

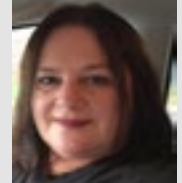


June 2025

Newsletter

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## RDMA's Executive Committee

Alka Kothari  
**President**Geoffrey Hawson  
**Vice President**Eugene Lim  
**Treasurer**Peter Stephenson  
**Committee Members**Wayne Herdy  
**Committee Members**Kimberley Bondeson  
**Committee Members****AMA Queensland Dinner for the Profession 2025: A Night of Recognition and Connection.**

The Australian Medical Association (AMA) Queensland hosted its highly anticipated Dinner for the Profession on Friday, 30 May 2025, at The Star Brisbane, the city's newest luxury venue at the heart of the Queen's Wharf precinct. Themed "Fire and Ice," the black-tie gala brought together hundreds of doctors and medical professionals for

Erica Dunn, Emilia Dauway, Alka Kothari, and Maria Boulton.



**MIA Exec Team, Chair Dilip Dhupelia sponsored a Medical Student through AMA Foundation**

an evening of celebration, networking, and reflection on the achievements of the past year.

Guests were welcomed with pre-dinner drinks before enjoying a three-course meal in the venue's grand ballroom. The event provided a platform to honour outstanding contributions within the medical community, with attendees celebrating alongside close colleagues and new acquaintances alike.

The evening featured keynote addresses from AMA Queensland President and Queensland Chief Medical Officer Dr Catherine McDougall, with Antarctic Expedition Leader and leadership expert David Knoff serving as Master of Ceremonies. Knoff shared insights from his time *Continued on Page 4.*



**RDMA Free Membership  
Doctors in Training**

**Meeting Dates Page 2.**

**qml**  
pathology

The Redcliffe & District  
Local Medical Association  
sincerely thanks QML  
Pathology for the distribution

## 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
Thursday	May	29th
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](mailto:RDMAnews@gmail.com)

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

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

## NEXT NEWSLETTER DEADLINE

Advertising & Contribution

**Due 15th of each Month 2025**

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

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

### Competitive Advertising Rates:

Full page A4: \$560.00

Half page A5: \$330.00

Qtr page A6: \$260.00

Business Card size (new): \$70.00

Advertorials: \$260.00

Inserts: \$260.00

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](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 in Word with approximately 800 words.

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- P 19:** Where We Work Live PLay
- P 20:** Members Subscription Form

## 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](http://lumusimaging.com.au)



### **RDMA Executive Contacts:**

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Ph: 5491 5666



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# RDMA's PRESIDENT REPORT

## DR ALKA KOTHARI



### AMA Queensland Dinner for the Profession 2025: A Night of Recognition and Connection. *CONTINUED FROM PAGE 1*

leading Australia's Davis Research Station through the challenges of the global pandemic, drawing parallels to the resilience required in the medical profession. Dr Nick Yim was re-elected as the president of the AMAQ.

highlighted by recent calls from AMA leadership to address systemic challenges in healthcare.

The Dinner followed the AMA

**Eleanor Chew and Alka Kothari**



Queensland Annual General Meeting, where members discussed key issues and set the direction for the year ahead. The event underscored the importance of unity and advocacy within the medical profession, as

With tickets in high demand, the 2025 Dinner for the Profession reaffirmed its status as the premier social and professional gathering for Queensland's medical community, fostering both celebration and collaboration for the future

... Alka Kothari



**Bhavesh Patel, Nick Yim, Alka Kothari and Cyril Fernandes.**

## RDMA MEETING DATE THURSDAY 29TH MAY 2025

Alka Kothari introduced the sponsor CHESI 's Representatives: Pascal Lamart, Clinical Advisor Dr Mark Kennedy, Speaker Dr Justin Hundioe and Tracey Olsen (pictured on the left). Dr Hundioe's Topic was: A Practical Guide to Interpreting Spirometry. Below left pictured are Drs Geoffrey Hawsen, Alka Kothari, Mark Kenedy and Justin Hunidoe. Below centre pictured Drs Michael Cross and Tom Moore, Below left: Drs Geoff Hawson and Alka Kothari.





# RDMA MEETING DATE WEDNESDAY 25TH JUNE 2025



## RDMA Monthly Meeting Invitation

Hosted by the Redcliffe District Medical Association (RDMA)

**Date:** June Wednesday 25<sup>th</sup>

**Time:** 7:00 PM

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

### Agenda

**7:00 PM** – Arrival & Registration

**7:15 PM** – Entrée served

- Welcome: Prof Alka Kothari (RDMA President)
- Sponsor Acknowledgement: **RDMA**

**7:20 PM** – **Guest Speaker: Dr Gurmit Uppal**

**Topic: The Perfect Eye: 3D Computer Simulated Virtual Eye**  
(Main meal served during talk)

**7:50 PM** – Q&A

**8:00 PM** – General Business  
(Dessert, tea & coffee served)

### Cost

- **FREE** – Financial members, interns, doctors in training, med students
- **\$30** – Non-financial members (payable at the door)  
(Membership applications available on-site)

RSVP by Friday 20<sup>th</sup> June 2025

[RDMA@qml.com.au](mailto:RDMA@qml.com.au)  
0466 453 806

**2025  
better  
OUTCOMES  
MEDICAL CONFERENCE**

**EXPERIENCE A MEDICAL  
CONFERENCE LIKE NO OTHER**

Presented by Travis Schultz & Partners  
and Sports & Spinal Group,  
*Better Outcomes* is an invitation only,  
full-day medical conference designed to  
foster interdisciplinary collaboration for  
comprehensive patient care and  
better outcomes held on the  
16<sup>th</sup> August in the Brisbane CBD.

