

the medical link

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THE OFFICIAL PUBLICATION
OF THE GOLD COAST MEDICAL ASSOCIATION INC.
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The GCMA's Role in the Pacific, Past & Future

+

- Oceania: Medical Progress in the 21st Century
 - A Heart for Fiji
- Travel Impacts of Covid-19
- The GCMA AGM Meeting





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A Message from the GCMA President

Prof Philip Morris AM, President GCMA
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Dear GCMA colleagues,

We are now entering into 2021. 2020 is in the rear-vision mirror. Thank heavens! 2020 has been challenging for the GCMA. We missed having an AGM in 2020. For most to the year we had to move our meetings to Zoom webinars. But, with the successful constraint of the Covid-19 pandemic in Queensland we were able to meet together again towards the end of 2020 and now into 2021 (with some restrictions). Hopefully, with the rollout of vaccines we will be able to meet with more freedom later in the year. Our third Thursday of the month evening clinical meetings are going well and we have a program of topics, speakers and sponsors lined up for the remainder of the year.

Since I became president in late 2018 the GCMA has rebuilt its financial base. At the end of 2018 we were down to \$6,000 in our general account. As at the end of February 2021 we have \$35,000 in this account. This has been the result of our members rejoining the association and prudent financial management focusing on improving our sponsorship income and closely watching our expenses. We also have an additional \$3000 in our conference account.

While this financial turn-around has been encouraging, our membership numbers remain lower than I would like. We need to get the number of financial members back towards 300 or more. This is not an easy task these days when we are competing against general practice associations and specialist societies,

and a general move in the community to be less interested in participating in groups or professional organizations.

But we must try to gain more members and look for innovative ways of doing this if we are to remain the 'Independent Voice of Medicine' on the Gold Coast. Developing social media networks like WhatsApp or Telegram groups may be a way of encouraging participation.

Our program this year will have a focus on junior doctor career development. Junior doctors can be members of the GCMA at no cost. We hope our junior doctor representatives on our executive committee can help us recruit junior colleagues.

I encourage you to invite your doctor colleagues to join the GCMA in 2021. It is very easy to do. Just go to the GCMA website (www.gcma.org.au) and click through to the 'Become a Member' page to join. The registration page can take credit card payments.

We need to work towards having a leadership succession plan for the GCMA. I encourage all our members to consider filling one of the office holder positions (president, vice president, secretary, treasurer, GP representative, specialist representative, academic representative, and junior doctor representative) of the association. The GCMA is always ready to welcome new members to the leadership team. Please give me a call on phone number is 0422545753 if you are interested.



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Our collaboration with General Practice Gold Coast continues although the Covid pandemic limited opportunities in 2020. We hope for at least one joint meeting with GPGC in 2021.

In thinking about Covid-19 vaccination, it seems that the vaccination needs of our local specialist medical practitioners and their practice staff, as well as other community health workers not attached to general practices or Queensland Health, has been overlooked, at least for the moment. All these individuals are classified as '1b' in the vaccination priority list. But advice or guidelines about when these health workers will be vaccinated in the 1b rollout is not clear.

On further investigation, it seems that these individuals will have to pursue several different strategies to get vaccinated against Covid-19. They may approach their general practitioner for vaccination. Or, arrange to visit a respiratory clinic (there are four on the Gold Coast) to be vaccinated. Or, take advantage of the Queensland Health Hospital and Health Service vaccination program focusing on immunizing health workers more broadly in the community when this service becomes available. Or, finally, asking for vaccination through local private hospitals they might be affiliated with. I hope as vaccine supplies improve and more locations for vaccination become available that our medical colleagues and their staff can be immunized as soon as possible.

The Medical Link magazine continues to be published independently of the GCMA but remains the official publication of the GCMA. The magazine needs more medical content and I encourage members to submit articles of between 500-1000 words for publication. I have appreciated the strong support of our executive committee and our administrative officer over the past two years. Each one of them have supported me and put the welfare of the GCMA as their top priority. I would like to thank them by name.

Dr Maria Coliat – Vice President and Secretary
 Dr Geoff Adsett – Treasurer
 Dr Daisy Swindon – Junior Doctor Representative
 Dr Katrina McLean – GP Representative
 Prof John Kearney OAM – Specialist Representative
 Prof Gordon Wright – Academic Representative
 Prof Stephen Weinstein – Program Advisor
 Serena Mills – Administrative Officer

I look forward to a successful 2021 for our association.

Yours sincerely,

Prof Philip Morris AM
 President GCMA



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Dr Brent McMonagle

MBBS, PhD, FRACS (ORL)

