



October 2024

Newsletter


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RDMA's Committee Report



Alka Kothari
President



Geoffrey Hawson
Vice President



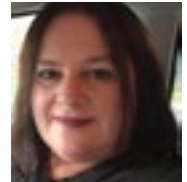
Peter Stephenson
Secretary



Eugene Lim
Treasurer



Wayne Herdy



Kimberley Bondeson

We have an election coming up shortly, and it is good to see that the two main parties, have committed to an exemption for General Practice to pay payroll tax. This would be in line with the current exemption that Public and Private Hospitals have for payroll tax.

It would appear, that the change of heart is also, related to the Government's introduction of My Medicare, which is block funding to General Practices based on the enrolment of patients to that practice.

This appears to be following the UK model of capitation. One of the problems that the government has created for itself, is that with the threat of payroll tax hanging over many practices Australia wide, these Practitioners have made their structure quite clear reflecting unequivocally that tenant General Practitioners were indeed tenants, paying a service fee to a service company for the rent of rooms and facilities.

Many doctors have undertaken the management of their own Medicare fee's which are being paid directly into their own bank accounts. Thereby these General Practitioners are doing their own financial management, making it quite clear that the practice rooms that they were working from

were simply a service entity supplying the rooms.

Attached to that service entity is the Practice Incentive Payments, to help a general practice afford to pay for nurse support and other services to assist the tenant General Practitioners. How the government calculates this funding is related to the number of services that a General Practitioner provides, and certain conditions, e.g: keeping patients out of hospital.

Now My Medicare also requires the practice to be an accredited practice in order to for-fill the requirements for the block funding payments. Whether the block funding is passed onto the GP is up to the practice service entity. So, we can see the problem that the government has created for itself. Many doctors now manage their own Medicare payments, and each individual doctor is not an accredited practice. This would simply be unaffordable.

Continued Page 4

**Free RDMA
Membership For
Doctors in Training**
RDMA Meeting Dates
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*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
NEXT Tuesday	October	29th
NETWORKING MEETING		
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

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W: www.redcliffedoctorsmedicalassociation.org

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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.

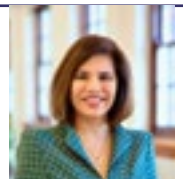
For Bookings
please call our lovely staff on
07 3142 1611
lumusimaging.com.au



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CONTINUED EXECUTIVE COMMITTEE REPORT

There is no incentive for individual doctors to enroll any patients in My Medicare, which is often quite complex in the paperwork involved, particularly with the nursing home patients who often have dementia and are unable to give consent. How the government will get around this difficulty is to be seen. It could be that My Medicare fails, in the same way that the Healthcare Homes also failed.

Another interesting way that the Government is proposing to increase the number of bulk billing clinics, in Queensland, is to open 50 new bulk billing clinics. Again, this is fraught with problems, and seems to be a repeat of the GP SuperClinic saga of previous times. My understanding of what the government is proposing today, is that they will provide the rooms, and the GP's can work there as long as they bulk bill their patients. With all current bulk billing practices slowly disappearing Australia wide, simply having brand new practice rooms

is not the solution. There are associated expenses with running these rooms, and the rebate for bulk billing alone does not cover this. Again, in order for these practices to be eligible for My Medicare, they have to be accredited, which is an expensive process, and normally involves a dedicated full time staff member and nurse for a period of 12 months to prepare for accreditation. If the doctors are employees of the clinic, then the clinic is liable for payroll tax, under the current rules.

Most of the General Practitioners that ended up in the old SuperClinics came from other practices, many of which then had to close down, as they had no doctors to replace them. The General Practitioner SuperClinic in Redcliffe recently closed its doors. We wait with interest to see what unfolds in the coming Queensland Government election, and how they are going to solve the problems that they have created.

Executive Committee Team



THE ROLE OF EXERCISE PHYSIOLOGY IN THE WORKERS COMPENSATION SCHEME

SPORTS & SPINAL EXERCISE PHYSIOLOGISTS ARE HIGHLY EXPERIENCED IN TREATING AND MANAGING WORKERS COMPENSATION CASES.

REFERRALS VIA MEDICAL OBJECTS, FAX OR PHONE.