**TRAVIS  
SCHULTZ  
& PARTNERS**

**Team Rehab Solutions**  
in home care

**sports & spinal**

**PODIATRY**  
@sports & spinal

### SPEAKER SPOTLIGHT:

#### Dr Dinesh Palipana OAM

Doctor. Lawyer.

Advocate. Survivor.

After sustaining a spinal cord injury in medical school, Dr Dinesh Palipana overcame immense personal and systemic barriers to become Queensland's first quadriplegic medical intern — and later, a lawyer and fierce advocate for disability and health equity.

His story is one of resilience, purpose, and progress — and we are excited to welcome him as our keynote speaker for Better Outcomes 2025.

Expressions of interest are open to attend as well as sponsorship opportunities.

Scan the QR code to register your interest in joining the conference waitlist or to hear more about sponsorship opportunities.





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chest scan  
AUSTRALIA

# National Lung Cancer Screening Program

**Lung cancer is Australia's leading cause of cancer death, taking over 8,500 lives per year with most cases diagnosed too late for curative treatment.**

The National Lung Cancer Screening Program (NLCSP) is a major public health advancement, focusing on **early detection of lung cancer using low-dose CT scans**, with the goal of reducing mortality and supporting high-risk populations.

The Australian Government will launch the new NLCSP on 1st July 2025, introducing two new Medicare items for lung screening. Imaging Queensland is partnering with Chest Scan to support the program and provide **fast** and **easy** access to low dose CT scans for eligible patients, **at no cost**.

**GPs are central to the success of this program.**

## Screening Eligibility

To qualify, patients must:

- ☒ Be aged between **50 and 70 years**
- ☒ **Be asymptomatic** with no sign of lung cancer
- ☒ Have a smoking history of at least **30 pack-years** (includes cigarette, cigar, pipe, vape use).
- ☒ Be a current smoker, or have quit smoking within the last 10 years.

## Screening Pathway

- **Referral** GP refers patient for initial Low Dose Chest CT (LDCT). One MBS item covers initial and 2-yearly scans; another covers interim LDCTs if follow-up is needed.
- **Imaging** Patients book a low-dose CT chest scan direct, via the Imaging Queensland website. Their scan will be bulk-billed.
- **Results** Imaging Queensland will provide GPs with a structured radiologist report (Standardised Volumetric Doubling Time (VDT) monitoring is used). Initial and subsequent scans will be reported using MSAC recommended Nodule Management Protocol (see over page).
- **Follow up** The National Cancer Screening Register will not hold scan images, but will provide patients with reminders. Consistent use of the same radiology provider is good practice to ensure accurate and comparable data over time.

## About Chest Scan

Chest Scan combines all of Integral Diagnostics' (IDX) expert radiologists, resources, and technology. Specialising in the early detection of lung cancers and diseases, Chest Scan, helps to ensure the best possible treatment options are available.

With a team of highly trained subspecialty chest radiologists across Australia, Chest Scan ensures expert interpretation and precise diagnosis.

This collaboration enhances accuracy, efficiency, and patient care, ensuring timely and reliable results.

## Pack-years

A pack-year is a way to measure the number of cigarettes a person has smoked.

Pack-years are calculated by multiplying the number of packs smoked per day by the number of years smoked.

1 pack (20 cigarettes) each day for 1 year = 1 pack year

2 packs (40 cigarettes) each day for 6 months = 1 pack year

**All eligible low-dose CT is bulk billed**



## Early detection saves lives



### Imaging Queensland are at the forefront of nodule identification utilising AI for specialised reporting.

When referring to Imaging Queensland, our network of radiology providers across IDX ensures access to patient images and reports are available for comparative analysis across Australia.

Imaging Queensland are also able to offer Nuclear Medicine for patients diagnosed with malignant nodules. Patient images are kept on a central database, easily accessible for comparative analysis by our oncologic sub-specialised radiologists.