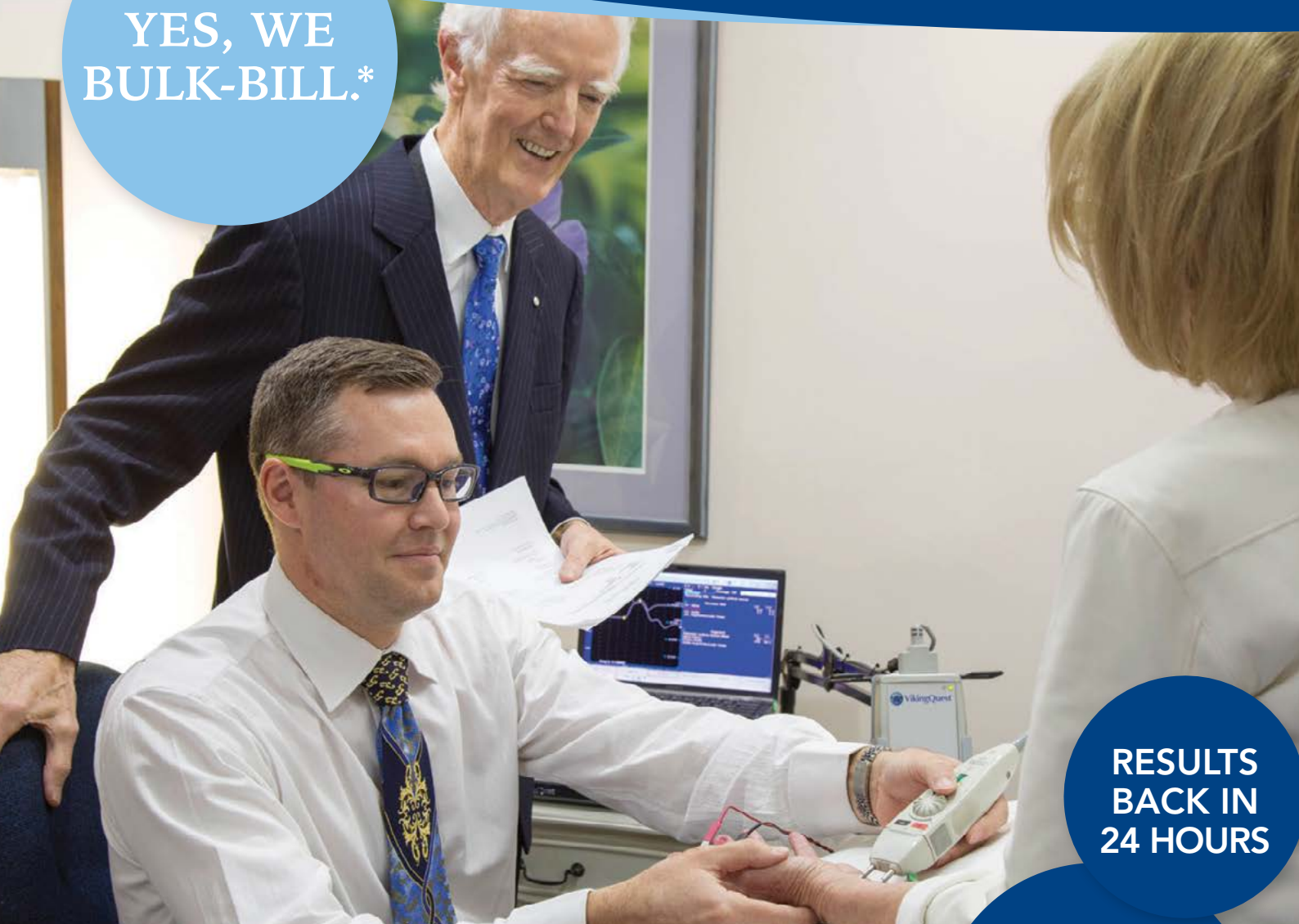
Dr Brent McMonagle is an ENT surgeon on the Gold Coast with sub-specialty training in otology, neurotology, sinus and skullbase surgery. He has strong research and teaching interests at Griffith and Bond Universities.

He has just commenced work on olfactory cell transplants in spinal cord repair, continuing the pioneering work of Prof Alan Mackay-Sim, Australian of the Year 2017, as well as further research in peripheral nerve repair and regeneration.

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Dr Greg Seeley

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His particular areas of interest are:

- Leukaemia
- Lymphoma
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- Venous Thrombosis
- Pregnancy Associated Haematology

He is the Senior Visiting Medical Officer - Haematologist at the Gold Coast University Hospital thereby providing clinical inpatient/ outpatient treatment at both public and private hospitals.

Greg has a dedicated history of providing an efficient, comprehensive and patient focused Clinical Haematology service for Gold Coast and Tweed/Northern Rivers patients & their families.

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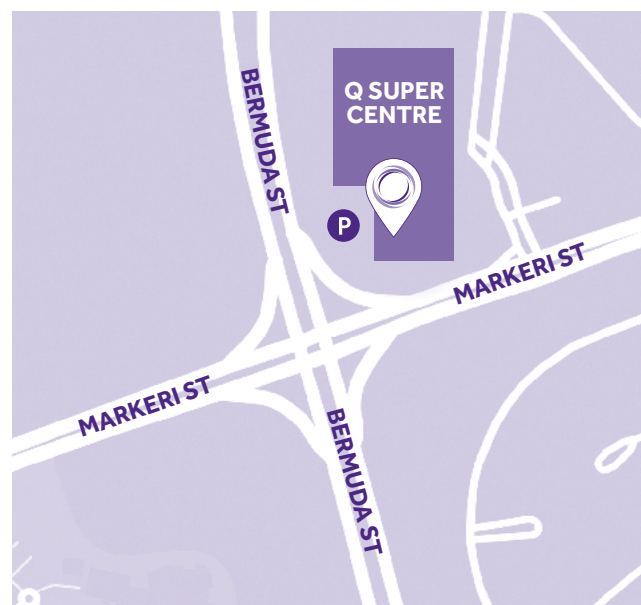
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The GCMA's Role in the Pacific, Past & Future

Prof Stephen Weinstein
MHA, FRCPA, FRACMA, FACHSE
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Our last Annual General Meeting on Thursday 18th March 2021, had a Pacific theme, to mark our longstanding association with our colleagues in neighbouring Pacific Island countries. To a background of Polynesian music, our members looked good in their Hawaiian shirts and flower leis. On a more serious note, Dr Vijay Kapadia gave an overview of cardiology in Fiji, and the important contributions that he and fellow volunteers have made to that. Dr Graham Sivyer updated us on a very interesting project building a remote hospital, that he is part of in the island of Pentecost, in Vanuatu. His local Vanuatu counterpart in this undertaking is Dr Richard Leona, a traditional chief of Pentecost as well as a urologic surgeon, trained in Geelong. Richard was our guest speaker at the AGM in 2019 (what a different world it was just two years ago!)

That evening we also reviewed our connections with the Pacific in the recent past.

In 2009 we held our first joint conference in the Pacific, this one in conjunction with the Fiji College of General Practitioners and the Fiji Medical Association. We chose Fiji because of Dr Vijay Kapadia's longstanding links with Fiji, and his inspiring and enthusiastic support. The conference set the example for future events, in that we aimed to have a program weighted with clinically useful talks, divided approximately equally between Gold Coast and Fijian speakers. The meeting received great local support, including an opening by the Fiji Director of Health, and a kava ceremony, a key component of any ceremonial occasion in Fiji. (photo: GCMA president Prof Philip Morris and Fiji Director of Health and Dr Shunil Sharma receiving welcome kava drink).

After the scientific program, there was a visit to the Lautoka Hospital, which gave most of us in insight into local health care conditions.

The conference was apparently a success, since one of the most frequent questions addressed to the organising committee was: "When are you doing it again?"

Well, we did it again in 2015, and this time the Fiji Health Minister opened the proceedings. One of our keynote speakers was Dr Stephen Leeder, former editor of the Medical Journal of Australia.

