numbers may be less than previous years as we are hoping graduate students or the students in transition between year 10 and 11 will join the team.

For those who have been before, I hope you will consider coming along again and submitting an-

# 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](mailto:RDMA@qml.com.au) or 0466 480 315

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other application.

For those that have heard about the checks or gave previously applied and would like join, we look forward to your applications!

And for those that know of people who may be interested in participating, please share with interested colleagues and friends. Thanks!

**The closing date is September 30.** If you can cc me in to applications sent to recruitment, that should help the logistics.

If you can decide by September that would be great, but if you need a bit more time, let me know and we will see what we can do.

Looking forward to hearing from you. My email is below: To: **Jane Larkin** <[janelarkin1@gmail.com](mailto:janelarkin1@gmail.com)>; **Philippa Binns** <[pipbinns@gmail.com](mailto:pipbinns@gmail.com)>

Cheers, Jane Larkin

# The Mindless Bureaucracy

## By Dr Mal Mohanlal

The world is drowning in a sea of bureaucracy, and no one knows how to swim out of it. Everywhere one goes, there are forms to be filled, and paperwork attended to before one can accomplish any task. If you are a nurse, you have to enter patients notes on their charts before you go home. If you are a doctor, again you have to write some details on their files. One wonders if you should spend more time with your patients than writing notes to meet some bureaucratic requirements.

No matter where you go, you will find bureaucracy justifying its existence by creating more work for itself. It spreads like cancer, where the individual cells have lost their function. These cells are supposed to replace themselves and keep within their boundary, but they have gone crazy and start multiplying and migrating beyond.

Every one of us sooner or later will end up working for some private or public bureaucracy. When this happens, please become aware that this can put a limit on your intelligence and mental growth. The reason is simple. You will not be allowed to use your common sense and use your brain. You will have to abide by the rules and regulation set by whoever employs you. So unless you are aware of the limitations placed on you, you are likely to turn unwittingly into a zombie.

Here is one recent example of how bureaucracy limits your intelligence and makes one feel handicapped:

Do you know that an electricity company can take away your solar bonus benefit, without your knowledge, consent or authorisation? All they have to do is mistakenly give your address to Energex. (Energex is a company that supplies the electricity in Queensland.)

When you complain to Energex, they say that they have no option to refer your complaint to the seller, who made this error. You will have to reapply with a form they supply to have your benefits reinstated.

In my case, the electricity seller, Powershop mistakenly provided my home address to Energex

who automatically cut off my solar bonus benefit. I had to reapply, filling a statutory declaration form to get it reinstated.

This situation made little sense to me. It raised the following questions in my mind. Why Energex could not have referred my complaint to Powershop and resolved this matter with them directly? Why did I have to reapply when the benefits were withdrawn from me, for no fault of mine? If Energex can take away my solar benefits without my consent, surely they can also reinstate it without my consent?

I took this complaint to the Office of Fair Trading, which is a branch of the Justice Department in Queensland. They explained that Energex had acted within the law. But is it fair for an electricity company to cancel a consumer's solar benefit without his knowledge or consent, and then make the consumer responsible for reclaiming the benefit?

I asked them that since they called themselves "Office of Fair Trading", did they considered this fair to the consumer according to the law? What was their position on this issue?

They replied: "Office of Fair Trading cannot determine if this is fair or not, and you would need to seek independent legal advice if you wish to take this further."

Thus we have a situation where someone makes a mistake, but you are held responsible for correcting it. And the Office of Fair Trading which is a branch of the Justice Department, cannot determine if this is fair or not.

Now if you think that this type of thinking is good for your mental health, please think again. May I suggest you read "The Enchanted Time Traveller - A Book of Self-Knowledge and the Subconscious Mind" and learn how your thinking affects your perceptions, and thus your mental health. Visit Website: <http://theenchantedtimetraveller.com.au>

Regards and best wishes."  
Dr Mal Mohanlal

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**DOCTORS AND PATIENTS IN RURAL AND REGIONAL AUSTRALIA DESERVE BETTER FUNDED AND RESOURCED HEALTH SERVICES**

AMA President, Dr Tony Bartone, said today that the stories revealed in this week’s *Four Corners* program on ABC TV were tragic and should never have happened, but they are indicative of a much bigger problem that rural communities have faced for decades – poor or no access to the high quality health services enjoyed by Australians in larger regional centres and the capital cities.

Dr Bartone said that Australia has one of the best health systems in the world, with a highly trained and skilled workforce, but not all Australians have equal access to all the benefits.