#### Non-eligible Patients

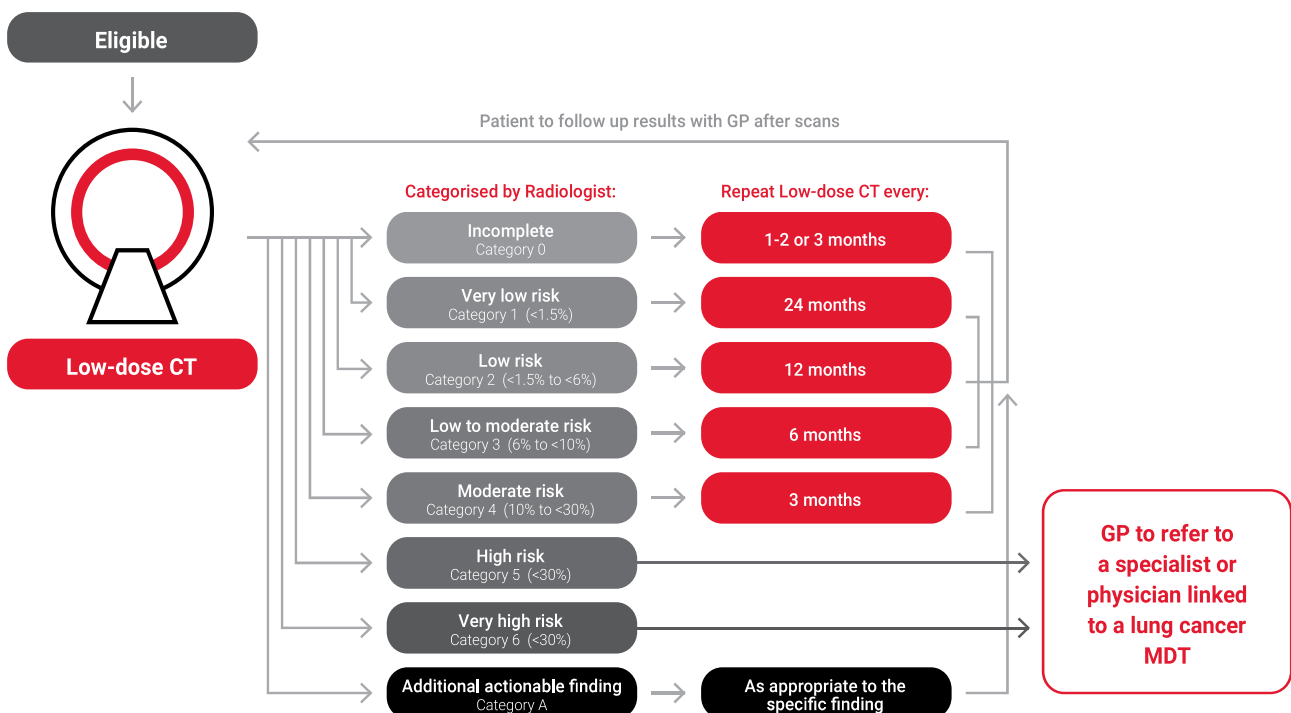
A Chest CT can be requested where clinical relevance is determined by the GP.

Chest Scan partners will provide a diagnostic Chest CT scan and detailed report as per referral request.

An out of pocket fee may apply.

### Nodule Management Protocol

The PanCan Nodule Malignancy Risk Calculator is a validated and evidence based volumetric software tool, which optimises selection of low-risk and high-risk patients at baseline, to determine their % malignancy risk for that nodule.



High risk nodules and those with specific features may require referral to multidisciplinary teams (MDT) for further evaluation and/or oncologic Nuclear Medicine investigation.



## The Good We Can Do At Redcliffe Hospital, Starts Now!

An epic Penny Farthing marathon from Royal Brisbane and Women's Hospital (RBWH) to Redcliffe Hospital has helped Raise it for Redcliffe Hospital Giving Day, Wednesday 11 June, raise almost \$180,000 for patient care, life-changing research and staff wellbeing projects.

Redcliffe Director of Research Associate Professor Joel Dulhunty has become renowned for his fundraising endurance rides which raise awareness of Giving Day, along with much needed funds.

"Research and bike riding are two of my passions – 'research' because it gives us a blueprint to deliver the best in healthcare; and 'riding' for fun, fitness and adventure!" said Associate Professor Dulhunty.

Other highlights of the day included visits by Dolphins NRL, including Prop Mark Nicholls, Centre Aublix Tawha, mascots Phinny and Sandy, and super fan and comedian Dwayne Bennett. Patients and visitors were also greeted by Cookie the Clown and Owlbert from Sesame Lane, and Fred the Town Crier.

Media partner 99.7 Bridge FM once again broadcast live from the hospital. All Giving Day donations for Raise it for Redcliffe Hospital were doubled by Impact Partners Lewis Land (The Belvedere and The Komo), Crew Legal, Sesame Lane, GKS Law, BallyCara, Think 2 Be Foundation and an anonymous individual. Many Community Partners added their support.

"The Moreton City community has truly opened

its heart to help keep healthcare strong," said RBWH Foundation CEO Simone Garske. "This remarkable fundraising outcome is even more phenomenal because we know so many people are doing it tough due to the cost of living."