The joint conferences in Fiji were followed by one in Vanuatu in 2017, where our partner organisation was the Vanuatu Medical



The intention was to form links with an organisation representing Pacific Islands doctors from all regional countries and territories, particularly Samoa, Tonga, Fiji, Vanuatu, Solomons, Papua New Guinea, Cook Islands and numerous smaller nations.



and Dental Association. Dr Sale Vurobaravu, a young clinician in the Port Vila hospital, was a key player in our conference planning committee. It is safe to say that the event could not have succeeded without his tireless and enthusiastic support. A magnificent conference dinner with local island entertainment, as well as a visit to the Port Vila Hospital, were further highlights. Part of the intent of these joint conference were to let our members develop personal links with Pacific clinicians, to enable us to do volunteer work in those countries.

In 2018 a small GCMA delegation attended the annual conference of the Pasifika Medical Association (PMA) in Auckland. The intention



... it's time to look forward to our future role in the Pacific. One exciting possibility on the horizon is the Oceania University of Medicine (OUM), based in Apia, Samoa.

was to form links with an organisation representing Pacific Islands doctors from all regional countries and territories, particularly Samoa, Tonga, Fiji, Vanuatu, Solomons, Papua New Guinea, Cook Islands and numerous smaller nations (Kiribati, Tuvalu, Niue, etc). The PMA usually holds its conferences alternating every year between New Zealand one year and a Pacific Island country on rotation every other year. We thought it was a diplomatic triumph that our group managed to convince the PMA executive to hold



their September 2020 right here in Surfers Paradise, the first time ever it would be held in Australia. However, powers beyond our control willed otherwise, and this planned joint GCMA/PMA conference was not the only one to be cancelled in the fateful year of the corona virus epidemic.

Picking up the pieces, its time to look forward to our future role in the Pacific. One exciting possibility on the horizon is the Oceania University of Medicine (OUM), based in Apia, Samoa. Though a private, fee paying medical school with mostly Australian and American students, the school also has a small number of Samoan students. Teaching these enthusiastic young people was a highlight of an earlier visit to Samoa in 2008. The OUM welcomes Australian doctors as teachers, supervisors and mentors for students, which will become more enjoyable once travel to Samoa opens up again. We hope to use the Medical Link to update members of any other developments in our role in the Pacific.



Former GCMA President, Dr Sonu Haikerwal & Prof Stephen Leeder at the welcome ceremony in Port Vila, Vanuatu.



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A Heart for Fiji

Dr Vijay Kapadia

MBBS, FRACP

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Fiji has among the worst statistics for heart disease in the world. It is the leading cause of death in the country. While rheumatic heart disease (RHD), still is a very significant problem, it is ischaemic heart disease (IHD) which has been the much greater burden for decades. It has also been consistently shown that the incidence of IHD is about four times that of Australia.

There was little that was possible in Fiji beyond medical therapy. For a few decades there have been visiting teams from Sydney and NZ coming annually to operate on patients with RHD and also children with congenital heart disease. Laudable though these efforts were there was little that was possible in Fiji once these teams left.

There was one old treadmill and one old echo machine for the whole country based at Fiji's main hospital, the Colonial War Memorial Hospital (CWMH) in its capital city, Suva.

A country having a thousand ST elevation infarcts and requiring a minimum of 200 pacemaker implants a year needed a lot more than risk factor modification and medical therapy.

It was in this background that I returned home, to the CWMH where I had worked as an intern and medical registrar to set up a locally based and run cardiac unit. The task ahead was challenging to say the least. There were no pre-existing facilities, no resources and no one trained in cardiology.



A country having a thousand ST elevation infarcts and requiring a minimum of 200 pacemaker implants a year needed a lot more than risk factor modification and medical therapy.

What followed has been an epic journey that is still continuing. It has been fraught with recurring problems but there has been progress.

The centrepieces of our unit have been used cath labs procured from Australian hospitals. Around them we have installed treadmills, brought second-hand echo machines, and started procedures such as pacemaker implants, cardiac catheterization, angiography, angioplasty and stenting.



Fiji could be made into a potential medical hub in the Pacific with cardiac services being a model.

More than procuring equipment, the even greater task was to train the local team and make them as independent and capable as possible. This has been achieved largely within Fiji at virtually no cost. Building local capacity and empowering teams to function on their own would have been a major goal of health projects in the developing world. Work must not stop when a visiting team leaves. I have been joined by an amazing group of doctors and nurses mainly from Australia and NZ, but also from other countries such as Canada, the USA, India and China. We are all volunteers, working pro bono and pay for our accommodation and travel expenses.

The CWMH's cardiac unit has by now performed close to 5,000 angiograms and 500 angioplasties. The South Pacific's first tertiary cardiac service has been created in Fiji at minimal cost and without any overseas government aid.

Fiji could be made into a potential medical hub in the Pacific with cardiac services being a model. Many other specialities could be similarly developed addressing the medical requirements of the Pacific islands. These nations with limited and stretched medical resources are ill-equipped to cater for their far-flung populations. It is time for a concerted strategy originating from their neighbours Australia and NZ, two nations with some of the best health care in the world.

No aid will be more meaningful, and none will be more gratefully received. Hospitals, medical schools and specialist societies in Australia and NZ could be part of such a project. In this ever-connected world where none of these nations should be an island alone, we can achieve much if we can "change the boundaries of our thinking, of our influence and of our efforts."



The GCMA AGM Meeting





1. Ryan & Marissa Swanepoel
2. Dr Vladimir Villamore & Dr Clemente Brazil
3. Crowd
4. John Kearney, Gordon Wright
5. Tony Shooter
6. Geoff Adsett, Lauren Roth, Sarah McEwan, Shannon Springer
7. Stephen Weinstein, Phillip Morris
8. Greg Aroney, Graham Sivyver, Gretchen Hitchins, Allison Lavelle
9. John Kearney
10. Anthony Cora
11. Lis Weinstein & Geoff Adsett
12. Shannon Springer

Robina Private Hospital welcomes two new consultant psychiatrists to the team

Robina Private Hospital is a 90-bed private hospital with three specialist wards along with consultancy, outpatient, mental health day programs, day surgery general medical and rehabilitation services. It is the only private hospital in the Robina Health Precinct and within close proximity to the precinct's existing, extensive public services.