“Our rural doctors and other health professionals are highly skilled, totally dedicated to their communities, and provide high quality care to their patients – in general practices, public hospitals, and other settings,” Dr Bartone said.

“Australians living outside of the cities (*around 29 per cent of the population according to the Australian Institute of Health and Welfare*) have higher rates of major diseases like cancer and diabetes, experience worse health outcomes generally, access Medicare at lower rates, and often have to travel long distances for extended periods to receive appropriate specialised care.

“Our hardworking rural doctors work very long and sometimes unusual hours, many are constantly on call, they provide high quality care leading multi-disciplinary health care teams, and they are committed to their patients and local communities.

“But they are working in environments and with equipment that are not keeping pace with modern and complex medicine, and the unique health and emergency demands of remote and isolated communities.

“The hospital infrastructure, the equipment, and overall resourcing are in most areas not at the levels available in the cities and larger centres.

“Rural health is at a crisis point. There is an urgent need for significant investment in rural hospitals, equipment, and medical and health workforce.

“Despite the difficulties and challenges, the rural health workforce continues to provide quality care.

“The incidents shown on *Four Corners* were tragic and avoidable, but they were also rare and isolated. Our most sincere sympathies go to the families and everybody affected by these events. We need to learn from the system failures to ensure they do not happen again.”

Dr Bartone said that key findings from the 2019 AMA Rural Health Issues Survey of rural doctors include:

- the need for urgent and major extra funding and resources to support improved staffing levels at rural hospitals;
- the need for significant new funding to ensure that rural hospitals have modern facilities and equipment; and
- the need for coordinated medical workforce planning.

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Dr Bartone acknowledged that the Federal Government has recently acted with a National Medical Workforce Strategy and the National Rural Generalist Pathway, but so much more needs to be done.

“These initiatives will help deliver more highly-trained doctors to communities in the future,” Dr Bartone said.

“We now need to see greater emphasis on selecting rural origin medical students and providing more medical training in rural and remote locations to build a stronger rural medical workforce.

“But this won’t solve the immediate problems, though.

“The AMA calls on the Federal and State and Territory governments to work together to provide funding, resourcing, and planning decisions to give rural and remote Australians better access to quality care with modern equipment and well-equipped and staffed hospitals.

“We need governments to build on success stories where there is evidence that earlier clinical assessment and better coordination results in acute patients getting to tertiary hospitals and saving lives.

“Patient transfer systems alone are not the total solution, but they must be supported and properly resourced to maximise their effectiveness.

“A good example is in rural South Australia where an efficient retrieval system for rural heart attack patients has cut the mortality rate by a third.

“The key is improving the links between bush and city hospitals.

“All Australians need and deserve to be able to get equitable access to the right health care at the right time – no matter where they live, and no matter their circumstances.

“Equity and access cannot be second rate depending on your location,” Dr Bartone said.

The AMA will write to Health Ministers demanding that rural health funding be a priority for the next meetings of the Council of Australian Governments (COAG) and the COAG Health Council.

12 September 2019

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# TUNISIA

## by Cheryl Ryan

Tunisia may only take up a small portion of Africa, but its colourful and vibrant surroundings, endless places to visit and mind-blowing history are enough to fill a country many times its size! From sandy beaches to historical sites, Tunisia is a diverse country where you will be pleased to the core wherever you go.

### Beaches

Nothing speaks Mediterranean paradise like Tunisia! Some of the best beaches are in Tunisia, with crystal clear and blue waters, golden sand, and sunshine to light up your day. It is never too crowded, so you can enjoy the beach in your own space. Djerba is known for its beaches which are privately owned by the resorts. They are blessed with sparkling waters and white sand, and the resorts are all family oriented so you can have fun as a whole family. The resorts are known to be very welcoming, and it'll feel almost like a home away from home.

### History

There is no doubt that Tunisia has a rich history and there are sites to prove that. Carthage is a city which was very influential in the western Mediterranean, and its ruins still remain for people to visit. You can take a tour of the ruins, run your hands across the walls and learn about the history. You can also explore the Carthage Museum which has even more salvaged artifacts. Another one of the most famous historical sites in Tunisia is the Amphitheatre of El Djem, which is the third biggest Amphitheatre in the world. It has been used for sword battles, sporting events and more back when it was used, and now it's a place where tourists can visit and take in the beautiful atmosphere of it. It's such an open and quiet place, and it has never disappointed anyone who has been there.