Giving Day is an initiative of the RBWH Foundation and raises vital funding for projects which fall outside Government funding. A Giving Day bonus round is also coming up at this Friday night's (13 June) Giggle Trivia Show at Redcliffe Leagues Club hosted by My Care Enterprises. Sign up at <http://www.trybooking.com/DBSVF>

Since 2021, Giving Day has raised \$1.2 million dollars for initiatives, including:

- Three Stroke and Rehabilitation Unit renovation projects
- Two Palliative Care Unit renovation projects
- Children's Ward playroom and parents' lounge renovation (soon to start)
- One Senior Nursing Researcher
- 11+ Research Internships
- Children and Families grants
- Equipment including neonatal monitors
- Numerous Wishlist Grants including breast-feeding night lights for new mothers, virtual reality goggles to calm injured children, clothing for elderly patients, and a recliner chair for heart failure patients.

"The good we can do for Redcliffe Hospital starts now," said Ms Garske.

"The community's generosity will help the dedicated hospital teams turn life-changing ideas into real-world impact. Together, we're building a better, healthier Queensland."



## New wound scheme to support better health outcomes for patients

The Australian Medical Association today welcomed the start of a new wounds consumable scheme — having first raised the need for patients to have better access to support with former health minister Greg Hunt in 2017.

AMA President Dr Danielle McMullen said the scheme was an excellent step forward in ensuring the many Australians suffering from chronic wounds get the treatment they need.

“Following our advocacy, former health minister Greg Hunt initiated an MBS Review Taskforce to explore how patients could have better access to wound care through general practice,” Dr McMullen said.

“We presented a proposal for a scheme in our [submission to the taskforce](#), calling for better Medicare support for the Australians suffering from hard-to-heal wounds.

“Our advocacy continued with the release of our report: [Solutions to the chronic wound problem](#), which highlighted the hidden epidemic of chronic wounds in Australia and the significant impact chronic wounds have on the healthcare system, economy and lives of Australians.”

Dr McMullen said the report outlined several solutions to improve patient access to evidence-based wound care through general practices, again proposing a Commonwealth-funded wounds consumables scheme.

“Subsidised wound consumables remove the cost barrier to accessing appropriate and evidence-based wound care products, reducing the financial strain on both patients and general practices,” Dr McMullen said.

“We applaud Health Minister Mark Butler and the government for introducing this scheme, which will greatly help patients affected by chronic wounds. But we would obviously like to see the scheme expanded to all patients with chronic wounds which would result in a further reduction in wound-related complications and hospital admissions.

“People with diabetes over the age of 65 and First Nations Australians with diabetes over the age of 50 with chronic wounds, are eligible for the scheme, but there are many Australians outside of this group who suffer from chronic wounds.

“As GPs, we see some terrible consequences for patients if a wound isn’t managed properly, like amputations at the worst and nasty infections at least. They can take months or even years to heal and these are totally avoidable.

“At the moment, outside of this scheme, Medicare doesn’t cover the cost of the dressings we need to treat chronic wounds correctly, so doctors are either bearing the costs themselves or are forced to pass on the cost to patients, and that’s not something we like doing.

“Costs can mean patients wait too long to get the treatment they need, and they end up in overcrowded hospitals.

“The wounds consumables scheme is a very important step in addressing this issue, but it can go further — ensuring it helps more Australians with chronic wounds. We will continue advocating for expanded access to ensure no Australian suffers needlessly due to cost barriers in wound care.”

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Contact: AMA Media: +61 427 209 753 [media@ama.com.au](mailto:media@ama.com.au)



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## AMA QUEENSLAND UPDATE



AMA Queensland CEO Dr Brett Dale  
and President Dr Nick Yim

With the state budget now just around the corner, we are ramping up our advocacy efforts to guarantee change in favour of Queensland doctors, patients and the health of our communities.

We also continue to reinforce our public health messaging on the importance of staying up to date with vaccinations, as vaccine fatigue remains one of our biggest challenges.

### BOOSTING VACCINATION RATES

On Friday 30 May, Dr Yim joined Chief Health Officer Dr Heidi Carroll at Hawthorne Clinic in Brisbane to promote the importance of staying up to date with vaccinations, as flu rates spike and a new highly contagious strain of COVID-19 spreads in Australia.

Despite Queensland Health providing free influenza shots again this year, vaccination fatigue remains a real challenge.

Last year, nearly 200 people died from influenza – many of whom were unvaccinated. Concerningly, almost 20 per cent were aged between 30 and 65, a group generally considered to be at lowest risk.

We continue to promote the vaccine in the media and are supporting Queensland Health in circulating its resource kit for doctors containing key messages and materials you can use in your own communication channels. [You can find it on our website.](#)



[Read more](#)



Dr Heidi Carroll and Dr Nick Yim

### STATE BUDGET

Now well over halfway through our budget campaign, our calls to government have been heard loud and clear, garnering strong media coverage in a variety of outlets across the state.

To date, we have called for [a renewed focus on improving elective surgery outcomes, increased funding into mental health services, urgent reforms to support our health workforce, meaningful investment in First Nations, women's and LGBTQIASB+ health services, the prioritisation of long-term solutions with a focus on preventive health, and more options and support for those needing end of life care.](#)

We will continue to vocalise the importance of these health areas in the lead up to and beyond the state budget later this month.