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MEET OUR TWO NEW CONSULTANT PSYCHIATRISTS



Dr Zoran Radovic is a consultant psychiatrist in private practice at Robina Private Hospital.

Born in Serbia, Dr Radovic finished school and completed his specialist training in psychiatry in 1992. Following a successful career in a renowned state hospital in Serbia, he decided to move internationally and practice for a number of years in Cyprus and Europe.

In 2004 Dr Radovic relocated to Australia where he worked in private practice on the Sunshine Coast before moving to Victoria in 2015. During this time he pursued a career in public mental health, leading acute interventions clinical teams.

In 2020, Dr Radovic was promoted into the role of clinical director of mental health at the Warrnambool Mental Health Service before commencing at Robina Private Hospital.

Dr Radovic specialises in general adult psychiatry, PTSD, mood disorders, psychotherapy and ECT. He also holds a special interest in VVA and DVA consumers with PTSD.

When he isn't practicing psychiatry, Dr Radovic's personal interests extend to sports, tennis and traveling.



Dr Nayan Soni B.PHTY, MBBS, FRANZCP, is a holistic consultant psychiatrist in private practice at Robina Private Hospital.

After developing his health science background from physiotherapy, Dr Soni completed his medical degree at Griffith University on the Gold Coast. Dr Soni's curiosity of human expression provided the ideal foundation for psychiatric specialisation.

Since 2011, Dr Soni has trained and worked in a variety of medical and psychiatric settings across Australia. He aims to inspire hope and a growth-mindset in patients and their dear ones to achieve optimal recovery and quality of life.

Dr Soni's special interests are perinatal psychiatry that includes the family's mental health, neuro-stimulation, and integrative health and wellness to consolidate recovery and prevent relapse.

He is presently completing further training in addiction psychiatry, and is involved in teaching and research.

To arrange an appointment or referral with Dr Radovic or Dr Soni, please contact Robina Private Hospital's Admission and Assessment team by phoning 1800 707 581.

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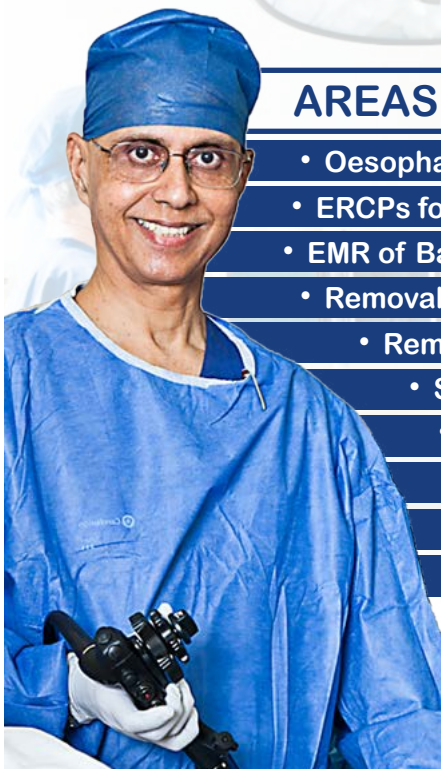
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Travel In the Age of Covid-19

Dr Simon Thatcher

BIT (Hons), MBBS (UQ), CTH®
enquiries@healthhq.com.au | (07) 5526 4444

By the time you read this it will be out of date as things are happening so fast it is hard to keep up.

As I discussed at the GCMA meeting a bubble is opening with NZ. This will be followed by other pacific islands. Then Asian countries with good control such as Singapore.

If Australia had reached our target of herd immunity by October, then I expected we would be able to travel to countries such as USA and Europe and not have to quarantine on way home. The delays with vaccine importation and production in Australia put that in some doubt but Qantas has announced they still expect that to happen. It is very likely you will have to produce proof of vaccination to enter most other countries. In addition, treatment of covid-19 has improved so death rates in hospitalized patients have dropped. At some point the medical advice to the government will be that the risk of outbreak in Australia is acceptable.

Everyone over 50 should get the Astra Zeneca vaccine as soon as possible if you want to travel overseas as soon as possible. The very small risk of blood clots is far outweighed by the risk of serious covid-19 infection. Recent studies show Astra Zeneca vaccine may produce better cellular immunity than Pfizer and therefore is much more likely to last until you get a booster next year. Today, as I write this, Pfizer has announced a booster after the first 2 doses may be required 9 months later and this may be hard to acquire in Australia. It is hard to predict exactly how this will affect a vaccine passport.

If you are under 50 and want to travel to higher risk countries before the end of the year, then you still need to consider getting the Astra Zeneca vaccine currently unless your work is category 1a and you will have already had Pfizer vaccine. Astra Zeneca is



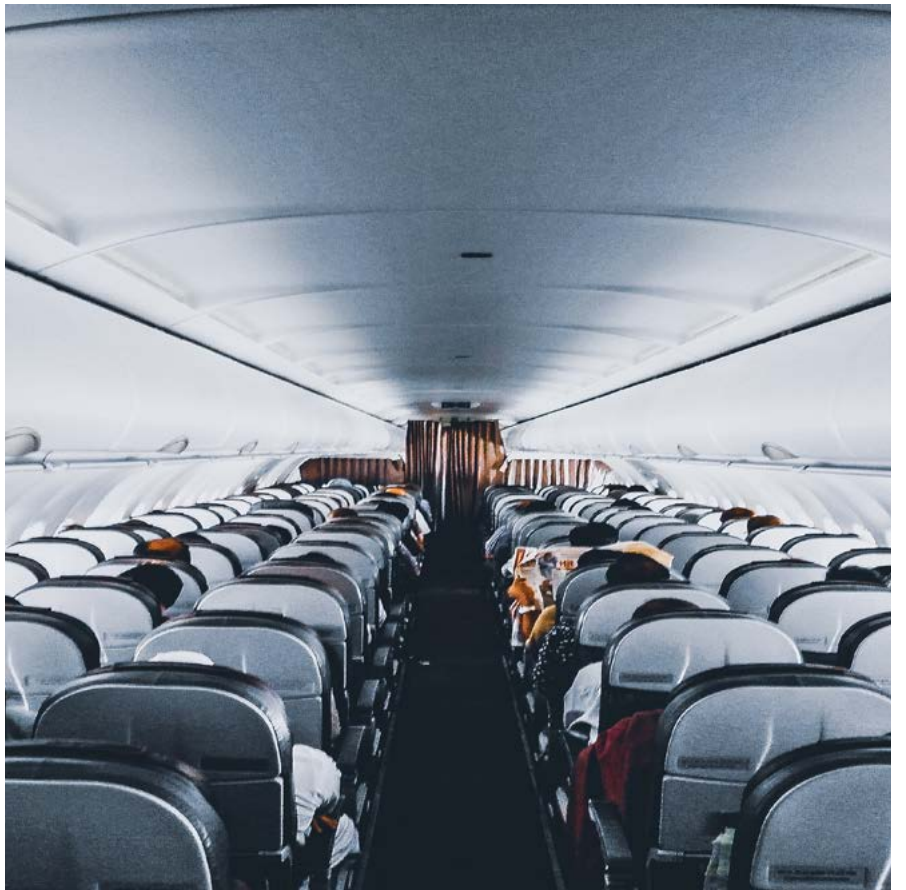
If Australia had reached our target of herd immunity by October, then I expected we would be able to travel to countries such as USA and Europe and not have to quarantine on way home.

