



February 2025

Newsletter

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RDMA's Executive Committee



Alka Kothari
President

Geoffrey Hawson
Vice President

Eugene Lim
Treasurer

Peter Stephenson Wayne Herdy Kimberley Bondeson
Committee Members

As the 2024 recipient of the Women in Technology Award for 'Lifting Communities', I am truly honoured to be invited to speak at the Women in Technology Breakfast panel on March 7, 2025, reflecting on the theme of 'Marching Forward' in my career and life path and striving for lasting change. International Women's Day (IWD), observed on March 8, 2025, serves as a potent reminder to celebrate the achievements of women and girls, and renew our collective commitment to gender equality. Rooted in over a century of advocacy, IWD continues to spotlight the transformative progress made while underscoring the work that still lies ahead.

This year's theme: "For ALL women and girls: Rights. Equality. Empowerment." calls for decisive action to dismantle barriers and create equal opportunities for all. Central to this vision is empowering the next generation—youth, young women, and adolescent girls—as they hold the key to lasting societal change.

IWD transcends borders, uniting diverse voices in the shared cause of gender equality. It is not only a day of celebration but also a time to critically reflect on the progress made and the challenges that remain. The transformative impact of the 1995 Beijing Declaration and Platform for Action has been profound, reshaping global policies on women's and girls' rights. Today, we see the results of these policy shifts: 1,583 legislative measures in 193 countries addressing domestic violence and 112 countries with National Action Plans on women, peace, and security—up from just 19 in 2010.

As we mark the 30th anniversary of the Beijing

Platform in 2025, IWD is a moment to reflect on our progress and acknowledge the work still required to achieve gender equality. This day belongs to no single country or organisation—it is a collective global movement, uniting all who are committed to a more equitable future.

The words of Gloria Steinem, the renowned feminist and activist, resonate strongly in this context: "The story of women's struggle for equality belongs to no single feminist nor any one organisation but to the collective efforts of all who care about human rights." Steinem's reflection underscores the inclusive, multifaceted nature of IWD, which allows for diverse expressions of solidarity. For some, IWD is a call for continued advocacy and activism; for others, it is an occasion to celebrate hard-won victories; for many, it is a time for communal gatherings and joyous festivity.

In all its forms, International Women's Day celebrates women's advancement and acknowledges the collective power of global activism. It invites individuals, groups, and organisations worldwide to engage in the ongoing project of achieving gender equality, reinforcing the importance of reflection, action, and celebration. The day underscores the need for continued solidarity and mobilisation, as it remains a momentous and inclusive occasion that amplifies the voices and contributions of women and girls everywhere. Alka Kothari



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

**Free RDMA
 Membership For
 Doctors in Training**
RDMA Meeting Dates Page 2.

RDMA 2025 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: **Mumma's Italian Restaurant**
Function Room 69 Redcliffe Parade,
Redcliffe QLD 4020

Time: **7.00 pm for 7.30 pm**

Next meeting date is

NEXT	Wednesday	February	26th
	Tuesday	March	25th
	Wednesday	April	30th
	Tuesday	May	27th
	Wednesday	June	25th
	Tuesday	July	29th
ANNUAL GENERAL MEETING			
	Wednesday	August	27th
	Tuesday	September	23rd
	Wednesday	October	29th
NETWORKING MEETING			
	Friday	November	21st

Newsletter Publisher.
M: 0408 714 984

Email: RDMAnews@gmail.com

Advertising information listed in
the right column and on RDMA's
website

www.redcliffedoctorsmedicalassociation.org/

NEXT NEWSLETTER DEADLINE

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The preferred A5 size is Landscape Format and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 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 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 in Word with approximately 800 words.

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Lumus Imaging North Lakes has exciting news!

Our new Siemens MRI
will be operational
from the end of October.

