



November 2024

Newsletter


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

See Where We Work & Live P19
Australians involved in the Gulf War 1990 to 1991 Gulf War 1990–1991
 | <https://anzacportal.dva.gov.au/wars-and-missions/gulf-war>

RDMA's Committee Report



Alka Kothari
President



Geoffrey Hawson
Vice President



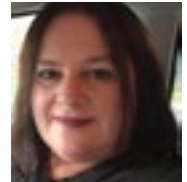
Peter Stephenson
Secretary



Eugene Lim
Treasurer



Wayne Herdy



Kimberley Bondeson

We are coming into the holiday season, which is delightful! It will be nice to have some joy and cheer spread amongst the community after a difficult year, with cost of living affecting everyone worldwide, as well as in Australia.

We now have a new Premier of Queensland, and the USA has a new President Elect. The world is changing, and medicine is changing just at an amazing pace. However, an old disease is still looming – tuberculosis.

Tuberculosis is returning as a top Infectious Disease Killer, according to the WHO (Reuters health Information, October 29, 2024). "Tuberculosis has replaced COVID-19 to become the top cause for infectious disease-related deaths in 2023.

Last year about 8.2 million people were newly diagnosed, meaning they could access suitable treatment, the highest number recorded since WHO began global Tuberculosis monitoring in 1995 which is up from 7.5 million reported in 2022".

"Low and middle income countries, which bear 98% of the burden of the disease, faced significant funding shortages to manage the disease". In 2023, the gap between the estimated number of new tuberculosis cases and those reported narrowed, to about 2.7 million, down from COVID-10 pandemic levels of around 4 million in 2020 and 2021.

The multidrug resistance form of the disease remains a public health crisis, the WHO said.

However, according to an article by Penny Durham, in Covid New, 4th November 2024, Covid in Australia is still our most Lethal Respiratory Virus. "Covid remains our bigger acute respiratory killer, being implicated in 4056 deaths this year to August, compared with 851 for flu and 380 for respiratory syncytial virus. She states that older people continue to bear the brunt of mortality.

Her data comes from The Australia Bureau of Statistics. "The Australian Bureau of Statistics last week reported these numbers of 'acute respiratory associated deaths' meaning ones where a virus either caused a terminal complication or contributed significantly to the death".

Let's all hope that next year is a better year for everyone!!!

Season's greetings to all.

Executive Committee Team

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



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

RDMA 2024 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: **The Komo, WaterView Room 1,
99 Marine Parade Redcliffe**

Time: **7.00 pm for 7.30 pm**

Next meeting date is

| | | |
|------------------------|-----------|------|
| Tuesday | February | 27th |
| Wednesday | March | 27th |
| Tuesday | April | 30th |
| Wednesday | May | 29th |
| Tuesday | June | 25th |
| Wednesday | July | 31st |
| ANNUAL GENERAL MEETING | | |
| Tuesday | August | 20th |
| Wednesday | September | 25th |
| Tuesday | October | 29th |
| NETWORKING MEETING | | |
| NEXT Friday | November | 22nd |

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

Advertising & Contribution

Due 15th of each Month 2024

Email: RDMAnews@gmail.com

W: 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 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.

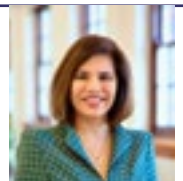
For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



RDMA Executive Contacts:

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Ph: 3883777



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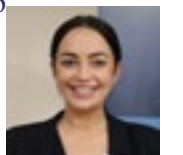
Committee Members

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Dr Wayne Herdy
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Meeting Convenors Ph: 3049 4444
Email: qml_rdma@qml.com.au
Anna Wozniak M: 0466480315



PLEASE JOIN THE REDCLIFFE DISTRICT MEDICAL
ASSOCIATION FOR AN

END OF YEAR NETWORKING PARTY

**On Friday 22nd November
@ 7pm**

**Sandgate Post Office Hotel
Telegraph Room
1 Bowser Parade, Sandgate**

Dress: Smart Casual

*Cost: Members \$50, their partners \$80. Doctors in
training/retired doctors \$25, their partners \$50.*

*RSVP by 18th November to RDMA@gml.com.au or
0466 480 315*



Thank You!

Thank you for supporting the Sports & Spinal Group!

We look forward to continuing to work with you in 2025 and
providing patients with the very best, evidence-based healthcare
in clinic, in-home or in their community.

NEXT RDMA MEETING FRIDAY 22ND NOVEMBER 24

RDMA Meeting 29 October 24

The meeting was opened by Dr Alka Kothari, RDMA President who introduced the sponsor and speakers.