not banned under 50 but you currently need to be category 1b and discuss risks with your vaccine provider before getting it. It is far less dangerous than many other medical interventions (like women being prescribed the OCP) and the risk analysis, to me, does not seem to consider the 66% of young covid-19 patients who still had evidence of damage to at least one organ 4 months after infection.

Otherwise, it may be late December for Pfizer vaccine to become available to category 2b recipients.

The biggest current unknown is whether mutations will make the current vaccines ineffective.

I hope this is helpful but again point out advice may rapidly change.



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Local & International Travel for 2021 / 2022

Andi von Zepellin

Andi von Zepellin, Director of Zeppelin Travel presented an overview of local and international travel for 2021 and 2022 at GCMA on February 21st.
info@zt.com.au | (07) 5557 9888 | www.zeppelintravel.com.au

The uncertainty of projections was noted but the amazing resilience of the industry was highlighted. This experienced travel organization offers a wide range of personalised services to Gold Coast individual and corporate clients and this skill is vitally important at present. Adapting to the ever-changing circumstances is critical. The decline in international arrivals



Projections for future international travel vary enormously with no definite government advice available.

and departures since March 2020 has been enormous and the bubble with New Zealand is only recently developed. Projections for future international travel vary enormously with no definite government advice available. Vaccination certificates also remain contentious. Nine countries welcome international vaccinated tourists including Cyprus, Iceland, Estonia, Lebanon, Georgia, Poland, Romania, Seychelles and Thailand. Most international carriers have cancelled flights. Qantas predicts December 2021 as a possible commencement of services.

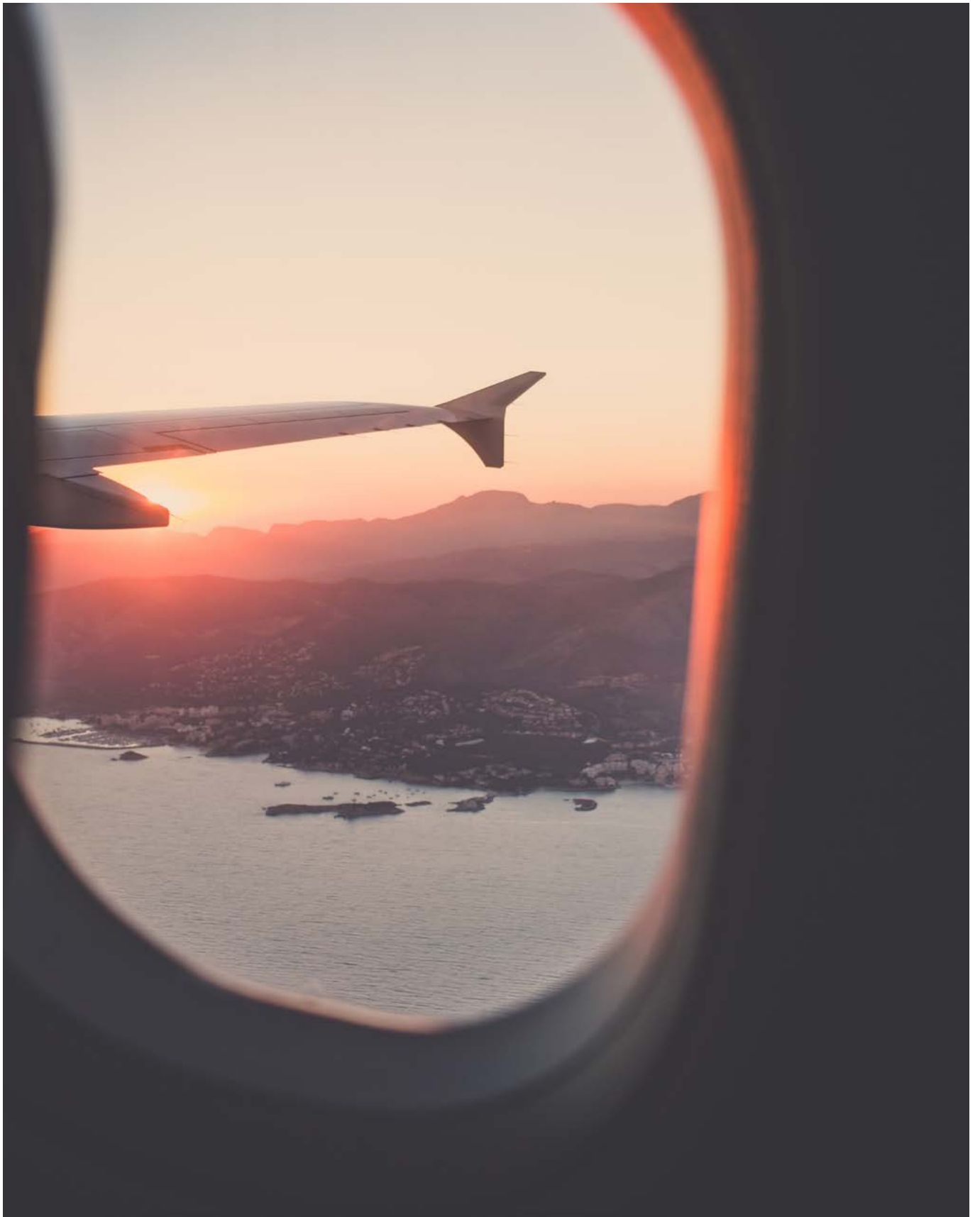


Nine countries welcome international vaccinated tourists including Cyprus, Iceland, Estonia, Lebanon, Georgia, Poland, Romania, Seychelles and Thailand.