SCAN THE QR
CODE FOR MORE
INFORMATION
OR TO REFER TO
OUR TEAM
TODAY

SEEING AN EXERCISE PHYSIOLOGIST THROUGH WORKERS COMPENSATION QLD

Exercise Physiology (EP) is a highly valued service through Workers Compensation QLD (WCQ).

The primary goal is to successfully return the injured worker to their pre-injury work duties and hours with specific exercise prescription, motivational interviewing, and education on pacing strategies in a safe and durable manner.

Sports & Spinal EPs work as part of a multidisciplinary team to ensure the mental and physical components of the patient's injury, and barriers to recovery, are addressed.

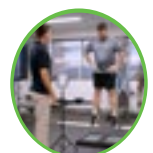


Utilising **VALD technology**, our Exercise Physiology team can measure specific, functional markers to facilitate the return to work process.



Once an injured worker's acute pain is managed the exercise prescription aims to replicate the exact work demands of the injured worker.

This task is broken down into small parts with the goal to improve movement patterns, endurance, and efficiency of the task.



RDMA MEETING WEDNESDAY 29TH OCTOBER 24



Monthly Meeting

Date	Tuesday 29 th October
Time	7pm for a 7:30pm start
Venue	Waterview Room, The Komo 99 Marine Pd Redcliffe
Cost	Financial members, interns, doctors in training and medical students – FREE. Non-Financial members – \$30 payable at the door (Membership applications available).

Agenda	7:00pm	Arrival & Registration
	7:30pm	Be seated – Entrée served Welcome by Dr Kimberley Bondeson – President RDMA Inc Sponsors: Olympus Australia Represented by: Ayman Faltas
	7:40pm	Speaker: Dr Gordon Brown MBChB AFRCS (Ed) FRCSEd (Urol) FRACS (Urol) DipOccMed RAF Topic: Advances in BPH Treatment – A minimally Invasive Approach Main Meal served (during presentation)
	8:20pm	Q&A
	8:30pm	General Business - Dessert served Tea & Coffee served

RSVP

By Friday 25th October

RDMA@qml.com.au or 0466 453 806

RDMA MEETING WEDNESDAY 25TH SEPTEMBER 24

RDMA AGM Meeting 25 Sept 24

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

Sponsor: Lime Radiology

Representative: Iain Convery

Speaker 1: Dr Tim Dimitriades, Radiologist

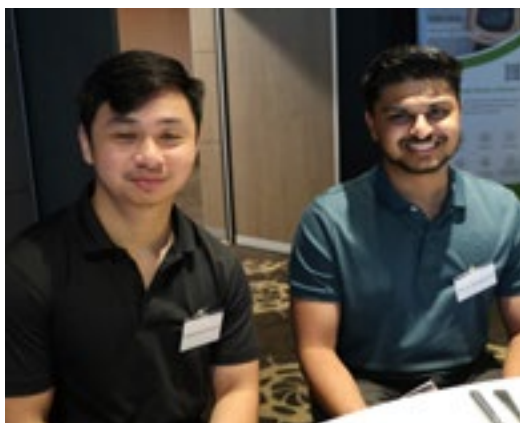
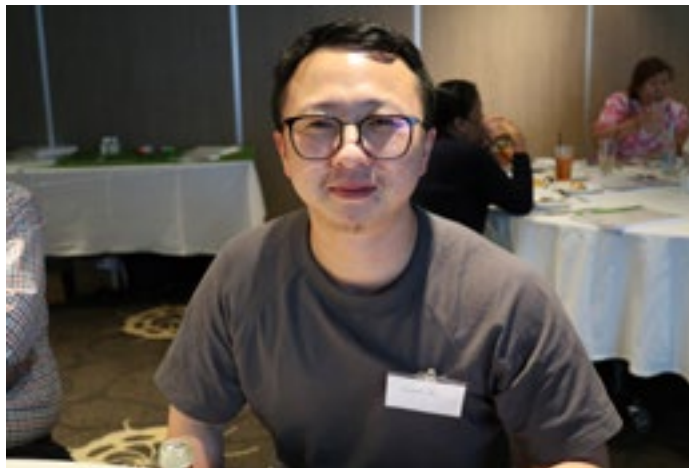
Topic: CT Guided Cervical Spine Injections - A Pain in the Neck?