What we have planned for you

- Enjoy your day at the Hammamet beach with clean sand, a beautiful view of the Mediterranean sea and watersports to fill your day with fun
- Explore the National Bardo Museum which is known for its incredible Roman mosaics which are sure to catch your eye
- Dine at Dar El Jeld which is a very beautiful and elegant place with delicious and not expensive Middle Eastern food. It is also rated 4.5 stars out of 5!
- Want a little wildlife? Take a tour of the park Djerba Explore with three attractions, the crocodile farm being the tourist favorite
- A must-do is to take a wonderful two-hour camel ride in Djerba Lagoon. Get a magnificent view of the villages of Djerba and the beautiful lagoon
- Take a trip to Carthage Land Hammamet which is a great theme park with enjoyable rides for adults and kids

Pack your bags and get ready for a ride, because Tunisia will give you an experience like you've never had before! You can always add on Morocco for a full cultural experience.

Cheryl Ryan -123Travel  
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### **Is Your SMSF compliant? Do you need your Investment Strategy updated?**

The ATO has recently written to over 17,000 Trustees of SMSF's warning them that they may risk being fined \$4,200 if their fund's Investment Strategy does not meet the requirements under the law.

The funds were selected for scrutiny because according to the ATO's records, they may hold 90% or more of their funds in one asset or a single asset class and may be at risk of not meeting the diversification requirements of regulation 4.09 the *Superannuation Industry (Supervision) Regulations 1994*.

Panicked Trustees have been contacting their financial advisors and accountants seeking an explanation as to whether or not they are breaking the law.

The ATO has also written to SMSF Auditors reminding them to "expect to see documented evidence" that Trustees considered:

- Diversification of the fund's investment and the risks associated with inadequate diversification, and
- That other relevant factors were a such as risk involved in making, holding, and the likely return from the investments having regard to the fund's investments and cash flow requirements.
- The liquidity of the investments having regard to expected cash flows and prospective liabilities.
- Whether Trustees considered holding insurance for one or more members.

The auditor is urged to consider whether any non-compliance with the above factors amounts to a material contravention that should be reported to the ATO.

The approach taken by the ATO is regarded by some to be a little harsh given that many trustees have legitimate reasons for being concentrated in one asset. For example, an elderly trustee in retirement maintaining cash only investments or business owners purchasing their business premises. These people, however, are not who the ATO is targeting.

The ATO has genuine concerns about the increase in particular types of investments, including:

- Residential property supported by borrowing arrangements
- Short Term Property Rentals
- Cryptocurrency
- Lending to related and other entities
- Investments in related parties and other closely held unlisted entities.

Given also, the overall increase in the number of SMSF's over past years, it is with some understandable benevolence that the ATO is reminding trustee's that the sole purpose of their SMSF is to provide members with benefits in retirement or benefits to dependants upon a member's death.

The ATO remains concerned that less diversified SMSF's, including those with borrowings, are exposed to asset concentration risk that can lead to a significant loss in the value of the SMSF and/or inability for the SMSF to meet its cash requirements, including the payment of pensions.

Despite this legitimate concern, many other trustees have devised their SMSF investment strategy having considered diversification, liquidity and insurance. For those trustees the lack of investment diversification is not a problem so long as they have genuinely turned their mind to formulating their Investment Strategy. In fact, the law does not specifically require a well-diversified or highly liquid investment portfolio, only that adequate documentation exists to demonstrate consideration of the above. Ultimately, it is the absence of this documentation that will lead to the issues with the ATO.

If you have a SMSF and would like to have peace of mind that your SMSF meets the ATO rules, please don't hesitate to contact me, I'm happy to help. Poole Group 54379900

**Kelly Brady** Representative of Poole & Partners Investment Services Pty Ltd - AFSL 280232

Information sourced [www.ato.gov.au](http://www.ato.gov.au)



## AMA WELCOMES BONDED MEDICAL PROGRAM REFORMS

AMA President, Dr Tony Bartone, said today that important reforms to medical bonding programs will benefit medical graduates and the rural and under-serviced communities they will serve as doctors.

The Parliament yesterday approved the Health Insurance Amendment (Bonded Medical Programs Reform) Bill 2019, which will completely overhaul the Bonded Medical Places (BMP) and Medical Rural Bonded Scholarship (MRBS) programs, as announced in the 2018/19 Federal Budget.

The reformed arrangements will apply to all new program participants from January 2020.

Dr Bartone said the changes follow extensive lobbying by the AMA Council of Doctors in Training (AMACDT) and the AMA and will effectively standardise conditions for bonded medical graduates, moving away from the current contract-based arrangements.