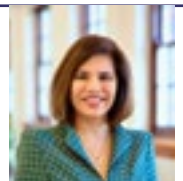
For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



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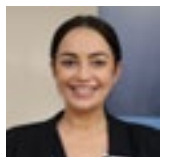


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Meeting Convenors Ph: 3049 4444
Email: qml_rdma@qml.com.au
Anna Wozniak M: 0466480315
Qinten Moffatt M: 0466480315



Monthly Meeting



Date	Wednesday 26th February
Time	7pm for a 7:30pm start
Venue	Mumma's Italian Restaurant Function Room 69 Redcliffe Parade, Redcliffe QLD 4020
Cost	Financial members, interns, doctors in training and medical students - FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

7:00pm Arrival & Registration

7:30pm Be seated – Entrée served
Welcome by Prof Alka Kothari – President
RDMA Inc
Sponsors: Redcliffe District Medical Association

7:40pm **Speaker: TBC**
Main Meal served (during presentation)

Agenda

8:20pm Q&A

8:30pm General Business - Dessert served
Tea & Coffee served

RSVP

By Friday 21st February

RDMA@qml.com.au or 0466 453 806



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Sandgate Spinal Medicine Clinic

Dr Geoff Harding OAM, MBBS FNZCMM

Interested email: drgeoffh@bigpond.net.au

- Looking for doctors who have an interest in Musculoskeletal Medicine to do sessions at the Clinic.
- Shop 5, 51 Brighton Rd Sandgate.
- Come and work in the clinic and upgrade your Msk skills alongside Dr Harding
- Teacher for RACGP, University of Qld, RDAQ, University of Otago, Australian Association of Musculoskeletal Medicine for over 30 years.
- This is an opportunity to learn assessment and management of non-surgical Msk pain problems using manual skills, pharmacological strategies and injection skills of all kinds.

Metro North Health GP Liaison Officer Update – Feb 2025

I hope you have had a good rest over Christmas and the New Year and a good start to 2025. Here's a small selection of articles from the weekly [Brisbane North PHN "GP Link" e-newsletter](#) which we encourage you to subscribe to receive your local hospital & health service news. There are multiple web links in this article, so please go to your medical association webpage to open the PDF to click the weblinks. As always if you need to reach GP liaison team please [email us](#)

GPs - are you using GP Smart Referrals for your outpatient referrals?

GP Smart Referrals is the preferred way to send GP referrals to your local specialist outpatients clinics.

Smart Referrals has been developed to provide several benefits to GPs including

- Links to Best Practice & Medical Director,
- the essential information required in a GP referral for the referral to be accepted and triaged appropriately. It pulls essential results from your software,
- displays clinic wait times by facility,
- track referrals
- ability to include attachments to your referrals.

GP Smart Referrals is automatically updated whenever new outpatient referral criteria are updated (as listed below) so that you don't need to keep track of these changes.

If you would like to request training as a new user or upskilling training session, you can contact the Smart Referral Support Officer who is able to come to your practice to provide training to you and your staff. Email - gpsr@brisbanenorthphn.org.au

Recent updates to Statewide Outpatient Referral Criteria

Several Clinical Prioritisation Criteria (CPC)/Statewide Outpatient Referral Guidelines have recently been updated. These guidelines provide information about the minimum information required for a referral to be triaged accurately and hence accepted. Changes are designed to streamline patient pathways and ensure timely and appropriate specialist care. These changes have been updated in GP Smart Referrals system, Brisbane North [HealthPathways](#) website and Metro North Health's [Refer Your Patient](#) outpatient referral guidelines pages.

Metro North Health [Diabetes and Endocrinology](#) Referral Guidelines updates include:

- new guidance on the [assessment of metabolic surgery suitability](#), [endocrine neoplasia/tumour genetics](#), and [gender incongruence](#).

[General Paediatrics](#) updates include new [Lymphadenopathy](#) & [Chronic Tics and Tourette syndrome](#)

[Respiratory & Sleep Medicine](#) updates include :

- [Mediastinal Lymphadenopathy](#), [Pulmonary Nodules](#) (including links to the Fleischner Society Guidelines for the follow-up and management of indeterminate [pulmonary nodules](#) detected incidentally on CT) & Non-tuberculosis Mycobacterial Infections

[Paediatric Sleep Medicine](#) updates include:

- OSA, Toddler or baby with night waking/settling issues, Circadian rhythm disorders, Parasomnias, Cerebral palsy, significant neurological disability,

Syndromes at higher risk of sleep disordered breathing (SDB), Excessive Daytime Sleepiness (EDS)/narcolepsy

[Paediatric Surgery](#) updates include:

- Significant reviews to the Lymphadenitis pathway (previously known as the Enlarged Lymph Nodes pathway), Significant reviews to the Intraoral Frenulum Issues pathway including advice on lip ties.