[Read more](#)

### SUPPORT FOR GENERAL PRACTICE WORKFORCE

AMA Queensland welcomes any investment in healthcare, but particularly when it prioritises workforce support in the areas and specialties most in need.



This is why we were quick to welcome the Queensland Government's commitment to primary healthcare with the confirmation of the General Practice Trainee Incentive program announced late last month.

The \$24 million investment will see more than 550 eligible doctors starting their GP training in Queensland in 2025 receive one-off payments of \$40,000 and is a much-needed attraction incentive to have doctors train to be GPs in Queensland.

We look forward to seeing this, and other initiatives AMA Queensland has advocated for, funded in the upcoming state budget.

Queensland Health has compiled responses to a list of frequently asked questions and provided guidelines detailing their GP Trainee Incentive. [You can access these on our website.](#)

Read more



*Dr Nick Yim talks to medical students and junior doctors interested in general practice at AMA Queensland's Junior Doctor Conference*

## MOCA 7 UPDATE

Medical Officers' Certified Agreement No 7 (MOCA 7) negotiations are still ongoing, and the expiry date for MOCA 6 is fast approaching.

All public hospital doctors deserve a voice in these negotiations.

In preparation for a possible escalation in negotiations, we have asked all members to ensure their details are up to date and refer any colleagues who wish to join AMA Queensland and ASMOFQ to this page: <https://www.ama.com.au/qlld/join>

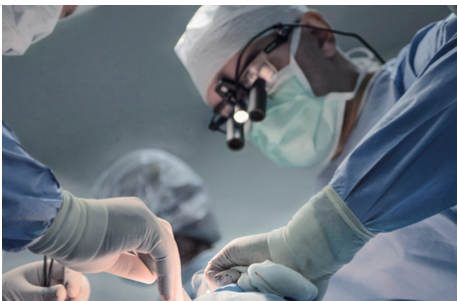
We also encourage you to share our ready-made social media resources with your colleagues. You can find this on our [Instagram](#), [Facebook](#) and [LinkedIn](#).



[Read more](#)

## HEALTHSCOPE COLLAPSE

The viability of the private health sector is becoming an increasing challenge, and this is only exacerbated by the news of Healthscope's collapse.



Healthscope has advised AMA Queensland that all its hospitals remain open and operational, with no current impacts on staff, doctors or patient care.

Beyond Healthscope, private health is an essential part of Australia's healthcare system. This situation only reinforces the need to adopt the AMA's proposal for an independent Private Health System Authority, giving much better oversight of the sector.



**SATURDAY,  
9 AUGUST 2025  
VOCO HOTEL,  
BRISBANE**

[ama.com.au/qlld/events/  
SeniorDoctorConference25](https://ama.com.au/qlld/events/SeniorDoctorConference25)

Having robust private healthcare gives options to patients and reduces the burden on the public health system, while also providing extra opportunities for doctors and nurses who move between the two as a key driver of workforce retention.

We continue to work with all stakeholders to ensure a smooth transition for staff, doctors and patients involved, while also urging the state and federal governments to work together to ensure a sustainable private healthcare system into the future.



[Read more](#)

## TOOWONG PRIVATE HOSPITAL'S VOLUNTARY ADMINISTRATION

As one of three major private psychiatric hospitals in Brisbane, Toowong Private Hospital has long been a cornerstone for veterans seeking mental health care. Its imminent closure brings significant unease for its large metropolitan patient base.

Patients are concerned about their treatment options, and doctors are scrambling to find alternatives options.

Unfortunately, acute patients that haven't been managed before the closure will likely be admitted to public hospitals.

System wide, we already don't have enough hospital beds for this to happen. This closure will only exacerbate the issue, putting pressure on our already stretched public hospital system.



[Read more](#)



While this is a complex issue with many stakeholders, patients must not be left to bear the consequences.

The administrators informed us in mid-May that they are working with hospital staff and other stakeholders to minimise patient disruptions. We will continue to update our members as we know more.

## BOARD AND COUNCIL ELECTION

Hervey Bay GP and incumbent President Dr Nick Yim has been re-elected by fellow doctors to serve a second term as AMA Queensland President.

He was officially reappointed to the role at the *AMA Queensland AGM* on Friday 30 May.

Vice President Dr Emilia Dauway will also serve a second term after being elected unopposed, along with Dr Eleanor Chew OAM as Board Chair and Associate Professor Alka Kothari (RDMA President) as a Greater Brisbane Area Representative on Council.

One new Board member, Prof Paul Griffin, has been elected, as well as seven new Council members.

There were no eligible nominees for the Full-time Salaried Medical Practitioner Representative or Downs and West Area Representative positions. These positions are currently being advertised as casual vacancies [on our website](#).



[Read more](#)



Associate Professor Alka Kothari and AMA Queensland Vice President Dr Emilia Dauway



## FOUR QUEENSLAND MEDICAL STUDENTS AWARDED SCHOLARSHIPS

AMA Queensland Foundation has awarded \$10,000 scholarships to four Queensland medical students to support them in continuing their medical studies and pursuing their dreams of becoming doctors.