Sponsor: Olympus Australia
Representative: Ayman Faltas

Speaker 1: Dr David Gordon Brown, FRACS
Urologists
Topic: Advances in BPH Treatment, A Minimally Invasive Approach.

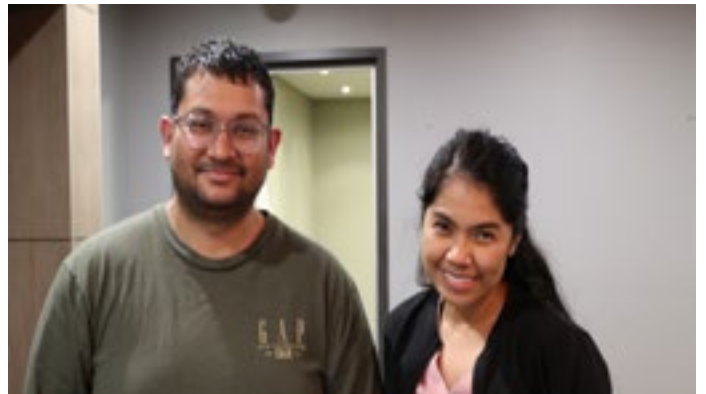
Photos Clockwise from the right.

1. Dr David Gordon Brown with Dr Alka Kothari RDMA President

2. New Members; Ovi Bandhari and Maria Perena.

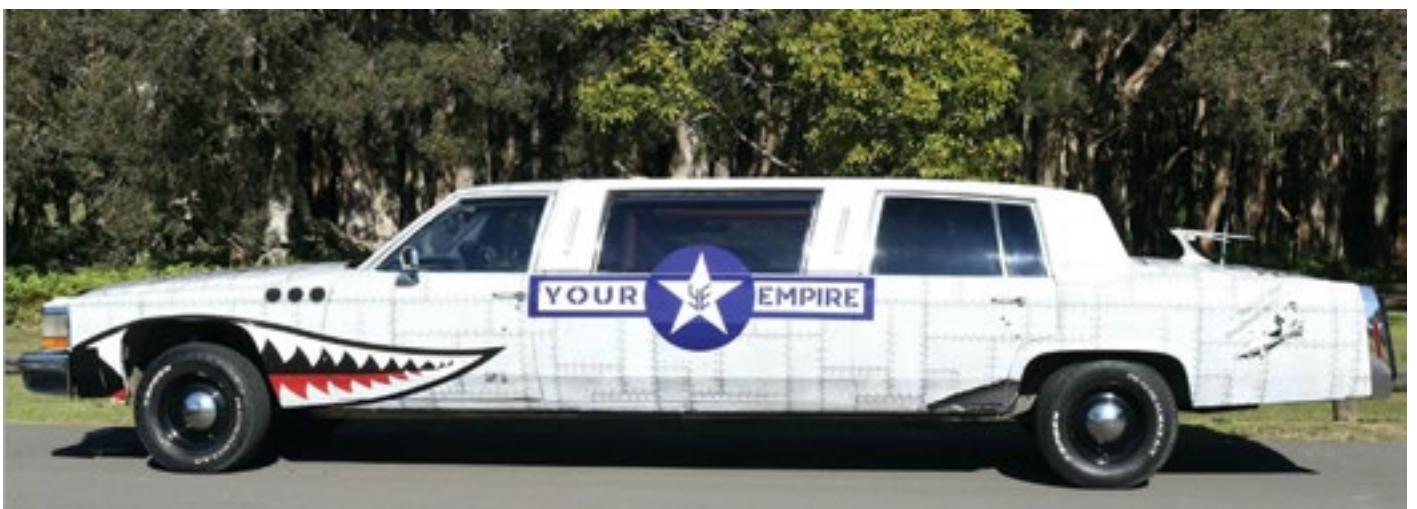
3. Olympus Representative , Ayman Faltas, Member Xi Beiji and Olympus Representative Georgina Atkins.

4. Dr Prasan Kasan and Dr Tom Moore



Mysterybox Rally September 2024

Dr Peter Stephenson would like to advise members who enquired about the Limousine's model in his Mystery Box Rally Article it is a
1985 Cadillac Fleetwood Brougham Limousine.





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

Potential treatment for 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:

- aged between 18 and 80 years who have been diagnosed with coeliac disease
- who have been following a gluten-free diet for at least 12 months
- are able to commit up to seven visits at our Morayfield clinic over a 23-week period and undertake two endoscopies.

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

Trial of a new needle-free vaccine for avian influenza

We have partnered with biotechnology firm Vaxxas to conduct a clinical trial for a potential new needle-free vaccine device. The study will evaluate the safety and tolerability of an Influenza vaccine delivered via the skin by patch. We are calling for participants:

- aged 18 to 50 years
- able to attend 3 phone calls appointments and 12 visits at our Morayfield clinic over a 13-month period.