[Wound Management](#) changes include:

- [Venous Leg Ulcer](#) – including specific advice on the use of lower leg compression dressings. There are useful links to various **QUT healthy skin and ulcer management resources**. These may also be appropriate to share with practice nursing staff.
- Please note that ulcers or wounds on the high risk foot (ie diabetic foot ulcer/disease) are to be referred using the [Vascular High Risk Foot](#) CPC or [Diabetic High Risk Foot](#) CPC

Introducing the Statewide Fertility Preservation Service at RBWH

Metro North is excited to announce that the Statewide Fertility Preservation Service (the Service or SFPS) began operations at RBWH. GPs and specialists can refer patients to RBWH Gynaecology to access the service (GP Smart Referrals preferred). Please see [Refer Your Patient](#) for information regarding referral requirements.

New website helps patients find new local healthcare options- FindCareFast

[FindCareFast.com.au](#) has recently been launched to help consumers in the Brisbane North and Brisbane South regions to **find** health **care** services **fast** and enable consumers to find the new urgent care options now available based on their postcode.

The site has collated a large range of local health services to support patients (based on the patient's postcode and urgency to be seen) including:

1. 13 HEALTH Nurse led advice
2. Available GP appointments (based on HotDoc & HealthEngine booking sites)
3. After hours services
4. Urgent Care Clinics – Kedron, Murrumba Downs & Morayfield
5. Minor Injury & Illness Clinics – Kallangur, Caboolture & Bribie Island
6. Mental Health Supports
7. Queensland Virtual Emergency Care Service (formerly Virtual ED)
8. Emergency Departments

We encourage practices to explore the website so that you are informed about what it displays to ensure it meets the needs of your patients and practice. This website could be useful to share with for your reception staff when you have no urgent GP appointments available as alternatives to sending patients to the emergency department.

Latest Brisbane North HealthPathways supporting GPs

The Brisbane North HealthPathways are local management guidelines and service navigation website developed to support local GPs. They are written by local specialist subject matter experts in collaboration with GP Clinical Editors to make them relevant to the GP audience.

Recently updated Health Pathways include [Advanced Care Planning](#) , [Plagiocephaly](#), [Screening and diagnosis of diabetes in adults](#), [Differences of sex development](#), [Prediabetes](#), [Depression in older adults](#), [Disease modifying anti-rheumatic drugs](#), [Heart murmurs in children](#)

AMA QUEENSLAND UPDATE



AMA Queensland CEO Dr Brett Dale and President
Dr Nick Yim

AMA Queensland has entered 2025 with a continued focus on advocacy for doctors, patients and Queensland communities. Specifically, we're prioritising reform from the ground up when it comes to accessing healthcare and addressing our medical workforce shortage.

Few health issues have been left in 2024, with discussions surrounding physician's assistants, payroll tax and water fluoridation already back in political discourse.

FREE FLU VACCINE CONTINUES

We've started the year with a win with the Queensland Government's early announcement that it will continue to fund the annual free influenza vaccination program for all Queenslanders in 2025.

For the past three years, Queensland has led the nation in making flu jabs free, and we are pleased to see the new government continue Queensland's leadership this year.

The Deputy Director-General has since provided details regarding this year's rollout of the program, including its commencement date of 1 March 2025. As we receive further information, we will be updating members [via our website](#).

We continue to call on the state government to make this program permanent, similar to the RSV and meningococcal vaccines, and to advocate for the influenza vaccine to be made free for all Australians under the National Immunisation Program.



[Read our media release](#)

PAYROLL TAX CERTAINTY FOR ALL MEDICAL PRACTICES

On Thursday 23 January, AMA Queensland President Dr Nick Yim appeared before a parliamentary committee inquiry into the Revenue Legislation Bill 2024 and spoke to the need to extend payroll tax exemption certainty to non-GP specialists.

The parliamentary committee recommended the Queensland Revenue Office (QRO) issue clear and updated guidance about existing exemptions that may apply to non-GP specialists.

It also recommended the QRO confirm whether GP practices need to complete the onerous disclosure obligations currently required under the amnesty.

Less than three weeks after the inquiry, the [QRO wrote to us with updated guidance on the amnesty](#) and links to information about existing exemptions that may apply to non-GP specialists.

Doctors and practice owners have been struggling to clarify what they must do under payroll tax laws and the QRO's amnesty, and this updated guidance will help these businesses know where they stand.

We are disappointed the committee did not simplify payroll tax for all medical practices and will continue to advocate for inclusion of non-GP specialists.