Speaker 2: Dr Eugene Lim Radiologist

Topic: Myocardial Perfusion Scans - How and Why.

Photos Clockwise from the right.

1. Iain Convery Rep, Dr Tim Dimitriades, Primula Balakrishnan
2. Geoff Hawson, Iain Convery, Geoff Talbot.
3. Eugene Lim Speaker, Peter Stephenson
4. Quinten Moffatt & Dr Tim Dimitriades Spaker
5. Prasan Kasan and Eugene Lim
6. New members Muhammad Zamzaini, Jurean Karuppannan
7. New member Sheung Xi



AMAQ Conference Athens September 2024

What a fantastic adventure this conference was, in the superb setting of Athens in Greece. It was held at the Divani Palace Acropolis Hotel, which had a magnificent view of the Acropolis from the hotel window. The hotel itself reminded me of an old world European Hotel.

Photo 1 & 2 - Dr Wayne Herdy, Dr Kimberley Bondeson, Ms Wendy Payne, Mrs Gabriella Burey at the farewell Galar dinner, from hill top restaurant, where we were entertained by Greek Dancers. The view was fantastic..



Photo 3 & 4. At the Archaeological Museum of Delphi, which covers 1000 years of history from the Mycenaean era to the Greco Roman times.



The theme for this year's conference was "The Power of Possibility", and again, the AMAQ got it right.

The array of guest speakers, both international and Australian was superb, and the topics were enjoyable. Interestingly, Greece has the same problems with its health system as Australia, with an aging population, and difficulty getting medical practitioners to work in remote villages. The leading cause of death in Greece is stroke, according to Dr Faidra Kalligerou, Neurologist, Athens Alzheimer Association who was one of the guest speakers. Dr Kalligerou said that Greece does not have a lot of cardiovascular disease, due to the Mediterranean diet.



On the day trip to Delphi, we passed through several small villages in the hills, which we were told were totally self sufficient. They

Photo 5, 6 & 7. At the Archaeological Museum of Delphi, which covers 1000 years of history from the Mycenaean era to the Greco Roman times.



Photo 8 - Picture of the Ruins seen during the Tour of Delphi - home to world famous Oracle of Delphi.



Photo 9 - Panel Session at the Conference



had their own baker, butcher and doctor, and grow their own food, and make their own homes and clothing etc. Over time, some of the schools closed in the smaller towns, and the children have to travel to a larger town to go to school.

The Island of Hydra does not have any cars, only donkeys for transportation."

Overall, a wonderful success. The AMAQ is offering a Conference in Tasmania in March in 2025, for those who want to go closer to home, and in Vancouver, Canada, in September 2025 for those who want to travel further.

Training experience must improve for Australia's future medical specialists

Monday, 21 October 2024

The AMA's latest [Specialist Trainee Experience Health Check report](#) has highlighted the need for improvement in the medical education experience for trainees in Australia, despite some encouraging progress.

For the first time, junior doctors can use an [interactive tool to compare the performance of Australia's major specialist colleges](#) in a variety of key areas over a number of years, based on thousands of responses to the annual Medical Training Survey.

The AMA's 2023 Specialist Trainee Experience Health Check report showed the highest grade trainees gave their overall training program experience was a C+ or a "pass", while no training program received an A grade.

Council of Doctors in Training Chair Dr Sanjay Hettige said specialist medical education and training had improved slightly in some key areas, including payment for un-rostered overtime, but there was still considerable room for improvement.

"Junior doctors are the future of our health workforce, and they must be equipped with the necessary support to excel in the speciality of their choice — but at the moment there is a lot left to be desired in specialist training programs," Dr Hettige said.

"For example, feedback about exam performance is still rated incredibly low, with just 38 per cent of trainees reporting they received useful feedback from their college. Inadequate feedback leads to confusion about why they might have failed and has a huge impact on trainee health and wellbeing, as it makes it harder for them to prepare for their next exam attempt.

"And only 77 per cent of survey respondents felt confident about raising bullying, harassment and discrimination to their college, while just 52 per cent felt safe raising training and wellbeing concerns — these numbers are far too low and warrant greater attention from medical colleges."