Domestic tourism is likely to expand in 2021.

Cruising has been hard hit by the pandemic but two out of three regular travellers are willing to resume cruising. Domestic cruises are slowly resuming. Other countries are also restarting their services. The expansion of cruises to nowhere is heading our way. Lowering cruise cabin risk has been attempted. New protocols for shore excursions have been developed and expanded.

This challenging time has seen many difficulties for Australian society but this persistent, dedicated travel service is a beacon for our post-Covid future.



Travel Impacts of Covid-19

Chris Mills

CEO, Queensland Airports Limited (QAL)

(QAL owns & operates four airports in Queensland, with Gold Coast being the largest. The Gold Coast airport is the sixth busiest in Australia.)

The impacts of COVID-19, and associated restrictions on travel, have been significant for the aviation industry. The Gold Coast airport normally welcomes around 18,000 passengers a day. In April 2020, following state border closures, passenger traffic reduced by 99.7%. The airport received occasional flights for a period of time but was closed for 45 days. Activity has only recently increased as internal borders open again. There is significant pent up demand to travel, but people are wary of further travel restrictions. Health is a key focus and it remains a requirement across Australia that masks be worn on flights and in airports.

Recent analysis found the global airport industry saw a reduction of six billion passengers by the end of 2020 – a decline of 64% in global passenger traffic (a 98% decline in Australia), representing a reduction of almost \$112 billion in revenue. Separately there are estimates that air travel won't return to 2019 levels until 2024. Different requirements across states and territories have made it particularly difficult as there has been no consistent position taken on definitions of hot spots or triggers for border closures. Federal and state governments have been at odds in this regard.

Australia's economy is heavily reliant on international passenger and freight traffic. A timeline for the safe reopening of international borders is essential for the economic recovery of the nation. With the roll out of the nation's vaccine program underway, a plan to reopen the international border should be formed to ensure the economy can continue to recover. A phased, step-by-step international passenger journey protocol will be essential in achieving this.

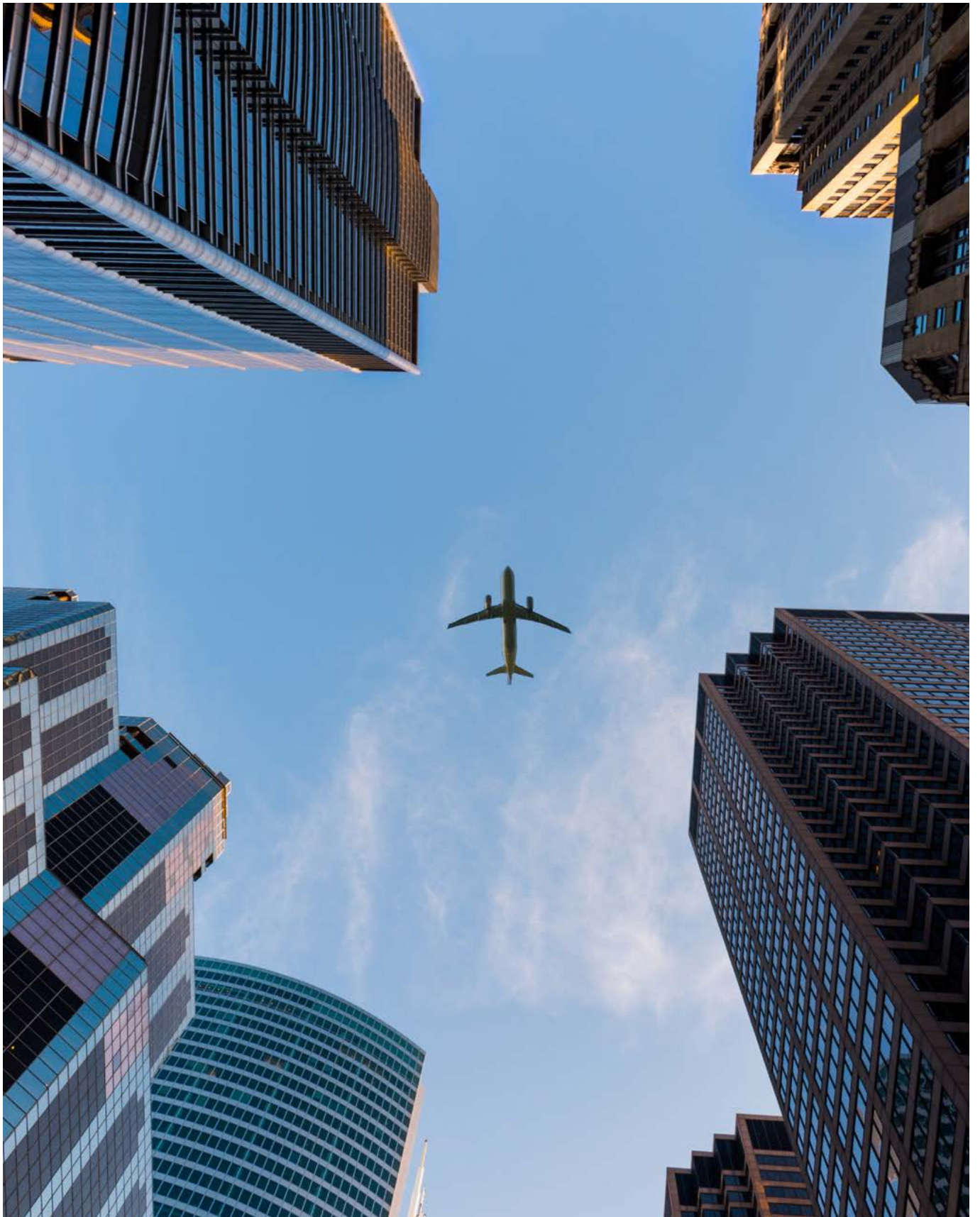
The difficulty in achieving a consistent position within Australia suggests that it will be no easy task to reach agreement for travel with other countries. Nevertheless we remain positive that New

Zealand will provide the first opportunity for an international bubble without quarantine this year. The focus is then likely to turn to countries such as Singapore, Japan and South Korea. In the meantime airport investment continues, with a hotel recently opened next to the terminal, and a major three level terminal expansion due to open next year.



