



AGM

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00:00

Okay, we might get started. I'm not sure who's out there in the internet world. It's Tim Warnock here we're going to kick off the AGM of the APS people here we go. All right, we've got some people online. There is a draft agenda of the AGM, and we'll stick to that as much although I had suggested to Peter the election of office bearers probably should come up the agenda a little bit more. The minutes of the previous AGM I do have I think those minutes are from our meeting in Hawaii. I'll just go grab them or Mike quickly read those out.

01:21

Theories Yeah, okay. So, we don't have a secretary which makes it difficult to ask for those minutes. I won't read out the whole of the AGM minutes from 2019. At that time, the new executive was voted in that was myself as president, Vice President, Paul Bauert; Peter Goss treasurer, Jo McCubbin our NRHA Representative, Mark de Souza, immediate past president, Alan Kerrigan, past president and co-opted member and Nigel Stewart co-opted member. We have a couple of apologies, Mark de Souza, and Nigel Stewart, any others from the floor that you're aware of? All right. I'll just go straight to my report.

So, the 2022 APS AGM presidents report. Our last AGM was held on Wednesday the 26th of June 2019 on the Spirit of America cruise ship in Hawaiian waters. I took over the role of president from Mark de Sousa. I'm informed we did have a telehealth AGM in 2020. We had several goals at that time, many of which were significantly impacted by the arrival of COVID 19 pandemic in Australia in January 2021. Our first goal was to set up a new APS website and this was finalized in May 2021 with the assistance of Peter Goss and Suzanne Grainger, web organizer from Impagination. The allergy update was held in February 2020 in Sydney and the APS annual diabetes meeting went ahead as a zoom teleconference in October 2021. Thanks to Peter Goss and his team for organizing both of those meetings. The new website has resulted in a significant number of email inquiries being forwarded to me, particularly by colleagues with inquiries around the diabetes meeting recordings, as well as the general public and pharma with inquiries about sponsorship of meetings and notifying educational seminars. RACP activities have continued with my attendance at the special societies meeting in July

2020. That should be 2019. Several Zoom catch up meetings and more recently meetings including the COVID kids catch up campaign and the RACGP joint forum. Endorsements for our APS activities were received. Some of these were very relevant to our group including point of care HbA1C testing funding, the loss of telehealth co-payment number 112 and withdrawal of other telehealth item numbers. The HPS/APS meeting program in K'Gari (Fraser Island) has been finalized with some last-minute changes that I hope we're able to be accommodated by the Organizing Committee of HPS and Lyndell Wills, the event organizer so that really was the fact that we went to a telehealth conference mode for our part of the meeting. And again, thank you to Gary Smith, who's has put this together with Peter Goss, and to Lyndell for making it all happen this end because we've been very, very concerned about our internet connection all week. The last committee meeting was on March 19,2022.

This year, I've nominated to continue as president for another 12 months. My goals in this 12 month is for an APS group survey of the members to see who we are representing and how work practices have changed in regional and rural areas; improve communication between members using our websites member area; strengthen our past education commitments; and look at ways expanding of that role. I think that particularly is regarding trainees and Will Goss's ideas. And I think we should define the roles of committee members, if that's not already there, and put that on the website as well. Thank you to committee members, Suzanna and Lyndell for assisting me and my role for APS at this meeting and for the past few years. Tim Warnock, APS president.

06:25

Peter, do you want to put the Treasurer's report together?