The AMA's report also shows Australia continues facing an uphill battle to address the country's regional health workforce shortages as just 44 per cent of respondents consider a future in rural practice, and only 34 per cent of trainees working in metropolitan areas said they would consider moving to the bush. This pales in comparison with the 78 per cent of rural-based trainees who say they want to stay in rural practice.

"These results show that exposure to rural training directly influences junior doctors' interest in working rurally in the future, but at the moment, there aren't enough specialist training places and end-to-end training opportunities in these areas," Dr Hettige said.

"We know rural healthcare is incredibly rewarding, but graduates seeking specialist training often have no choice but to go to the big cities. Unless greater focus is given to creating more rural training opportunities, this trend will continue at the detriment of patients in rural and regional Australia."



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 potential new treatment for respiratory infections

We have started trialling a potential new vaccine technology to prevent against Respiratory Syncytial Virus (RSV) and Human Metapneumovirus (HMPV) in healthy volunteers. We are calling for participants:

- aged between 60 to 83 years
- who are in good general health
- who have not received a licensed or investigational RSV vaccine and/or HMPV vaccine at any time
- are able to attend nine visits at our Morayfield clinic and five phone calls appointments over a 24-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



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



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Division 296 Tax: D-Day for Proposed Changes to Superannuation Tax

Breaks Looms with Little Further Information Available

On 28 February 2023, the Government announced that from 1 July 2025 a 30% concessional tax rate will be applied to future earnings for superannuation balances above \$3 million. Understandably, this has generated discussion around a number of (unintended?) consequences that the Bill, should it be passed, will have on our superannuation landscape.

So what do we know?

With the proposed 1 July 2025 start date fast approaching, it is unsettling that so many details remain unfinalised, with the Bill itself only reaching the stage of Second Reading in the House of Representatives in May 2024, with no further progress being announced.

The proposed changes as they stand, referred to as Division 296 tax, will involve an additional 15% tax on superannuation earnings for those members with a total superannuation balances (TSB) above \$3 million (which will bring the tax on the proportion of the balance over \$3 million to 30%, while earnings that correspond to the balance below \$3 million will continue to be taxed at 15% or less). The catch is that as it stands, these earnings include *unrealised* capital gains which occur when the market value of the assets/investments held increase, but the asset is not yet sold. This is inconsistent with the existing tax laws, where tax is only paid on the profit/realised gain once the asset is disposed of.

Who is the Division 296 tax expected to affect?

Although the individual's TSB will determine whether they are liable for Division 296 Tax, it will be levied on and payable by the individual personally. Should the individual have insufficient liquidity personally to pay the Division 296 Tax, it is proposed that they will be able to elect to have the tax released from their superannuation fund, in a similar manner to which Division 293 Tax is administered already.

While the Factsheet published by Treasury titled, "Better Target Superannuation Concessions" states that this change is "Expected to affect less than 0.5 per cent of individuals with a superannuation account," and "By 2025-26 it is expected to apply to less than 80,000 people," the fact is, because there is no provision for the \$3 million cap being indexed, it is likely to affect many more people as time goes on.

Consequences of these measures

There are a number of consequences of these measures (unintended or otherwise) that will need to be considered:

- Tax payable on unrealised capital gains under Division 296 Tax does not reduce the tax payable on the eventual sale of the asset in the superannuation fund. This means that the

same superannuation fund asset may end up being taxed twice – at 15% under Division 296 Tax, and again at 15% for an undiscounted or 10% for a discounted capital gain when the asset is sold.

- If there is insufficient cash to pay the Division 296 Tax that is levied, either from the individual or the superannuation fund (if the individual elects to have the funds released from superannuation), assets will need to be sold down to fund the payment. This will have additional tax consequences for the individual and/or superannuation fund, depending on where the Division 296 Tax is being paid from.
- If the superannuation fund has a year of negative earnings (eg. from a downturn in the market), the unapplied negative super earnings can be carried forward to future years, however they will not result in a refund of Division 296 Tax previously paid.
- The purpose of superannuation is to provide a benefit to its members in retirement, thereby easing the burden on the Australian Social Security system. When the Government changes the rules around the operation, taxation and accessibility of superannuation, the taxpayers lose confidence in the system and are less likely to make voluntary contributions to supplement their future retirement income. Any changes made to superannuation also disproportionately affect those closer to retirement, as they have fewer working years ahead of them in which to adapt to the changes.