Recent analysis found the global airport industry saw a reduction of six billion passengers by the end of 2020 – a decline of 64% in global passenger traffic (a 98% decline in Australia), representing a reduction of almost \$112 billion in revenue.

No aid will be more meaningful, and none will be more gratefully received. Hospitals, medical schools and specialist societies in Australia and NZ could be part of such a project. In this ever-connected world where none of these nations should be an island alone, we can achieve much if we can “change the boundaries of our thinking, of our influence and of our efforts.”



Oceania: Medical Progress in the 21st Century

Dr Graham Sivyer

MBBS (Hons), FRACGP, FSCCA
grahamwsivyer@hotmail.com | (07) 5531 3205

Oceania encompasses the Pacific Island states of Micronesia, Polynesia and Melanesia including Papua New Guinea, Australia and New Zealand, and is scattered over an area of 8.5 million square kilometres. The population of Oceania is approximately 41 million with about two-thirds living in Australia and New Zealand. Oceania includes 25 different countries, of which 12 have a population less than 100,000.

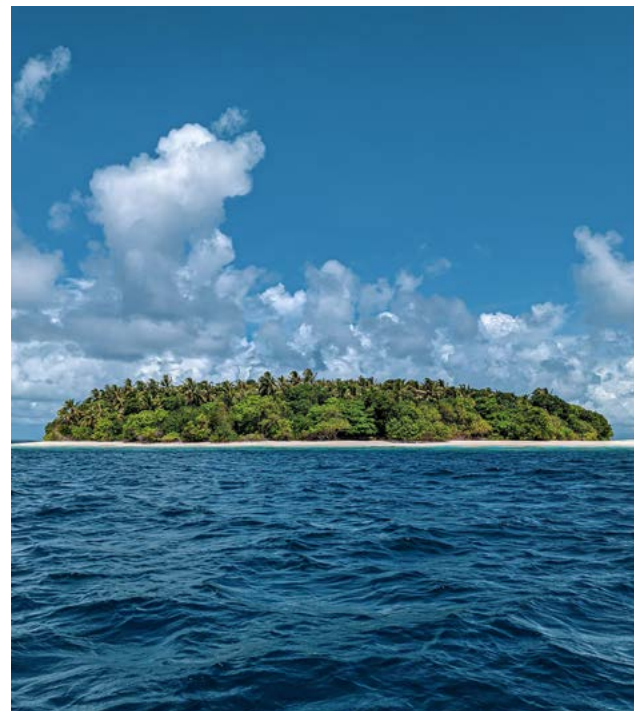
There are widely differing economics, education, health services and infrastructures throughout Oceania. These tend to equate to urban versus rural living populations. For example, health services and infrastructures within the rural regions are less developed and the overall mortality rates including maternal and infant mortality are higher.

Vanuatu, an archipelago of 83 islands, and a mainly rural-based population of 290,000, has an infant mortality rate of 28/1000; vaccination rate of children under two years of age of 33%; children who have never been vaccinated of 20%; children who have been vaccinated against measles of 53%; and malnourished children of 30%. Obesity in women in Vanuatu is 31% due to the adoption of a Western type diet (Demographic Health Survey, DFAT 2015).

Australia and New Zealand, whose populations are mainly urban based, have mortality rates and economic indicators similar to the rest of the Organisation for Economic Co-operation and



In 2019/2020, AUD \$1.381 billion was provided to 11 governments within Oceania. Papua New Guinea received \$572.2 million, Solomon Islands \$187 million and Vanuatu \$66.2 million. Of this \$66.2 million aid to Vanuatu, \$15 million is allocated for use within the health sector including hospitals, village health worker programs and anti-malaria and immunisation campaigns.



Development (OECD). The World Health Organization (WHO) index of 4.45 health workers (doctors, nurses, midwives) per 1000 population is considered necessary to meet the sustainable development goals by 2030. Australia and New Zealand have an index of approximately 4.0, however, Papua New Guinea and Vanuatu as examples, have an index of 0 in a survey of paediatricians throughout the world published in the BMJ, 2019. Beth Harper concluded that those countries with the highest burden of paediatric mortality and morbidity had the lowest paediatrician density.

The survey also showed that the primary care role is often filled by non-physicians or generalists. A survey of hospitals in 14 sovereign states of Oceania showed 95 hospitals with a ratio of one hospital for 189,000 population. Australia has 693 public and 657 private hospitals resulting in a ratio of one hospital for 18,500 population. Similarly, there are 21 medical schools in Australia, resulting in a ratio of about one medical school for 1.37 million population. There are six medical schools in the rest of Oceania, resulting in a ratio of about one medical school for a 3 million population. These surveys indicate not only a shortage of primary healthcare workers but also an imbalance of hospitals and medical schools throughout Oceania.

In 2019/2020, AUD \$1.381 billion was provided to 11 governments within Oceania. Papua New Guinea received \$572.2 million, Solomon Islands \$187 million and Vanuatu \$66.2 million. Of this \$66.2 million aid to Vanuatu, \$15 million is allocated for use within the health sector including hospitals, village health worker programs and anti-malaria and immunisation campaigns.

In an early meeting of the Gold Coast Medical Association (GCMA) during 2019, Dr Richard Leona from Pentecost Island requested help from the GCMA to provide a portable XR machine, blood auto-analyser and annexe to house the equipment. In 2015, Dr Leona had upgraded the facilities of Mauna Health Centre on Pentecost Island to include a surgical theatre. The portable XR machine and analyser would provide a better health service to the population of Pentecost Island. Three rotary clubs on the Gold Coast decided to assist with Dr Leona's request. The annexe to house the medical



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equipment is being built at the Arundel Men's Shed on the Gold Coast. Later this year, the annexe will be numbered, flat-packed and shipped via container to Pentecost Island where it will be reassembled. The cost of this stage is \$30,000 and has been funded by Rotary.

The second stage involves purchasing a portable XR machine and blood auto-analyser and arranging vocational training teams to visit and assist local persons. The estimated cost for the second stage is budgeted at \$100,000.