Noah Steel, Rheannon Griffin and  
Alexandra Green

Rheannon Griffin, Alexandra Green and Noah Steel are this year's Medical Student Scholarships recipients.

A fourth student Ann Vincent was awarded a scholarship supported by the Indian Medical Association Queensland under the Foundation's Sponsor one Student Program.

The Foundation is hoping to offer three or more Medical Student Scholarships in 2026 with your support.

Donations are currently open through its annual End of Financial Year tax appeal where all donations over \$2 are tax deductible.



[Read more](#)

## AMA QUEENSLAND HONOUR AWARDS

Four notable AMA Queensland members were honoured at this year's *Dinner for the Profession* on Friday 20 May.

Central Queensland GP Dr Mary Dunne, who has served the town of Woorabinda for nearly 30 years, was honoured with the Gold Medal.

The AMA Queensland Excellence in Healthcare Award went to breast cancer specialist Prof Sunil Lakhani, the Rural Health Medal to Dr Matt Masel and the Doctor in Training Medal to Dr Elise Witter.

We congratulate these doctors on their phenomenal achievements throughout their careers so far.

## KING'S BIRTHDAY HONOURS

Two AMA Queensland members have been recognised in this year's King's Birthday honours for their significant service to medicine, their profession and the community.

Long-time AMA Queensland member Associate Professor David Rimmer received the Medal of the Order of Australia for his service to rural and remote medicine – a critically important area of health that has historically been underserved.

Dr Carol Douglas received the Public Service Medal for her outstanding public service in palliative medicine – a result of her devotion to improving end-of-life care for patients, families and carers across the country.

Congratulations to our members and the many healthcare professionals for their well-deserved recognition. We are deeply thankful for every doctor who continues to strive for better health outcomes.



Drs Matt Masel, Mary Dunne, Nick Yim, Elise Witter and  
Prof Sunil Lakhani



[Read more](#)



[Read more](#)

## THREE BURSARIES AWARDED TO SUPPORT QUEENSLAND GENERAL PRACTICE

The AMA Queensland Foundation has awarded three bursaries to support research and training initiatives designed to improve health outcomes in Queensland general practice.

Drs Ka-Kiu Cheung (GP), Kate Johnston (GP) and Ruwandi Dewasinghe (GP Registrar) have successfully applied for AMA Queensland Foundation GPTQ Training and Research Bursaries in 2025.

Each bursary is valued at \$20,000 and is open for submission every year to Queensland GPs and GP Registrars.

They are designed to help GPs and GP Registrars undertake upskilling activities or vital research that will eventually assist general practice and the communities that they serve.



[Read more](#)



Drs Ka-Kiu Cheung, Kate Johnston and  
Ruwandi Dewasinghe

## JDC WRAP UP

More than 200 medical students and junior doctors joined us in Hervey Bay for this year's *Junior Doctor Conference*.

Early arrivers gathered at The Beach House Hotel to meet the Hervey Bay medical community on Friday night before starting the conference early Saturday morning.

Delegates were welcomed to country by Aunty Karen Hall, before welcomes from the Committee of Doctors in Training and the Fraser Coast Regional Council.



The highlight of the day was the 'speed dating the specialities' session, offering each specialty just 15 minutes to win over delegates.

Sunday was the chance to get hands on, with delegates getting the chance to do USS guided cannulation, airway skills and ward call simulation before it was time to head to the beach for a bit of rest and relaxation, or a turn on the stand-up paddleboards or kayaks.

Thank you to our partners and sponsors for making this event possible, and to the more than 200 students and doctors for taking the time to attend. We can't wait to do it all again next year.







# PRIVATE PRACTICE *Refreshed*

STRATEGIES TO GROW YOUR BUSINESS



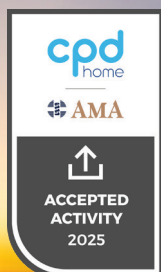
BRISBANE | 20 JUNE



TOWNSVILLE | 18 JULY

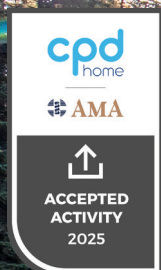


GOLD COAST | 5 DECEMBER



## SENIOR DOCTOR CONFERENCE

SATURDAY, 9 AUGUST 2025  
VOCO HOTEL, BRISBANE



## *Vancouver* CANADA

21 TO 27 SEPTEMBER 2025





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

#### Advanced HER2-positive gastric cancer

We have begun investigating a potential new treatment, for individuals with HER2-positive advanced or metastatic gastric or gastroesophageal junction cancer that has not received any other anti-tumour treatments. The treatment will be administered via intravenous (IV) infusion in three-week cycles, in combination with other current treatments including trastuzumab and chemotherapy, to determine if it could slow the cancer's progression.