What action is needed before 1 July 2025?

While there has been quite a bit of commentary about valuation of superannuation assets, moving assets from superannuation funds to other investment vehicles such as companies and other strategic matters in light of these proposed changes, the fact of the matter is that at the time of writing this, this Bill is still before Parliament and is not yet law, and making changes to your affairs now may bring forward unintended tax consequences for a Bill that may not even become legislated.

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

Paul Lewty & Christine Benson – Senior SMSF Accountants

Poole Group Accountants and Business Advisors



AMA welcomes government reviews into GP incentives and Medicare**Wednesday, 9 October 2024**

The Australian Medical Association welcomes the release of three federal government reviews into general practice incentives, after-hours primary care and health workforce distribution.

AMA President Dr Danielle McMullen said the reviews, released by Health Minister Mark Butler yesterday, signalled a positive step forward in modernising general practice funding and primary care workforce programs.

“These reviews, arising from the Strengthening Medicare Taskforce, recognise the need for reform in several key areas to improve primary care in Australia,” Dr McMullen said.

“The reports are significant and collectively have a large number of intersecting recommendations. We look forward to working constructively with the federal government and the Department of Health and Aged Care to ensure changes to these programs are evidence-based, reflect the realities of modern general practice, reduce red-tape for GPs and improve patient care.

“We are glad to see the government taking these issues seriously, but there is a long way to go to ensure the challenges facing general practice, primary care and the health workforce are addressed — and it will require significant investment.”

Dr McMullen labelled general practice the “cornerstone of successful primary healthcare in Australia”, adding that it must be well equipped to respond to the country’s evolving health challenges.

“The issues addressed in the three reviews are issues on which the AMA has been calling for action for many years,” she said.

“Much of the work conducted by the Strengthening Medicare Taskforce echoes the work of the AMA, including our [10-year framework for primary care reform](#) released in 2020.

“We have called for better indexation of patient and GP rebates under Medicare, as well as a restructuring of MBS items, and increases to the Workforce Incentive Program.

“We hope that by working with us, the federal government can use these reviews to generate the right kind of funding and reform for Australia’s GPs.”

AMA joins united call for action on Australia's youth justice shame

The Australian Medical Association has united with leading youth justice experts to call on all governments to urgently tackle the underlying causes of the country's child incarceration crisis.

AMA President Dr Danielle McMullen will join the Justice Reform Initiative and National Children's Commissioner Anne Hollonds on Thursday for the public launch of their report, "['Help way earlier!' How Australia can transform child justice to improve safety and wellbeing](#)", highlighting the grim reality of Australia's youth justice system.

The launch will also be attended by young people with lived experience, those advocating in the child rights and justice sectors, and legal advocates.

"This report is an incredibly sobering read, as it contains many uncomfortable truths about youth justice in Australia — egregious human rights violations, the over-incarceration of First Nations children and young people dying in custody," Dr McMullen said.

"The AMA is calling for the report's many recommendations to be implemented, especially raising the age of criminal responsibility in all jurisdictions to 14 years.

"To have so many youth justice experts, leading advocates, and people with lived experience, come together to call for action should be a serious wake-up call for all governments in Australia."

The AMA supports many of the report's recommendations, including a ban on solitary confinement practices in child detention facilities and the expansion of evidence-based diversionary programs for children, including those provided by Aboriginal and Torres Strait Islander community-controlled organisations. The AMA also supports the report's call for the establishment of a national taskforce for reform of child justice systems.

Dr Danielle McMullen said evidence clearly showed contact with the justice system in early adolescence, let alone being locked up in prison, condemns a child to a lifetime of developmental harm and disadvantage.

"There is overwhelming evidence to show incarceration greatly harms children mentally and impairs their physical development, and yet Australia has one of the lowest ages of criminal responsibility anywhere in the world," Dr McMullen said.

"Most children in prison already come from disadvantaged backgrounds, where they often experience violence, abuse, disability, homelessness, cultural unsafety, economic insecurity, and drug or alcohol misuse.

"Criminalising the behaviour of young and vulnerable children creates a vicious cycle of disadvantage and increases the likelihood of ongoing experiences with the legal system — there is absolutely no credible evidence that locking up children at the age of 10 reduces crime in the long term."