RACGP Queensland Chair Dr Cath
Hester with AMA Queensland
President Dr Nick Yim



[Read our media release](#)

REAL TIME EMERGENCY DEPARTMENT DATA

The state government's launch of its Open Hospitals portal is a welcome first step in modernising our health system.

AMA Queensland has urged the government to introduce such a model for years, including in our Ambulance Ramping Roundtable and Surgical Wait List Roundtable Action Plans.

We cannot improve hospital performance and patients cannot make informed decisions about when and where to seek treatment without transparent and up-to-date information.

Real-time data also has the potential to allow clinicians to better manage hospital resources, diverting them where they are needed most.

However, the portal still has a long way to go if it is going to provide a full picture of the situation in our hospitals at any given moment in time.

We need real-time bed availability data that is integrated with the relevant systems and other key metrics like the number of patient presentations and discharges.

We look forward to working with the government to expand the metrics and other information available in the portal so it can truly help transform our health system for the future.



[Read our media release](#)

NURSE-LED CLINICS INADEQUATELY FUNDED

Queensland Health has advised that a rapid review of its nurse-led walk-in clinics revealed they are not adequately funded to operate during the hours and with the staff announced by the former government.

Nurses are an integral part of general practice multidisciplinary teams which are proven to provide the highest quality, best practice care for patients.

However, AMA Queensland has always been concerned that these clinics risk fragmenting patient care and robbing existing primary care services of their essential staff.

The department advised it will now undertake relevant industrial processes, including consultation on business cases for change, to help the clinics operate within the approved funding envelope.

AMA Queensland will update members as more details are provided by Queensland Health.



[Nominate now](#)

SURGERY CONNECT FUNDING BOOST

On Tuesday 11 February, the state government announced a \$100 million investment in Surgery Connect.

We commend the government for taking a step towards stabilising Queensland's growing elective surgery wait lists in line with the recommendations in our Surgical Wait List Roundtable Action Plan.



AMA QUEENSLAND AGM &
DINNER FOR THE
PROFESSION

◆ SAVE THE DATE ◆
THE STAR CASINO
FRIDAY 30 MAY



However, fundamental reform of how hospitals are run and funded remains crucial to ensure all Queenslanders have equitable access.



One of our short-term recommendations was to clear the elective surgery backlog by increasing outpatient surgical activity through programs like Surgery Connect, but this must be implemented with our long-term recommendations to ensure wait lists are not only stabilised but reduced.

We continue to urge the government to implement the rest of our recommendations to reduce wait times and ensure no Queenslanders are suffering from inequitable access to essential care.



[*Read our media release*](#)

FLUORIDATED WATER

As local Queensland councils continue to remove or abstain from water fluoridation, we continue the fight against misinformation and for community health.

The decision goes against decades of scientific evidence and abandons vulnerable people who cannot afford dental care or healthy food, and we're already seeing a rise in dental infections, pain and lost time from school and work as a result.



We're also concerned that the increasing lack of fluoridated water supply in regional and rural communities is furthering the health divide between metropolitan and regional areas.

Before 2012, 90 per cent of Queensland had fluoride in its water supply. Since the state government legislated it to be a local government responsibility, Queensland has dropped to 70 per cent.

AMA Queensland and the Australian Dental Association Queensland have written a joint letter to the relevant Ministers and all councils in Queensland, raising concerns about the increasing prevalence and severity of oral disease, particularly among children.

You can read the correspondence and replies [here](#).



[*Read our media release*](#)

NEW GENERATION OF DOCTORS

This year approximately 900 new interns kickstarted their career on the frontline, bolstering Queensland's medical workforce.

This is a five per cent increase on last year, as expected with Queensland's population growth and the urgency to fix our health workforce shortage.

AMA Queensland congratulates all new doctors on their years of hard work, study and training, and applauds the passion and dedication it takes to reach this milestone.

This year's intern intake is the largest in Queensland's history, but we still have a long way to go to meet demand and the state government's goal of 46,000 new healthcare workers by 2032.

We look forward to working on behalf of all new Queensland interns to support them with the inevitable challenges, and with Queensland Health to ensure we take the best care of these future medical leaders.



[Read our media
release](#)



WORKFORCE WORKING GROUP

The health sector is currently experiencing the highest turnover since the peak of COVID-19 in 2020, with rural and remote regions suffering the most at a turnover rate of 9.5 per cent – five per cent higher than in metropolitan areas.

To respond to this turnover and meet the increasing demand, it is projected that workforce will need to increase by 30.3 per cent by 2032.