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

Potential asthma treatment

We are collaborating with Apogee Therapeutics to conduct a first in-human clinical trial of a new antibody therapy designed to block inflammation signals associated with asthma. The product, delivered by injection, is hoped to provide longer-lasting results for the disease which causes breathing difficulties due to inflammation and swelling in the airways. Our researchers will aim to identify the correct dosage and injection frequency that will provide the greatest therapeutic advantages. We are calling for participants:

- aged between the ages of 18 and 65 years inclusive
- who weigh less than 120kg
- who have received a physician diagnosis of asthma over a year ago
- are able to attend 15 clinic visits including two four-night stays at our Morayfield clinic over approximately 28 weeks.

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



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



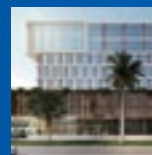
Sunshine Coast Haematology and Oncology Clinic
10 King Street
Buderim QLD 4556



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



AMA QUEENSLAND

MEDICAL CAREERS EXPO

Where will your career pathway take you?

Saturday 8 March 2025

Voco Hotel, Brisbane
50+ exhibitors



7 TO 13 APRIL 2025

Tasmania

TRANS-TASMAN CONFERENCE

✓ CPD ACCREDITED | PRIVATE PRACTICE STREAM | FAMILY FRIENDLY



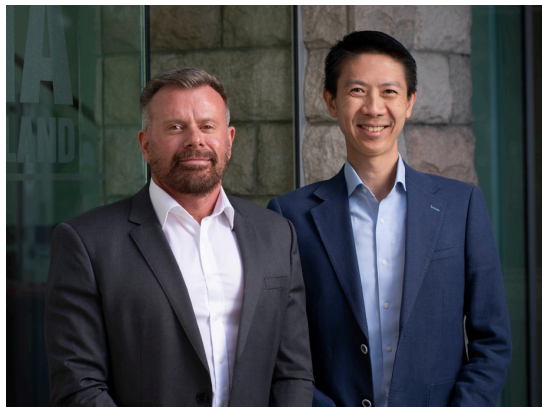
Vancouver

CANADA

21 TO 27 SEPTEMBER 2025

FOR MORE INFORMATION EMAIL
registrations@amaq.com.au

AMA QUEENSLAND UPDATE NOVEMBER 2024



AMA Queensland CEO Dr Brett Dale and President Dr Nick Yim

Both major parties made tackling our healthcare workforce crisis one of their top priorities in the October state election. Queensland now has a new government, and we look forward to working with them on implementing their commitments for Queensland's health system.

We congratulate LNP Leader David Crisafulli on his election as Premier and, at the same time, thank the outgoing Premier Steven Miles and Health Minister Shannon Fentiman for their efforts for the Queensland community.

We will be urging Premier Crisafulli and new Health Minister Tim Nicholls to retain initiatives put in place by the outgoing government, including workforce attraction incentives for

regional doctors, grants to assist junior doctors to train as GPs and assistance for regional GPs to upskill in obstetrics and anaesthetics – skills that are critically needed in regional Queensland.

PAYROLL TAX EXEMPTION

The new government is keeping its election promise to exempt GPs from payroll tax, with Treasurer David Janetzki confirming that he has instructed Treasury to begin the process. We had our first meeting with Minister Janetzki on 13 November, at which we emphasised the need to extend the exemption to all private medical practices.

Following three years of fierce advocacy from AMA Queensland, both major political parties committed to an exemption for GPs, with Premier Crisafulli pledging to begin the legal process in his first week. This is a welcome move that will give GPs and patients certainty.

However, non-GP private specialists remained concerned. They are still not eligible for the amnesty and have no certainty that they will not be hit with crippling retrospective bills out of the blue.

We will continue to call for all private medical practices to be exempt from this new interpretation of the tax.



[Read the media release](#)

PILL TESTING AT SCHOOLIES

The LNP's decision to listen to health experts and proceed with pill testing at this year's Schoolies will improve the safety of Queensland school leavers.

Prior to the election, the LNP proposed to repeal Queensland's drug diversion laws, going against the advice of medical, health, legal and law enforcement experts.

This included the cancellation of pill testing at this year's Schoolies.

History shows that experimenting with substances, especially during young adulthood with a lack of knowledge around drug and alcohol use, can lead to harm and death.



Early results of Queensland pill testing services indicate the benefits of education, with 16 per cent of people choosing to dispose of their substance after testing and a discussion with a health professional.