Dr McMullen called on all governments to stop ignoring the evidence and instead listen to health and youth justice experts, and to those with lived experience of this tragic issue.

Cradle Mountain-Lake St Clair National Park, Tasmania

By
Cheryl Ryan



Seated in the heart of Australia's biggest protected conservation sites is the Cradle Mountain National Park, also known as Cradle Mountain-Lake St Clair National Park on the island of Tasmania. With jagged Dolerite peaks surrounding mirrored lakes, glaciated landscapes, alpine forests, and unique fauna, the National Park has something for every traveller. Not just this, it also offers unique experiences in every season from icy streams cascading down the mountains in winters to a riot of colours during the "turning of the fagus" in autumn -- it is a destination you would never get enough of and keep coming back to.

What we have planned for you

- Warm up to the National Park with a hike across the Overland Track -- a trail that takes you from Weindorfer's Chalet to the deepest lake of Australia, Lake St Clair. The forty-mile trail takes you through alpine forests, glaciated mountains, jagged peaks, and mirrored lakes leaving you in awe of every turn. It gives you a chance to interact with friendly joeys and sleepy echidnas, an experience like no other!
- If undertaking long treks is not your thing, you still have a chance to experience the magic of the wilderness and majesty of the mountains by taking a shortcut to Crater Lake via the Weindorfers Forest Walk. Sitting by the lake and gazing at the panoramic views of the surrounding mountains will make you realize how appropriately the Cradle Mountain has been named.
- The Weindorfers Forest Walk also happens to host one of the most awe-inspiring spectacles of nature which the locals affectionately call the turning of the fagus. During autumn, for a very short period of time, the beech trees turn their leaves from green to

bright oranges and reds in a matter of a couple of days, and you will not want to miss this!

- Stay the night in a camp or at a comfy lodge and brace yourself to experience nature's stunning light show -- the Aurora Australis, the Southern counterpart of the Aurora Borealis (or Northern Lights). You will be in luck if you visit anytime between the winter months of May to September as you will have the chance to witness these stunning lights dance around in the clear night skies against the backdrop of peeking mountains, conical trees and star-filled black skies.
- Closing the trip to the National Park calls for an adrenaline rush! It's time to head to the Dove Canyon to go abseiling down fifty meters deeper into the canyon. While abseiling here does not require prior canyoning experience, it will surely get the heart pumping as you get up, close, and personal with the landscape. And if abseiling ain't your thing, you can explore the Cradle Mountain Canyons on horseback along the Speeler Plain.

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AMA welcomes government's strong action on infant formula marketing

Tuesday, 22 October 2024

The Australian Medical Association applauds the federal government's commitment to develop mandatory marketing guidelines for infant formula products.

AMA President Dr Danielle McMullen said it was encouraging that the federal government had listened to the calls of the AMA and other health groups to bolster and mandate the Marketing in Australia of Infant Formulas (MAIF) agreement.

In a submission to the Australian Competition and Consumer Commission, Assistant Minister for Health and Aged Care Ged Kearney said, "the government is committed to mandating the MAIF agreement and acknowledges that a stronger regulatory framework is required".

Dr McMullen said the current voluntary marketing code has for too long allowed manufacturers and retailers to irresponsibly market their products to parents and carers.

"The government's commitment represents a critical moment for Australia as we move towards enforceable legislation that regulates the marketing of infant formula, which has become even more aggressive and irresponsible with the rise of social media," Dr McMullen said.

"Infant formula remains a safe and healthy alternative for parents who are unable or, for various reasons, choose not to breastfeed, but the marketing tactics used to promote the products must be regulated.

"Marketing of infant formula products in Australia risks creating confusion about the overwhelming benefits of breastfeeding. We applaud the federal government for acting on this issue, but we would also like to see regulations introduced on marketing of toddler milks."

The AMA has long called for Australia to adopt the [World Health Organization's \(WHO\) International Code of Marketing of Breast Milk Substitutes](#), which aims to stop the aggressive and inappropriate marketing of breast-milk substitutes, including infant formula and 'toddler milks'.

"Despite being unnecessary for children and unhealthy, we have seen 'toddler milks' deceptively advertised as beneficial — this a milk myth that must be exposed," Dr McMullen said.