##### We are calling for participants who:

- are 18 years or older
- have a confirmed diagnosis of advanced or metastatic gastric or gastroesophageal junction cancer
- have not received any anti-tumour treatment for this advanced or metastatic cancer; however, radical surgery for earlier stages of the disease is permitted

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

#### Itch due to liver disease

We are trialling a potential new medicine to reduce or stop itch due to liver disease. Our researchers will be evaluating the efficacy and safety of volixibat in the treatment of cholestatic pruritus in patients with primary sclerosing cholangitis.

##### We are calling for participants who:

- are aged 18 years or older
- experience itching associated with primary sclerosing cholangitis and not related to another condition.
- if taking ursodeoxycholic acid, additional criteria will need to be met
- can attend up to 11 visits at our clinic located at Vitality Village in Birtinya over 8 months.

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

#### Non-small cell lung cancer (NSCLC)

We are working on a Phase 3 trial to evaluate the safety of an investigational treatment for people that have locally advanced NSCLC that has not responded to prior therapy, or for those with metastatic non-squamous NSCLC.

##### We are calling for participants who:

- are aged 18 years or older
- have locally advanced NSCLC, that has not responded to therapy or metastatic non-squamous NSCLC at screening (Stage III-IV NSCLC)
- have a reliable study partner to accompany them throughout the trial
- can attend regular visits at Buderim clinic on the Sunshine Coast.

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 email [trialparticipant@usc.edu.au](mailto:trialparticipant@usc.edu.au)



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



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



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



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



**Vitality Village**  
5 Discovery Court  
Birtinya QLD 4575



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

To learn more, visit:  
[usc.edu.au/trials](http://usc.edu.au/trials)

## **Division 296 – The Proposed Superannuation Legislation**

Superannuation is the most tax-advantageous structure for wealth to grow in Australia. Its purpose is to provide Australians with a way to self-provide for their retirement and to reduce reliance on the Government-funded Age Pension.

### **Current Taxation of Superannuation**

During the accumulation phase (pre-retirement), superannuation investment earnings, including non-discount capital gains, are currently taxed at 15%. Where assets are realised and the capital gain is eligible for discount (discount capital gain) as it was held for at least 12 months (qualifying period), only two-thirds of the capital gain is taxed at 15% (effectively 10%). At present, members only pay tax when they sell an investment and actually realise a capital gain. In the pension phase, earnings are tax-free, and withdrawals can be made without tax to support self-retirement.

### **Proposed Changes to Taxation of Superannuation**

Division 296 is new legislation that the Government seeks to introduce, proposing an additional 15% tax on individual members with superannuation balances exceeding \$3 million to a total of 30%. Under the proposed legislation, the additional 15% tax will be payable on the proportion of a member's superannuation earnings that are attributable to the amount of their balance that exceeds the \$3 million threshold.

Examples of the tax rates that may apply under the proposed legislation for balances above \$3 million are:

- Income derived is taxed at 15%, with the proposed new tax of 15%, a total of approximately 30%
- Non-discount capital gains taxed at 15%, with the proposed new tax of 15%, a total of approximately 30%
- Discount capital gains taxed at 10%, with the proposed new tax of 15%, a total of approximately 25%

Another significant change in the proposed legislation is the taxation of unrealised capital gains on assets held by the superannuation fund. It is important to note that the proposed tax on unrealised capital gains differs from all other existing taxes in Australia, where only realised capital gains are taxed and cash is often received upon sale.

Cash flow is considered one of the major challenges associated with unrealised capital gains under the proposed legislation, as members may need to source cash from alternative means to pay the tax if it is not readily available in the superannuation fund.

### **Taxation of Funds Held Outside of Superannuation**

Where funds are held outside of superannuation, the following rates of tax apply:

- Companies are typically taxed at 30%
- An individual at the highest marginal tax rate is taxed at 45% plus the Medicare Levy of 2%, a total of 47%

Regarding discounted capital gains:

- Companies and individuals are only taxed upon the realisation of a capital gain, typically upon sale
- Companies are not eligible for capital gains discounting under existing legislation
- Where an individual disposes of an asset held for the qualifying period, discount capital gains apply, where only half of the capital gain is taxed at their marginal tax rate. For example:
  - An individual at the highest marginal rate of tax with a discount capital gain would be taxed on half of 47% (45% plus the Medicare Levy of 2%), which would result in an approximate total tax rate of 23.5%

### **Potential Wealth Shift**

An article by Professor Richard Holden in the Australian Financial Review states that most individuals potentially affected by the proposed new tax with amounts exceeding \$3 million are past their preservation age and that they may have various options available that could offer lower tax rates outside of superannuation.

### **Conclusion**

The proposed change to the superannuation legislation may accelerate a movement of assets out of superannuation. The Australian Tax Office (ATO) is generally focused on the transfer of assets between entities and whether the underlying transactions might lead to any tax implications. Careful consideration is needed before making any changes, as the ATO is vigilant about what it considers "inappropriate" behaviour, which it may regard as attracting Part IVA of the Income Tax Assessment Act 1936, the general anti-avoidance provisions.