A further 25 per cent also indicated they would reduce their use as a result of accessing the service.

We called on the Premier to reconsider, and welcomed his announcement that pill testing will go ahead this year.

It is promising that the LNP has chosen to commence their term in government with such a sensible health decision and we will continue to work with them to ensure this extends to drug diversion laws and permanent pill testing centres.



[Read the media release](#)

We are in a cost of living crisis and people are turning to the internet for cheaper medicines. But what we are finding at these pill testing services is that these medicines are not what people thought they were buying.



FLUORIDATED WATER

Dangerous misinformation about fluoride in water supplies is causing unnecessary fear and concern in communities and leading to backlash against medical and health experts who advocate for fluoridation.

In our previous update, we shared our correspondence with Cairns and Gympie Regional Councils, urging them to ensure community water fluoridation.

Our members continue to raise concerns about increasing prevalence and severity of oral disease, particularly among children, and the simultaneous increase in fluoride misinformation.



We commend our doctors for consistently advocating for water fluoridation as a form of preventive health, despite the personal backlash.

Water fluoridation is one of the safest, easiest and most effective methods to reduce the prevalence and severity of oral disease. It has been described as one of the 10 great public health measures of the 20th century and actually saves money.

AMA Queensland has repeatedly called on the state government to reintroduce mandatory fluoridation across the state.

Most recently, we have been working in collaborating with the Australian Dental Association Queensland to advocate for the retention and reinstatement of fluoridation in all LGAs.

We continue to urge Councils to act in the interests of their community by reinstating water fluoridation to ensure all Queensland communities have health equity.



[Read more](#)



[Read our media release](#)

WOMEN IN MEDICINE WRAP UP

Queensland's illustrious women in medicine came together for our annual Brisbane breakfast on 17 October to hear more about inspiring change.

Thank you to everyone who attended, we hope our speakers' stories motivated and inspired you.



From left to right: AMA Queensland Immediate Past President Dr Maria Boulton (panel host), Dr Mellissa Naidoo, Dr Marlene Pearce, A/Prof Catherine McDougall, Dr Katie Panaretto, and Dr Jillann Farmer (panellists) and AMA Queensland Vice President Dr Emilia Dauway (keynote speaker).

It was wonderful to watch everyone networking, catching up and making new connections.

With your help purchasing flowers and raffle tickets, we raised \$7,841 for Restore more.



See the full event
wrap up



Learn more about
Restore More



MEDIA RELEASE

Tuesday, 5 November 2024

Government must tread carefully on scope of practice measures

With the final report of the Scope of Practice Review released today, the federal government must resist leading Australia down the same failed path followed by the UK, where the primary care system is in tatters.

The Australian Medical Association is urging the government to take a cautious approach in its response to [Professor Mark Cormack's report](#), which includes several recommendations that would fragment patient care and undermine the key role of GPs in delivering high quality care for patients.

AMA President Dr Danielle McMullen said the report contained some positive ideas, but many of the recommendations appeared to suggest Australia should adopt an NHS-style approach that has doomed primary care in the UK.

"We have always been very supportive of enhancing collaborative multidisciplinary care and ensuring all health professionals can work to their full breadth of scope in primary care, but this requires better funding models and improvements to the many reforms currently underway in general practice, such as MyMedicare," Dr McMullen said.

"Australia already has a ten-year primary care strategy, which strongly emphasises the importance of general practice, and we must stick to that plan."

Dr McMullen called for genuine investment in general practice, with a major focus on building the GP workforce.

"The federal government has acknowledged there is a GP workforce shortage, but it must resist implementing band-aid solutions that will only make the situation worse, as seen in the UK," she said.

"Turning this shortage around requires comprehensive reform, involving greater investment in support measures for Australia's highly valued GPs."

The final report of the Scope of Practice Review recommends greater consistency in regulation across jurisdictions, which the AMA supports.

However, decisions about standards of training and clinical practice must be made by independent, profession-led bodies, not politicians, as the report suggests.

"Regulation of health professionals exists to protect the community and ensure the highest standards of care for patients, and this is not something that politicians should be meddling in," Dr McMullen said.

The AMA will continue working through the report, while continuing to advocate to the government for meaningful reforms that improve access to care for the community.

"It is important we focus on bolstering the GP workforce and improving access to team-based models of care, where GPs work closely with other healthcare professionals," Dr McMullen said.

To Bulk Bill or Not To Bulk Bill

By Dr Mal Mohanlal

In 6 minutes online, on 18 October 2024, the following article appeared with this headline. I made two comments on this article, which drew favourable comments. What do our readers have to say?