This is a complex issue requiring multifaceted solutions, which is why AMA Queensland has established its new Workforce Working Group to help guide government policies directed at attracting and retaining Queensland's health workforce.

We need collaborative teams, reform of funding models and improved work incentives and conditions to attract and retain doctors in areas of shortage, but we must also change the ways we do and think about our work.

We are confident our Workforce Working Group members can lean on their frontline experience to provoke a deeper discussion about our workforce challenges and options than we've been brave enough to have to date.

The group commenced on Thursday 16 January and began working to provide advice in the lead up to the Queensland Budget in June 2025.



[Read our media
release](#)

MEDICAL STUDENT SCHOLARSHIPS

The AMA Queensland Foundation offers its annual Medical Student Scholarships to financially disadvantaged students studying an MBBS course or equivalent at a university in Queensland.

Applications have now opened for 2025, and we encourage all students seeking support to continue studying and achieve their dream of becoming a doctor to apply.

Scholarships of \$10,000 paid in two equal instalments will be awarded to up to three students this year.



[Read more](#)





AMA QUEENSLAND

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pathway take you?

Saturday 8 March 2025

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registrations@amaq.com.au

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Clinical
Trials

World-class clinical trials are underway in Moreton Bay

University of the Sunshine Coast is seeking participant referrals to contribute to medical research

Exciting expansion underway at our Moreton Bay clinic

Our Moreton Bay clinic is undergoing an exciting transformation as we work towards expanding our facility to better serve our participants. The construction will allow us to offer more clinical trials, additional clinic beds and improved facilities.

This growth reflects our commitment to advancing healthcare research and providing a comfortable and innovative space for participants to be part of groundbreaking research.

HER2-positive breast cancer trial

We are working in collaboration with a pharmaceutical company, on a new phase 3 study for patients with HER2-positive breast cancer.

The trial will be overseen by Dr Brenton Seidl at the Sunshine Coast Haematology and Oncology Clinic at Buderim. We are looking for people who:

- are aged 18 years or older
- have HER2-positive breast cancer that has spread (locally advanced or metastatic)
- are willing and able to comply with study visits

To apply or learn more, [click here](#).

Potential treatment for coeliac disease

Approximately 1 in 70 Australians have coeliac disease.

We have begun trialling a treatment with the potential to reduce symptoms from gluten exposure.

Our researchers will aim to test the efficacy and tolerability of the treatment in adults with coeliac disease. We are calling for participants who:

- are aged between 18 and 70 years
- have been diagnosed with coeliac disease
- have a BMI between 18 and 35
- have been on a gluten free diet for at least 12 months prior to screening
- can attend 13 visits at our Morayfield clinic over 6 months

To apply or learn more, [click here](#).

A growing clinical trials network

Do you have patients who might benefit from participating in a clinical trial?

If you would like to receive information on currently available clinical trials, please contact our Participant Outreach Coordinator, Koren Clarke on 07 5456 3569 or email kclarke2@usc.edu.au.



Ochre Health
Level 1, 9 Ochre Way
Sippy Downs QLD 4556



Health Hub Morayfield
Level 1/19-31 Dickson Road
Morayfield QLD 4506



South Brisbane
Building A1, SW1 Complex
32 Cordelia Street
South Brisbane QLD 4101



Vitality Village
5 Discovery Court
Birtinya QLD 4575



Sunshine Coast Haematology and Oncology Clinic
10 King Street
Buderim QLD 4556



Maroochydore Private Hospital (under construction)
Maroochydore City Centre
Maroochydore QLD 4558

Aging and Hospitalisation: A Mantra to Help Rapid Recovery

HEAL, PROTECT AND ENERGIZE



By [Mal Mohanlal](#) Published 4 days ago • 3 min read

As we age, our bodies deteriorate, and disease and degenerative changes take their toll. We become incapacitated and end up in hospitals where our hard-working doctors and nurses patch us up to get us fit again to go back home.



But do you know that we are hypnotic creatures and live in a hypnotic world where we hypnotize ourselves 24 hours a day to create a fantasy world through our thinking process? When we think, we are hypnotizing ourselves. So whether you are a professional or a non-professional, religious or non-religious person, believer or a non-believer, we practise self-hypnosis all the time.