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](mailto:poole@poolegroup.com.au)

## AMA calls for Urgent Medicare Rebate Reforms to meet Rising Healthcare Costs

The Australian Medical Association says the Grattan Institute's report into non-GP specialist fees highlights the urgent need for reforms to ensure Medicare rebates keep pace with the rising costs of delivering timely, high-quality healthcare to all Australians.

AMA President Dr Danielle McMullen said the report underscored the need for further investment in our healthcare system.

"Private outpatient services alleviate pressure on the broader health system, and ongoing support for this sector — through adequate and responsive MBS funding — is vital to maintaining choice, affordability, and sustainability," Dr McMullen said.

Dr McMullen said a range of factors contribute to high out-of-pocket costs for patients, with years of stagnant Medicare rebates being a major factor.

"Medicare rebates have lagged inflation for years, and we welcome the report's recognition that it is time for a review of Medicare rebates to ensure they reflect the real costs of providing care," Dr McMullen said.

The AMA has also supported greater fee transparency and will work with the government in finalising its enhanced medical cost finder website to ensure patients are more informed about the potential fees they might face for private specialist care.

"For specialist care delivered in private hospitals, it is important to remember that 97.2 per cent of services for privately insured patients are delivered under known or no-gap arrangements," Dr McMullen said.

"However, the report goes too far in suggesting the government should deny patients access to their Medicare rebate simply because of their choice of specialist. We have also been calling for an independent Private Health System

Authority to oversee reforms that would support a more sustainable private health system — one that protects patient choice and clinical autonomy.

"Our Clear the Logjam campaign has shown just how much pressure our public hospitals are under, after years of underfunding by governments and this report is another reminder of the long delays patients face when trying to access care through our public hospital system.

It is time for all governments to reach agreement on a new and properly funded National Health Reform Agreement to bring down these unacceptable waiting times.

"We also welcome recognition of the need for an independent national workforce planning agency to ensure Australia's medical workforce has the right skills, in the right places, to meet future community needs and demand.

"Targeted investment in a sustainable, well-distributed health workforce — including investment in rural and regional training — is key to ensuring every Australian, no matter where they live, can access the care they need."

Monday, 16 June 2025

Contact:

AMA Media:  
Phone +61 427 209 753 and Email:  
[media@ama.com.au](mailto:media@ama.com.au)

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### **Korean War, 1950-1953**

#### **3RAR Deploys**

In mid-July General Douglas MacArthur was appointed Supreme Commander of United Nations forces in Korea and wasted no time in requesting the deployment of 3RAR to the peninsula. The Australian government agreed, but stipulated that the battalion would deploy only when fully ready. The battalion was brought up to strength over the next month and a half with reinforcements from K Force, an Australian government initiative calling for volunteers to serve a three-year period in the army, including a year in Korea. In early September, Lieutenant Colonel Charles Green took command of the battalion and put his men through an intensive training program.

In a brilliant master stroke, General MacArthur landed marines of the 1st Marine Division at Inchon on 15 September. Two days later, ROK, US, and British troops took part in the breakout from the Pusan perimeter. One week later, Seoul had been recaptured and UN units began their advance towards the North Korean border.

On 27 September 3RAR embarked from Kure, Japan, and arrived at Pusan the following morning. The Australian battalion was taken on strength of the British 27th Brigade, joining the 1st Battalion, Argyll and Southerland Highlanders, and 1st Battalion, Middlesex Regiment. The brigade was renamed the 27th Commonwealth Brigade to reflect its Antipodean addition.

#### **3RAR's first battle**

As UN forces neared the North Korean border, China warned them not to cross into North Korean territory, and that such an incursion would not be tolerated. General MacArthur received permission to pursue the fleeing North Korean forces and shortly after crossed into North Korea. The capital, Pyongyang, fell soon after.

3RAR advanced north of Pyongyang to assist the US 187th Regimental Combat Team, which had encountered heavy resistance after being dropped behind enemy lines in an attempt to rescue American prisoners of war.

On the morning of 22 October 1950, 3RAR was the lead battalion leaving the town of Yongju when it came under fire from enemy troops within a nearby apple orchard. The ensuing fight was swift and brutal, with the Australians routing a numerically superior force and suffering only seven wounded. It was the first combat action fought by a battalion of the Royal Australian Regiment and the men of 3RAR had acquitted themselves well.

In the following week those men would fight two more battles - at Kujin, known as the battle of the broken bridge, and Chongju.

At the beginning of November, 3RAR's commanding officer, the indomitable Lieutenant Colonel Charles Green DSO, was mortally wounded by shrapnel as he rested in his tent. Several North Korean artillery rounds had been fired into 3RAR's position but Green was the only casualty. He died of his wounds two days later.

#### **China enters the war**

The battle of Pakchon marked the furthest point that the Australians reached into North Korea. It was also the first time Chinese forces were encountered in large numbers.

Unbeknownst to UN intelligence sources, Chinese troops had been infiltrating North Korea across the Yalu River, and in late October they began an offensive against, annihilating several UN divisions and badly mauling others before seeming to melt away.

The ensuing weeks saw an eerie quiet settle over the battlefield.

As part of the 27th Commonwealth Brigade

***Continued next month.***

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