The people of Pentecost Island need your help. Please contact the secretary of the GCMA for more information.

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After decades of sacrifice and planning for their future, the reward for many Australian seniors is their property portfolio. The main residence, and of course any investment properties, are in most cases generating their biggest appreciating return on investment.

Today's seniors have expressed clearly that the traditional retirement assets of aged pension, superannuation and savings do not always provide adequate financial confidence for a large percentage of single seniors and retired couples.

Boosting Retirement Income Safely

Thanks to the findings of advisory groups, Government now recognises that alongside these assets, safe access to your property portfolio can significantly boost retirement income and therefore the quality of retirement for an increasingly ageing population 1.

As an example of industry specialists responding to the needs of the Australian seniors community and the protections offered by regulation, companies like the Australian Seniors Advisory Group (ASAG) offers safe customisable solutions that allow seniors to access finance and gain greater financial security while enjoying a more comfortable, well-earned retirement.

Australian Seniors, the Richest in the World

In retirement, your sense of freedom is largely dependent on your financial stability. The good news is that Australians are the richest retirees in the world 2, with wealth largely comprised of a lifelong investment in property.

According to the 2018 Global Wealth Report, Australian seniors are nearly three times wealthier than their American counterparts. Yet for many Australians dependent on the aged pension, superannuation and savings, retirement living is modest at best.



***Accumulated wealth does
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Accessing Preserved Wealth

80% of our seniors enter retirement owning their own home, after decades of diligence and sacrifice 3. But as a nation of homeowners and home builders whose wealth is in fixed assets, access to these hard earned funds become the real issue, until now.

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Enjoy Your Wealth – Access Your Investment

Equity Release products are accessible to many Australian seniors. A homeowner who meets loan approval and simple age criteria can create a personalised schedule of equity disbursement in either a lump sum, a line of credit or a schedule of fixed income payments designed to be a simple income supplement.

The process is further regulated for your protection with government recommended maximum borrowing and repayment parameters measured against the value of the property.

Government Protections

Today's choices in equity release allow no change to the property title so all future capital gains on your property are yours to enjoy. If you wish, no repayments are required until the end of the loan when you leave the property. Your permanent occupancy is guaranteed, so you can continue to own and live in your home.

Alongside savings, superannuation and the aged pension equity release allows access to the wealth you created through a lifetime of hard work, potentially improving retirement for millions of Australian seniors.

The Importance of Accessing Home Equity

Federal recognition of how important access to property equity is in improving the quality of retirement living has prompted the swift development of the market. 4

Customer protection remains a priority and the government has introduced significant regulations such as the 'No Negative Equity Guarantee' as just one example. With these regulations in place, consumers are growing in confidence with reports indicating that more retirees are now considering the release of their home equity to fund their retirement.

"Research indicates 43% of retirees would now consider releasing up to 13% of their home equity." 5

This statistic is just the tipping point. Population modelling shows that the number of Australian seniors in the over 65 category will likely triple in number by 2066, from 5+ million to 15+ million. So, access to your property's accumulated wealth is now vital for millions in or considering retirement.

The Four Pillars of Retirement Planning

Providing seniors access to their wealth and helping Australian seniors achieve financial peace of mind in retirement are the objectives of organisations like ASAG.

They are responding to these findings with individual and customisable methods of Equity Release, with regulatory protections in place for your safety.

Sensible retirement planning right now includes the four pillars of retirement funding. The key being the normalisation of accessing equity from assets i.e. your property's equity.

Today's Investment Environment & the Normalisation of Equity Release

In today's safe and controllable environment, in a period of sustained low-interest rates, accessing wealth in your property should be considered a normal part of your personal retirement plan to live your best retirement life. You planned your property ownership so it's normal to plan access to some of it, at a time you need it and deserve to enjoy it most.

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that are built to clearly explain the product, its benefits and responsibilities characterise seniors equity release platforms. This allows Australian seniors access to all the information and their funds seamlessly by turning the locked away wealth in their property into available assets at a time its needed most.

Calculating Your Available Equity

Calculate the maximum amount you may be eligible to borrow by inputting your age and home value using the Government's MoneySmart website or the industry providers' websites. Find out how an individually tailored Equity Release can help you gain greater financial security, and a better retirement by visiting one of the industry providers' websites. For more information about ASAG and Equity Release products visit www.seniorsadvisorygroup.com.au, or call 1300 002 724.

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References:

- 1 2020 Retirement Income Review Report findings, p.19
- 2 2018 Global Wealth Report
- 3 08/2018 ASIC Review of Reverse Mortgage Lending In Australia Report 586
- 4 2020 Australian Report to Treasury Retirement Income Review findings, p.19
- 5 RMIT University Reverse Mortgages Financing Ageing In Place



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GCMA President Awarded Order of Australia by Queensland Governor for Services to Medicine & Psychiatry

Prof Stephen Weinstein
MHA, FRCPA, FRACMA, FACHSE
stephenweinstein@bigpond.com

At a ceremony at Government House in Brisbane on the 22nd of September, our GCMA President Professor Philip Morris was made a Member of the Order of Australia by the Queensland Governor, His Excellency the Honourable Paul de Jersey, representative of Her Majesty the Queen. The photo on the opposite page shows the Governor and Prof Morris in the reception room of Government House, Fernberg.

The Order of Australia is an order of chivalry established in 1975 by Queen Elisabeth the Second, and is awarded to Australian citizens and other persons for achievement and meritorious service. Prior to its establishment, Australians received orders under the British Imperial awards system. The badge of the order features a gold disc representing the Golden Wattle flower, while the ribbon is blue with a central golden wattle flower design:

The order consists of four levels in descending order of seniority, Companion (AC), Officer (AO), Member (AM) and Medal of the Order of Australia (OAM). A higher level, Knight and Dame (AK and AD), was discontinued in 2015. The appointment process involves the nomination forms given to the Council for the Order of Australia, which then makes makes recommendations to the Governor General. In 1980 the award recipients formed the Order of Australia Association, aimed at support of Australia's culture and traditions.



At a ceremony at Government House in Brisbane on the 22nd of September, our GCMA President Professor Philip Morris was made a Member of the Order of Australia by the Queensland Governor, His Excellency the Honourable Paul de Jersey, representative of Her Majesty the Queen.

We the members of the GCMA congratulate our President on this significant achievement.



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