Hypnosis is all about how we use the power of words to influence our subconscious mind to go in the direction we want. Please understand that our subconscious mind is a neutral field of energy that keeps us alive. All our vital functions are under subconscious control. The subconscious mind regulates our healing and the immune system. Since words have a direct conditioned reflex action on our subconscious mind, they are a tool we can use to manipulate our subconscious mind.

I am 88 years old. I suffer from spinal stenosis, which is a debilitating condition and makes me miserable. I told myself this was a mechanical problem and no amount of mind power would solve my problem. I had no choice but to have surgery. I was hypnotizing myself to have surgery.

On the other hand, my number one medical daughter kept saying, “No, Dad, you have a choice”. This irritated me. I wondered why. Later, I realized that I was trying to hypnotize myself to go in one direction, and my daughter attempted to dehypnotize me with her truthful statement.

Five months ago, I had a successful decompression lumbar laminectomy. I was recovering fine when a simple, flexible cystoscopy led me to the hospital emergency department twice within two weeks for urgent IV treatment for UTI. It made me feel weak and washed out. When I looked around me, I saw many dilapidated souls getting treatment for various conditions, probably worse off than me. It allowed me to think about how we can hypnotize ourselves for faster recovery and less suffering.

HEAL, CURE: Healing and curing go hand in hand. When we heal, we cure ourselves. We are born with the healing power within us. It lies in our subconscious mind. We should be using it.

PROTECT: Our immune system is under subconscious control. We should use it to protect us from negative influences.

ENERGIZE: Since our energy level is low, we should appeal to our subconscious to give us more strength.

HARMONIZE: If your mind says one thing and your body says something else, you are in disharmony. We should harmonize.

LET GO: Most of us fear death, and we cling on to things. The more we cling, the more we will suffer. Remember, we were born into this world without a single cent, and when we depart, we cannot take a single cent with us. We should prepare to let go.

Having formulated these words into a mantra, we can now start repeating: “Heal, Protect and Energize” as a mantra. You may add “Harmonize” and “Let Go” if needed. You do not have to believe in the words. You do not have to mean what you say. You do not have to concentrate on the words you say. Say off-hand whenever you remember and as often as you can. Keep repeating parrot fashion.

Tell me how you feel in 24 hours, after one week, and then one month. I assure you that you will see changes in your perceptions of reality. You will become more peaceful and energetic. This mantra I have developed will help you recover from your illness faster with the help of all the doctors and nurses. If you are recovering in the hospital or at home, try it. You have nothing to lose. No belief is required.

Please understand that most people fill their minds with random, useless thoughts when not actively thinking. This mantra will give your subconscious mind a sense of direction and purpose. It will help you become more peaceful and healthy as you recover from disease or disability. At this stage of life, it can improve your health and general outlook. Please learn about hypnosis. We live in a hypnotic world. If we do not wake up from self-hypnosis, we will keep chasing our shadows for the rest of our lives until time grinds us to dust. Please read my online articles to wake up.

ARMENIA

By

Cheryl Ryan



Armenia located in Eurasia known for its incalculable monasteries and the oldest winery in the world is a country that will leave you dumbstruck with its scenic landscapes and adventurous mountainous terrains.

The magnificent snow-capped Mount Ararat – Armenia's national symbol and also a sacred mountain, which is also the resting place of Noah's Ark as per Christianity, is the pride of Armenia.

Armenian Cuisine

Conventional Armenian cuisine is a rich combination of vegetables, meats, eggplant and a variety of flatbreads. You must also try the Armenian fruits and vegetables from the local markets.

Some must-try preparations are Dolma (grape leaves stuffed with minced meat, rice and herbs); Khorovats (barbecued pork, lamb, beef and vegetables); Borscht (a red soup made with beetroot and sour cream) and Manti (meat dumplings).

Matsun (traditional Armenian yogurt) and Tan (a refreshing yogurt drink) is suited to the hot climate. Armenian dessert Baklava made with layers of phyllo pastry and nuts; and the sweet sausage-like Sudjukh is to die for!

What Have We Planned For You

- Visit the City of Cafes and the capital of Armenia, Yerevan. See the Blue Mosque: – the only mosque in the whole country – the grand Republic Square and the Armenian Genocide Memorial, or take a walk through the Hordon Gorge and shop at the Vernissage flea market.
- Take a 30 minute drive from Yerevan to Echmiadzin which is of historical importance.

Armenia was one of the first countries to declare Christianity as its official religion and to commemorate this, a cathedral was erected here. Home to several churches and a UNESCO Heritage Site this city is widely visited.