‘I’ll cut my income before I stop bulk-billing’: GP buys practice to avoid charging gap fees

Dr Homayera Noor says she hasn't had to see more patients to make bulk-billing work for her new clinic.

Summarised by ChatGPT:

Dr. Homayera Noor, a GP in Wollongong, NSW, has bought a medical practice to ensure she can continue offering bulk-billed (no-gap) healthcare to her patients. Her decision came after the bulk-billing practice she worked at was taken over by a corporate company, which moved to mixed billing. Concerned about the growing financial pressures on her patients, especially students and families, Dr. Noor decided to purchase the Cringila General Medical Practice in September 2024. The previous owner, Dr. Muhammad Iqbal, who wanted to retire, sold the clinic to Dr. Noor with the understanding she would maintain bulk-billing.

Dr. Noor is committed to keeping her clinic's services free from gap fees, even if it means reducing her own income. She is motivated by a belief that healthcare should not have financial barriers, reflecting her personal philosophy of helping others over personal gain. She has not increased the number of patients she sees to make her model viable but continues to prioritize quality care. Her decision has been supported by recent government incentives for bulk-billing, and she has received positive feedback from grateful patients. Dr. Noor's approach highlights her dedication to accessible healthcare and a patient-centered philosophy.

Dr Mal Mohanlal

General Practitioner MARGATE, QLD

This is an example of how ruthless politicians and bureaucrats have exploited the altruistic nature of the medical and nursing professions. It is our nature not to deny treatment to anyone requiring urgent treatment. We find it difficult in our hearts to say no. Thus, the Medicare system exploits these two professions' hard-working, gullible people. There is no sense of fair play. They say it is your job. Do it. Do you think the government has a conscience? It is time for the medical and nursing profession to wake up from their self-hypnosis and flex their muscles. We should expose these hypocrites who run our health system at the expense of our generosity and take credit for it. The whole healthcare system will break down without doctors and nurses.

Dr Mal Mohanlal

General Practitioner MARGATE, QLD

The medical profession is full of idealists and do-gooders in society. If you are a scientist, you will understand what a conditioned reflex is. When we help people or do good to anyone, we employ this conditioned response in our psyche. It makes us feel good. It has no bearing on what we do, whether what we do is helping or doing good to the other individual.

Thus, it is the choice of the service provider to charge a fee or not to charge. However, when a government promises free medical care to everyone, one must ask, at whose expense? The service provider here is taken for granted. Quite clearly, the government is taking advantage of the altruist nature of our profession and pushing forward its political agenda. This is outright exploitation and thuggery.

If the government promises free medical care to the public, it must support the medical profession with adequate remuneration. Otherwise, it is fraudulent behaviour trying to enslave the profession.

Lasting reform needed out of new Private Health CEO Forum

The Australian Medical Association today welcomed the [federal government's release of the summary report from the Private Hospital Sector Financial Health Check](#) and announcement that the CEO Forum established as part of the review will continue.

AMA President Dr Danielle McMullen said the AMA had been deeply concerned about the sustainability of private hospitals, given the large number of hospitals that have had to either close or restrict services in recent years.

"Many of these closures or restricted services have impacted critical areas, including maternity or mental health, contributing to access issues for patients across Australia," Dr McMullen said.

However, Dr McMullen said the declining financial viability of many private hospitals was a symptom of broader structural issues in the sector that are a result of a lack of genuine reform over the past two decades.

"This issue of hospital viability was identified as urgent at the [AMA's 2023 private health workshop](#) attended by leaders from hospitals, insurers, the device sector, consumers and doctors.

"The Private Hospital Health Check brought all key private players together through the health check's CEO Forum and was an important first step to identifying some the reforms required."

AMA Vice President and private specialist Associate Professor Julian Rait said Minister for Health and Aged Care Mark Butler's announcement today that the CEO Forum would continue was welcome.

"The AMA has long been calling for a stakeholder-led reform body as part of our advocacy for an [independent Private Health System Authority](#)," Assoc. Prof Rait said.

"We also welcome the commitment to look at short-term measures to address some of the issues identified in the health check and more importantly the opportunity to explore long-term reform.

"However, it is critical any reforms are underpinned by an acknowledgement of the importance of the private sector in the wider healthcare system, and the over-riding objective of maximising patient access to safe, high-quality healthcare."

Assoc. Prof Rait said the AMA had argued for several years that there was [a need for an independent and well-resourced regulatory mechanism](#) — a Private Health Systems Authority (PHSA) — to oversee closer ongoing monitoring of the private healthcare system and to ensure its long-term sustainability.

"The AMA looks forward to working with the government through the CEO Forum to ensure the community has access to a strong, vibrant and affordable private health sector," he said.