“Both the MRBS and BMP schemes have failed to make meaningful progress towards addressing workforce shortages in rural areas and other underserved communities,” Dr Bartone said.

“This was largely due to their inflexible program design and failure to recognise that people’s circumstances can change dramatically from the time they enter medical school to the period when they must complete their return of service obligations.

“The new arrangements will provide participants with greater flexibility, more

certainty in relation to where they can work in the future, and will require much less red tape and compliance.

“This is good news for bonded medical graduates and for communities in desperate need of local doctors and medical services,” Dr Bartone said.

In working with the Government to design the new program, the AMA consulted widely with members who were participating in the BMP and MRBS schemes.

The AMA is confident that the new arrangements will better support bonded medical graduates and help improve access to vital medical care in those communities where they are needed.

The AMA will continue to work with the Department of Health to finalise the implementation of these reforms.

12 September 2019

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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>

“Allan, Eric and I were too tired and relieved to appreciate it too much at the time, but it was really quite a moment,” he said in his book. “Against the odds, we had made good our escape.”

When Brough returned to Australia, he received the Military Medal for his courage in persistent attempts to escape prisoner of war camps. He returned to the butcher’s shop in Drouin, and went on to marry the love of his life, Edna May Stevenson. But like many he found it hard to adjust after the war.

“While I looked all right on the outside, the perfect model of a returned soldier, I wasn’t all all right,” he said in his book. He felt “wild on the inside” and developed “this dreadful shake” in his left hand. He would disappear for days at a time, drinking and fighting, and suffered from terrible nightmares, once almost throttling his wife in his sleep.

“I’d been living like a wild man for months, and you can’t just get that out of your system overnight, he wrote. “Really, Allan, Eric, and I had lived like dogs. Every day had been a dangerous day, every shadow a possible predator. We survived on instinct, so it was always going to be difficult to slip back into the civilised world. You would only have to look at me the wrong way back then and I’d have a go at you.” He later learnt too that he was kept under surveillance because of his association with the partisans during the war. He’d treasured the cap that Puks Boris had given him, and had proudly showed it, and the letters Puks sent to him after the war, to everyone. But Puks was a communist, and that made Brough a man under suspicion. He was so shaken by the news, he never wrote to Puks again.

Today, Brough lives in Geelong and has travelled to Canberra to donate the cap with journalist Marc McEvoy. After his wife died in 2004, Brough was so grateful for the treatment she received while suffering from Alzheimer’s, that he donated the \$300,000 proceeds from the sale of his home to St Vincent’s Hospital in Melbourne for a new heart machine. The staff at the hospital suggested he write a book about his experiences, but Brough wasn’t convinced at first. He eventually agreed, sharing his story with author Kim Kelly who called him every day for a month between 5.30 and 7.30 at night to ghost-write his memoir so that he could donate the earnings from the sale of the book to patient



Ernest Brough with members of the Federation Guard  
Photo Curtest Ernest Brough.

care and research into Alzheimer’s and dementia at St Vincent’s.

It was after *Dangerous days* was published in 2009 that Brough first met McEvoy at the Harper Collins office in Pymble in Sydney. McEvoy had worked as a press and information officer for the United Nations in Bosnia and Croatia and was a spokesperson for the UN peacekeeping mission in Macedonia and Kosovo. “I think Ern found it interesting that I’d been to where he’d been ... in the war in the 1990s,” McEvoy said. “I was taken by the significance of the cap which was photographed in his book and he said to me, ‘Well, do you want it?’ I said I wasn’t sure if I could accept such a thing, and then a couple of weeks later he’d posted it to me with [a] note addressed to me. I thanked him and he said to me, ‘You have to give it to the War Memorial when I pass away if you’re going to have the cap.’” McEvoy agreed, but decided to donate the cap earlier so that Brough could be the one to present it.

For Brough it’s a very special moment, and there’s no hiding his smile when he is reunited with McEvoy and his cherished cap for the first time in almost a decade. He bursts into song and happily chats to members of the Federation Guard as they practise for the Last Post Ceremony before making his presentation. Brough is the only one left now. His mates Allan Berry and Eric Batty have both passed away – Berry died in 1985 and Batty died in 1999 – but Brough will never forget them. “Eric, Allan and I could hardly have been closer to one another if we had been surgically fused during our war-time adventures,” he wrote in his book. “We’d bonded, as they say now. We knew each other’s minds and hearts. It was the sort of closeness that comes only from confronting death together, again and again.” **Continued next month.**