- Explore a few of the countless monasteries across the country: Tatev Monastery, Khor Virap, Geghard Monastery and Noravank Monastery being the most notable.
- Armenia is peppered with natural wonders and scenic beauty. Don't miss the picturesque Lake Sevan along with its many water sports and finger-licking fish dinners.
- Explore more natural wonders like the peaceful Dilijan National Park and the gorgeous Debed Canyon or go trekking on the Azdahak: a volcano and the highest point of the Gegham Mountains.
- Be captivated by the Temple of Garni which is the central shrine for Armenian Neopaganism and was built in 1st century A.D. is a sought after tourist spot and proof of Armenia's multi-religious fabric. A mélange of historic traditions interlaced with the modern world, Armenia is waiting to be explored!.

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Foreign Resident CGT Withholding Tax Clearance Certificates will be Required for All Property Sales with Contracts dated 1/1/2025 or later



What is a Foreign Resident CGT Withholding (FRCGW) Tax Clearance Certificate?

FRCGW Tax was brought in to support the collection of tax liabilities owed by non-residents selling Australian property and has been in place since 1 July 2016. This regime places the responsibility on the purchasers of Taxable Australian Real Property to withhold and remit tax directly to the ATO if the seller is either a foreign resident or an Australian Resident who has not provided a clearance certificate at the time of settlement.

Taxable Australian Real Property includes vacant land, buildings, and residential and commercial property but also extends to a lease over real property in Australia and indirect Australian real property interests, where the holder has a right to occupy land or buildings on the land.

What's changing?

For contracts dated 1 January 2025, Australian resident sellers of property will need to apply for a foreign residence CGT withholding tax clearance certificate regardless of the sale value of the property. (Previously, it was only applicable to property to be sold for \$750,000 or more).

If a clearance certificate is not provided by the settlement, the purchaser will be required to withhold 15% tax (up from 12.5%), remit this to the ATO, and the seller will only recoup these funds after lodgement of their next tax return.

Please note that if the seller is a foreign resident for tax purposes, they may be eligible to apply for a variation notice instead.

Points to note:

- A clearance certificate is required for each seller on the title. i.e. If a property is jointly owned, each party will need to apply for and provide a clearance certificate.
- Applications are typically processed fairly quickly, especially when the seller is an individual; however, where there are other entities, trusts, and trustee companies without TFNs/ABNs involved, it can take up to 28 business days.
- The certificates are valid for 12 months, and the application can be made PRIOR to a contract being signed, so please consider applying for a clearance certificate before advertising your property for sale.
- The clearance certificate applies to the seller, not the property, so if you sell two properties in the same year, you can typically use the same clearance certificate (i.e. you don't have to apply for a second one unless the second property is held in a different entity/name).

What information do you need to provide in the application?

You can apply for a clearance certificate directly from the ATO here: <https://www.ato.gov.au/single-page-applications/frwt-certificate>.

You will need to have the following information on hand:

- Owner's name as it appears on the title, including TFNs, ABNs, ACNs as applicable;
- If it is a trustee, you will need details of the underlying company or trust;
- Contact details for the contact person for the entity, including phone number, postal address and email address;
- Anticipated contract and settlement date (if known, not necessary);
- You will need to declare that the owner is an Australian resident for tax purposes and/or that the entity is not holding the property beneficially for foreign residents.

If you require accounting, wealth and advisory assistance, please contact our experienced accountants at Poole Group on 07 5437 9900 or poole@poolegroup.com.au

Christine Benson
Senior SMSF Accountant
B.HSc(Acu), MPA, ASA

Workforce agency key to improving access to healthcare for Australians

The Australian Medical Association today called for the establishment of an independent national health workforce planning agency to ensure Australia's medical workforce is distributed where it's needed, improving access to healthcare for all Australians.

AMA President Dr Danielle McMullen said building a sustainable medical workforce was essential to future-proofing Australia's healthcare system.

"There are many regions across Australia where access to healthcare remains a challenge due to the maldistribution and shortages," Dr McMullen said.

"This leads to Australians facing prolonged wait times for appointments, delayed diagnosis and a backlog of care, which adds up to substandard patient health outcomes." Dr McMullen said health workforce planning stalled when Health Workforce Australia was abolished in 2014, and the Department of Health and Aged Care had too many competing priorities to properly tackle the issue.