MEDIA RELEASE

Applications open for 2025 Indigenous Medical Scholarship

The Australian Medical Association is pleased to announce [applications for the 2025 AMA Indigenous Medical Scholarship](#) are now open, offering support for the next generation of Aboriginal and Torres Strait Islander doctors.

For the past 30 years, the scholarship has helped grow the Aboriginal and Torres Strait Islander medical workforce by supporting First Nations peoples who are enrolled in a medical degree at an Australian university.

AMA President Dr Danielle McMullen said the scholarship represented the AMA's longstanding commitment to fostering the development of Aboriginal and Torres Strait Islander doctors, with the aim of improving access to culturally appropriate care for communities across Australia.

"I am particularly pleased to lead an organisation that is committed to encouraging the next generation of Aboriginal and Torres Strait Islander doctors," Dr McMullen said.

"Aboriginal and Torres Strait Islander peoples remain underrepresented in the medical profession, and this scholarship, which has been running for the past 30 years, is an important step in building a more inclusive and culturally safe health workforce.

"Over the years, the scholarship has supported many Aboriginal and Torres Strait Islander peoples who have gone on to achieve incredible things in medicine and serve their communities with distinction."

Australian Indigenous Doctors' Association President Dr Simone Raye said: "We are thrilled to see applications open for the 2025 AMA Indigenous Medical Scholarship which will aid an Aboriginal and Torres Strait Islander medical student to realise their dream in becoming a doctor."

"AIDA is proud to have a memorandum of understanding with the AMA to continually work together to address the underrepresentation of Indigenous doctors in Australia, and help to create a more inclusive and culturally competent healthcare system for all," Dr Raye said.

The scholarship is provided to Aboriginal and Torres Strait Islander medical students who demonstrate a commitment to their community and to medicine. Applicants must be enrolled full-time in a medical degree at an Australian university and have completed at least their first year of medicine. The value of the scholarship is \$11,000 per annum, for each year of study for the remainder of the student's medical degree.

Thirty-eight applications were received for the 2024 AMA Indigenous Medical Scholarship — the highest number of applicants in its 30-year history. That scholarship was [presented to Yuggera woman Kealey Griffiths at the AMA24 national conference](#).

Many past recipients have spoken publicly about the importance of the scholarship and how it helped them as young medical students. Professor Kelvin Kong, one of the first recipients in 1997, [spoke about the importance of the AMA's Indigenous Medical Scholarship and how it helped him as a young medical student](#).

[Dr Gemma Johnston](#), the 2008 scholarship recipient, shared her story of how she went on to become a Broome GP who runs a renal clinic, while 2005 recipient [Dr Amy Rosser](#) spoke about her career as a rural generalist in the Northern Territory.

[Apply now](#) for a scholarship; <https://www.ama.com.au/about/indigenous-medical-scholarship>

[Donate to the scholarship fund](#) at <https://www.ama.com.au/indigenous-medical-scholarship> (donations are tax deductible)

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

ALSACE FRANCE

By

Cheryl Ryan



The north-eastern province of France, on the river Rhine, bordered by Germany and Switzerland, offers everything that dream destinations are made of.

Walk into towering castles and magnificent cathedrals or admire the rounded summits of the terrific Vosges Mountains and soak in the luscious green countryside, the city will astound you with its beauty and gorgeous architecture.

You will find both German and French influence in language, culture, and food of Alsace as it was ruled by the two countries interchangeably.

Alsatian Cuisine

The delectable Alsatian cuisine is most marked by region specific dishes, which are quite different from rest of French cuisine. Tarte Flambee - a savory tart made with thin pastry, fresh cream, bits of bacon and onions; Bacheofe – a stew made with meat and vegetables simmered in wine; Crayfish Soup; Choucroute Garnie – made with cured pork, sausages and wine-braised sauerkraut; are some such mouthwatering specialities. The Alsatian wine is mostly white wines like Pinot Gris and Riesling and Pinor Noir being the only red wine.

What Have We Planned For You

- Strasbourg, the capital of Alsace is a must-see for its famous Cathedral Notre-Dame, visible from the plains or the mountains. You will be awestruck by this Gothic-Romanesque marvel, constructed using red sandstone from the Vosges Mountains.
- Walk through the cobbled streets of the enchanting city of Colmar or take a boat tour along the winding canals of Krutenau Quarter - reminiscent of Venice. A contrasting mix of magnificent Renaissance mansions and

half-timbered burghers' houses with geranium adorning balconies, the city is bound to leave you spellbound!