"Retailers must also be covered in the new marketing regulations, rather than just limiting it to manufacturers and importers."

Dr McMullen said the WHO's marketing code provides the best protection from irresponsible and manipulative industry marketing practices, which are becoming increasingly deceptive with the rise of new digital marketing technologies.

"It's not uncommon for new parents to experience some anxiety about infant feeding, and these shady marketing campaigns prey on this anxiety by promoting their products at a time of potential vulnerability for many parents," Dr McMullen said.

"Parents who are unable or choose not to breastfeed should be equipped with the best possible, evidence-based information to allow them to make informed decisions about breastmilk substitutes."

Prac Payments to Medical Students could help Address Access Issues

The Australian Medical Association has called on the Australian Government to include medical students in the Commonwealth Prac Payments scheme to help improve access to care, particularly in rural and remote areas.

AMA President Dr Danielle McMullen said the AMA has written to the Education Minister, Jason Clare, expressing disappointment that medical students had been excluded from the payment scheme.

The scheme — announced in the 2024–25 federal budget — provides means tested support to nursing and midwifery students undertaking mandatory placements.

Dr McMullen urged the government to amend the scheme to include medical students, saying including medical students would improve community access to health care, particularly in underserved rural and remote communities.

“Medical students are required to undertake about 2000 hours of unpaid clinical placements,” Dr McMullen said.

“The costs associated with this unpaid placement are a significant barrier to participation among current and potential students from low socio-economic and rural backgrounds.

“Evidence also tells us that medical students that practice in a rural and regional area are more likely to stay in a rural and regional areas.

Helping these students stay and undertake their practice in rural and remote communities will mean more doctors in areas that struggle the most with access.”

Dr McMullen said Australia’s medical

workforce was maldistributed across geographies and specialties, making it harder for patients to access the care that they need in a timely fashion.

“Providing means tested access to these payments for medical students would be an important step towards addressing this growing challenge,” she said.

“The AMA is committed to improving access to care for the community and while there is no single solution, this proposed reform along with other well targeted policy initiatives can make a real difference.

“We will continue to work with the government on delivering a medical workforce that meets community need, having well developed policies that target medical student intakes, prevocational training places, GP training and non-GP specialist training places. “

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Where We Work and Live

Vietnam War 1962–75 | <https://anzacportal.dva.gov.au/resources/arthur-law-australian-army-partners-allies>

Wayne Brown (Australian Army), National Serviceman

Wayne Brown was called up for National Service and went to Vietnam as a medic. He was awarded the Military Medal for bravery.

More than 15,000 Australian conscripts served in Vietnam. Over 200 were killed.

When Wayne Brown was called up, he had to leave his wife and child and serve as a company medic.

"She was very teary saying, you know, 'You promised you'd never leave me.' and all this.

And I said, 'Well it's sort of out of my hands dear. But that's the way it is and we've got two years of this, we'd better make the most of it.

I'll send money home, and I'll do haircuts and you've got the house and the car - see how we go.' But it was traumatic. Yeah.

The medical kit had syrettes of morphine. I had tubes of anti-fungal cream, vials of anti-biotic powders and syringes and needles, scalpels; just about everything I could think of that I would need in the field and I probably carried far too much.

A medic's job is to patch 'em up when they're wounded, not to hang back.

And to get in and do it even though you're scared, pretty scared; you're more scared I think of not going in and your mates thinking you know, you haven't got the spine to do it than actually getting up on your haunches, ducking your head down and getting in there."

Wayne was awarded the Military Medal for bravery.

"The citation read that Corporal Brown



Wayne Brown (Australian Army), National Serviceman

moved forward from a relatively safe position, to where the wounded were and the area was being swept by continuous machine gun, rocket and small arms fire, he was blown to the ground by a rocket burst and continued to move forward, to rescue the wounded."

Finally, Wayne returned to Australia.

But it was not the homecoming he expected.

"On the early plane to Adelaide, got off the plane, there's no one there to meet me.

Hmm they have obviously got the wrong time, because I had rung the night before saying, 'I will be home in the morning.'

So I went home to our house and ah, there was only one knife, fork and spoon and one pillow and one set of sheets and one blanket.

And then I found out she'd sort of gone away with another fellow and you know, moved interstate and I thought, 'Oh, right oh'."

Continued next month.

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