"The impact of the loss of this agency can be seen in the workforce issues we are facing now. Thorough, evidence-based planning, coordination and policy advice is needed on workforce to ensure the healthcare needs of Australians can be met in the future."

The AMA's pre-budget submission on Australia's healthcare workforce provides costed solutions to current workforce shortages, which are leading to more Australians struggling to receive timely care. The submission proposes a \$182.6 million commitment to create an independent workforce planning agency.

This aligns with the recommendations of the 2021–2031 National Medical Workforce

Strategy that calls for a joint medical workforce planning and advisory body with sufficient authority and expertise to advise and make recommendations on the size and structure of the medical workforce.

AMA Council of Doctors in Training Chair Dr Sanjay Hettige said Australia is faced with a situation where no-one knows how many medical students are needed to meet future community need.

"Policy development is happening in a vacuum, and we are seeing a growing number of doctors in training unable to access a specialty training place," Dr Hettige said.

"A national health workforce planning agency would ensure Australia has a health workforce with the right skills, in the right locations, to meet future community needs and demand."

Dr McMullen said the release last year of a Department of Health and Aged Care workforce study into general practice, which confirmed the results of an earlier AMA's analysis showing that Australia faces significant GP workforce shortages, means there is now a much more informed discussion about GP workforce numbers taking place.

"Our budget submission also acts on the advice of the department's study, calling for an expansion of the John Flynn Prevocational Doctor Program and the addition of 500 more training rotations, along with a phased progression of a further 500 funded Australian General Practice Training places." Read the budget submission at: <https://www.ama.com.au/articles/ama-pre-budget-submission-2025-26>

Contact: AMA Media: +61 427 209 753
media@ama.com.au

Where We Work and Live

Australians involved in the Gulf War 1990 to 1991 Gulf War 1990–1991 | <https://anzacportal.dva.gov.au/wars-and-missions/gulf-war>

Australians involved in the Gulf War 1990 to 1991

New naval deployments

HMA Ships Adelaide and Darwin remained in the region until early December 1990. The 2 ships were replaced by:

- guided-missile frigate HMAS Sydney
- guided-missile destroyer HMAS Brisbane

The Australian ships became part of a multi-national fleet of some 90 warships and more than 100 logistic, amphibious and smaller craft. It was the largest concentration of warships since the end of World War II. An Australian officer who served on USS Blue Ridge recalled: it was just huge ... an amazing collection of ships and firepower ... impressive to look at ... amazingly complex to coordinate.

Build-up of ground forces

Meanwhile, the build-up of international forces in the region continued. On 29 November, the UN Security Council passed Resolution 678. This set 15 January 1991 as the deadline for Iraq to withdraw its troops from Kuwait. It also authorised member states to use 'all necessary means' to remove them.

Across the border in Saudi Arabia, a multinational task force hundreds of thousands strong was preparing to enforce the resolution. The task force was dominated by the US but comprised personnel from 30 countries.

Operation Desert Storm

Neither the international naval blockade nor the massive concentration of coalition troops led Iraq to back down. On 17 January 1991, coalition forces launched Operation Desert Storm, with airstrikes against Iraq. With the beginning of operations, HMAS Ships Sydney and Brisbane ceased their interception role. Both ships joined the anti-aircraft screen to protect Battle Force Zulu, which included up to 3 US Navy aircraft carriers. Until the war ended, they performed:

- anti-aircraft screening (main task)
- search and rescue
- aircraft control
- escort duty



An Australian sailor does mine-watch duty at the bow of HMAS Success as it sails to the Persian Gulf, at sea, 1991. AWM P11136.023

Ground operations in Iraq

On 24 February 1991, after more than 1 month of aerial operations, coalition forces crossed the Saudi border into Kuwait and Iraq. A handful of Australian service personnel on attachment to British or US forces took part. Few other Australians were involved in the ground war and no Australian formation took part.

A small group of RAAF photo-interpreters were based in Saudi Arabia, along with a detachment from the Defence Intelligence Organisation. The Australian Defence Force also deployed 4 medical teams. In the waters off Kuwait, an Australian surgeon on USNS Comfort recalled that 'everybody was a bit tense' when the shooting started.

However, the war proved relatively uneventful for the medical teams on board the fully equipped floating hospital. Comfort never came under fire and received only one combat casualty. Instead, a steady stream of victims of accidents or illness occupied the medical personnel.

Although the ships were in danger from mines and their crews faced the possibility of attack from the air, there were no Australian casualties in the Gulf War.

Continued next month.

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