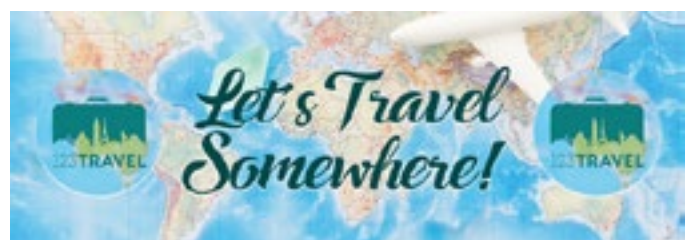
- Take a day trip along the Alsatian

Vineyard Route – a rural route comprising big and small wine producing villages. As you go from one village to another sample the local wines and authentic home-cooked Alsatian fare – tarte flambee, macarons, quiche Lorraine and sour cabbage, to name a few.

- Stroll around in the quaint village of Riquewihr – the most beautiful village of France which has been awarded the title of “Village Fleuri”. The Thieves’ Tower gives the best view of this village with charming churches, flowing fountains and buzzing boutiques.
- Drive down the Peak Route of the Vosges to get lost in an abundance of nature. Stop at farm inns on your way and savor the mountain cuisine made using fresh home-grown ingredients.

Alsace is one of the best destinations if you are looking for a relaxing vacation away from the hustle bustle of cities.

123 Travel Phone: 07 5476 9368 |
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Financial Year End 2024 – Tax Planning to Minimise Your Tax

As we approach the end of the 2024 financial year, now is the perfect time to consider strategies to minimise your tax before 30 June. These are just a few strategies that can be used for planning your end-of-financial year.

Superannuation Contributions

The tax-deductible superannuation contribution (or concessional contribution) cap is \$27,500 for all individuals under the age of 75. Individuals over the age of 67 need to pass a work test. The advantage of making tax-deductible superannuation contributions is that they are taxed between 15% and 30%, compared to the individual income tax rates of between 30% and 47%.

Carry-Forward Superannuation Contributions

If your total superannuation balance on 30th June 2023 was less than \$500,000, the carry-forward superannuation contribution provisions allow you to use any of your unused concessional contributions cap on a rolling basis over the preceding five years. This is particularly useful if you have experienced an increase in income this financial year (for example, from capital gains incurred due to the sale of a CGT investment or receipt of a one-off bonus or other such income). These carry-forward amounts are calculated on a rolling basis of five years; any amount unused after five years will expire.

Spouse Superannuation Contribution Tax Offset

If your spouse's income is \$37,000 or less, and you make a superannuation contribution of up to \$3,000 on their behalf, you may be eligible for a tax offset of up to \$540. The offset reduces for income above \$37,000 and completely phases out at \$40,000 or above.

Salary Sacrifice to Superannuation

If your taxable income is \$45,000 or more, salary sacrificing your superannuation is a means to reducing the amount of tax paid on your income, where the pre-tax salary is paid into superannuation. The tax savings are the difference between the usual amount of tax paid on your income and the 15% tax paid on superannuation contributions. This can be beneficial when an employee is nearing their retirement age as these funds can be accessed sooner.

Rental Property Depreciation and Capital Works

A rental property depreciation report prepared by a quantity surveyor will enable you to claim depreciation and capital works deductions on capital items. The cost of preparing the report is also tax deductible.

Prepaid Interest and Expenses on Investments

Expenses paid on investments can be prepaid before 30 June 2024. Up to 12 months of interest on an investment loan (for a rental property or share investments) can be prepaid, and a tax deduction can be claimed this financial year. Other expenses directly related to your investments can also be prepaid before 30 June, including rental property repairs and maintenance.

Defer Investment Income and Capital Gains

Arrange for the receipt of investment income, such as interest on term deposits and contract date for the sale of a capital gains asset to occur after 30 June 2024 if practical. The tax on the investment income and capital gains will be payable in the subsequent financial year.

Realise Capital Losses

It may be beneficial to consider selling any underperforming investments prior to 30 June to crystallise a capital loss. The capital loss may reduce or eliminate a current-year capital gains tax liability. Unused capital losses can be carried forward and used to offset future capital gains.

Motor Vehicle Expenses

To make a claim for motor vehicle expenses, an accurate and complete motor vehicle logbook must be kept for at least a 12-week period and must broadly be a representation of your travel. All invoices and receipts for your motor vehicle expenditure must be kept. Once a logbook is prepared it can generally be used for a period of five years. Another method is to claim up to 5,000 business kilometres based on a reasonable estimate, using the cents per kilometre method, which is \$0.85 per kilometre for the 2023/24 financial year.

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

Longest wait on record for mental health patients in Emergency Departments

A lack of capacity in Australia's health system is failing patients suffering from poor mental health, with more patients needing acute care and waiting times for patients in Emergency Departments now the longest on record.

The Australian Medical Association's Public hospital report card: mental health edition shows more patients with mental health-related conditions are arriving at emergency departments by ambulance or police services, and more are arriving in a critical condition needing urgent care.

AMA President Dr Danielle McMullen said the latest figures showed the length of time spent in Emergency Departments for patients presenting with mental health-related conditions was the highest on record in 2022–23.

On average, these patients spent seven hours in Emergency Departments before being admitted to hospital, with 10 per cent of patients with mental health-related conditions spending more than 23 hours, or almost a day, in ED before receiving a hospital bed.

"Our public hospitals are under more strain than ever, and this is a direct result of the public hospital logjam," Dr McMullen said. "Australia has just 27 specialised mental health beds per 100,000 Australians — the lowest per-person capacity figure on record.

"The long waits for patients causes them, and their families, distress and places enormous pressures on hospital staff. Emergency departments are no place for someone suffering a critical mental health illness. They aren't designed in a way that's conducive to good mental healthcare."

The report also shows the number of Australians presenting to Emergency Departments with a mental illness triaged as emergency has more than doubled from

9 to 21 per 10,000 people since 2010–11, while the number of urgent presentations has grown from 37 to 57 per 10,000 people.

"Australia is failing to provide appropriate care to patients in the community, leaving many with no alternative to seeking essential care at their public hospital — this needs to change," Dr McMullen said.

"This situation is extremely distressing for the dedicated staff working in EDs, who are not supported or sufficiently resourced to manage patients with complex mental health issues who can become agitated when facing long waits for care.

Tragically, these overcrowded and stressful situations can contribute to unsafe psychosocial work environments and staff burnout, and in the worst cases, assaults on staff.

"The figures in this report card show a health system that is failing to provide care for some of the most vulnerable in our community.

"The solution to the growing mental health burden on our hospitals is additional resourcing and real reform to the delivery and availability of mental health support at all levels.

Without this, we will continue to see the figures in this report card get worse and medical and health staff leaving the profession due to burnout and stress. We need all levels of government to work cooperatively to address the current situation and ensure people have access to care."

Read the AMA's Public hospital report card: mental health edition 2024.

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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

A coalition of 35 nations, led by the United States (US), participated in the Gulf War against Iraq from 2 August 1990 to 28 February 1991. The conflict is sometimes called the 'Persian Gulf War' or 'Gulf War

The war occurred in 2 parts. US President George Bush ordered the organisation of Operation Desert Shield on 7 August 1990 in response to Iraq's invasion and annexation of Kuwait on 2 August. From then until 17 January 1991, this phase included coalition operations during the buildup of troops in and around Saudi Arabia.

The Gulf War Air Campaign, codenamed Operation Desert Storm, went from 17 January to 28 February 1991 and is sometimes called the '1991 Bombing of Iraq'. It included ground operations that began on 24 February when coalition troops crossed into Kuwait.

Over 1800 Australian Defence Force personnel served in the Gulf War. The Australian naval contribution comprised 3 frigates, a guided-missile destroyer, 2 supply ships and a team of Naval Clearance Divers. The Australian Army and the Royal Australia Air Force (RAAF) made smaller contributions.

Some 100,000 Iraqis and fewer than 200 coalition personnel died in the conflict. There were no Australian casualties.

About the conflict

Iraq invaded its oil-rich southern neighbour, Kuwait, on 2 August 1990. The United Nations (UN) Security Council imposed comprehensive economic sanctions 4 days later. It called on member states to ban all trade with Iraq and Kuwait. The Australian Government was quick to condemn the invasion and had imposed sanctions shortly before the UN's call.

On 10 August, Prime Minister Bob Hawke

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On the deck of HMAS Success with HMAS Darwin in the background, Captain Russel Shalders of HMAS Darwin, Captain William Dovers of HMAS Adelaide and Captain Graham Sloper of HMAS Success, on the deck of HMAS Success, Gulf of Oman, September 1990. AWM P01575.009

announced that Australia would help to enforce the embargo. Three naval vessels would join a US-led multinational force being assembled in the Persian Gulf to create a maritime blockade.

The Royal Australian Navy (RAN) selected for deployment:

- the frigates HMAS Adelaide and HMAS Darwin, each with 2 helicopters
- the supply ship HMAS Success, with one helicopter
- two 10-person surgical teams to serve aboard the US hospital ship USNS Comfort

Elements of the Australian Army's 16th Air Defence Regiment served with HMAS Success, which had no air defence capability of its own.

Australia's was a limited commitment but the Chief of the Defence Force, General Peter Gration, said later on: It was a force that could make a real and realistic contribution.

Continued next month.

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