06:43

Yep, thanks. Thanks, Tim. That's great. So, the 2022 treasurer report, it's a pleasure once again to present the APS finances in a very healthy state. The 2021 financial report prepared by Philip Simmons accounting in Sale, Victoria demonstrated a net profit of \$14,461 compared to the 2020 net profit of \$37,406, giving us at the end of June cash in hand of \$79,496. The COVID issues extinguished all revenue opportunities. And the carryover expenditure of conference venue booking reduced the expenditure to produce a net profit. So, we actually effectively make any money, but we did make a net profit because of that. And all this, the financial reports now on the website for members to see, and remembering this is the 2021 financial report, we're almost through the other side of it to 2022. Funds have been allocated for clinical purposes, maintaining the T one Learning Center, which is the currently is the facility for school access, or for school programs and things like that, which I'll go into a little bit later. And it's been very helpful to assist children and families manage type one diabetes along the ESPAD guidelines. We will be the APS has agreed to assist funding of a novel method of data collection for regional pediatricians if they wish. And this should be available within the next week or two. It's been a little bit delayed regarding the format. But hopefully that'll be that'll be something which will take off around Australia, which will provide us with quite a lot of data. The APS has now got over 250 financial members, so there's quite a few. As was mentioned earlier by Tim, I think that that number since the website has come on board has gone up significantly. The website was a significant cost. But it does encourage access to a broad variety of clinical presentations and resources. This meeting will be on the website for people to look at and if they want to review the AGM as well, they'll be able to do that if they are members. So, despite APS losing all revenue because of COVID 19, because our revenue only comes from our allergy and diabetes meetings. So, despite restricted

conferences and travel, our financial status remains very strong. The APS remains in a significantly healthy financial position to continue its work in APS workshops and using the highest quality speakers. There are different ways of lobbying and gaining a little bit more recognition in the issues for furthering the best interests of child health. We do have some scheduling to do. We do have some funds that will assist that goal. Thanks, Tim.

09:59

Thanks, Peter. We'll continue with the rest of the reports. And I think when we get down to the subcommittee's report, we might move up election of new office bearers into that spot. So next up in a NRHA representative, Dr Jo McCubbin do present her report.

10:30

Okay, not a lot to report, it's all been virtual to this point. The main agenda being pushed by NRHA now is to look at ways of making delivery of health services viable in small rural communities and looking at trying to consolidate into one kind of a hub, where you might only have one of each skill type. But at least there's that collegiate support for each other, you might have one speech therapists and one dietitian and one doctor and one physio and a dietitian or something, but having them under the same roof, they're more likely to be able to support each other. But because it might not be viable to maintain a practice, if there's not enough people in the area, then looking at a block funding, salaried model. So that maybe makes people more attracted to go and work there, because they don't have to worry about the business side of it. And they know that they will make enough money to survive all kinds of things. So, it's sort of looking at fleshing out that kind of model. And that's been the area of interest just lately. Now, we have to see what happens with the election and the conference in August just after that should bring in some new issues. I should add, I didn't mention this before, because at the time, I forgot, over probably the last 10 years, there has been a strong sense within the council that child health needs to be a priority, for lots of reasons, and everybody agrees, but it just never seems to quite make it to the top of the list and get acted on. So, it's time for a renewed push, and the political pressure for children overall, at a political level, but also rural children, that if they both rose to the top at the same time, that might give both of them an extra push along. That's really all I have to report.

12:43

Thanks, Jo, for that. Now, Mike Williams, are you online to discuss the journal club?

12:58

Yep, in my mind, look at the journal club. In essence, I've lost track of time, but it's it may be 30 years now. Six times a year 7am to 8am, except when daylight savings zone and then we have a disruption north and south of the Queensland border. But and we usually have two or three reviewers just had one on Thursday. And each of them presents a couple of papers. And it continues to attract. I think we had 12 to 15 people online on Thursday. So, it's about 15 people linking in. And I think we all the feedback I get is that because, you know, we're all sort of seeing similar situations and in similar places, we get a lot of benefit, I suppose you'd say from the articles that our colleagues have chosen, focusing on issues that they think relevant and therefore relevant to us. And, the discussion is quite stimulating, I guess. So, it's a fairly tight one-hour session, six times a year. But I guess its continuity indicates that people are voting with their feet or whatever. We do a video obviously now originally it was just on telephone.

So, it'll be ongoing. We have a program that seems to run financial year for some reason or other I don't know why. So, the last sort of one for this financial year will be in June and then we'll put out a new program, anyone's welcome to join in. They can email me, Christie, my ex-secretary or admin officer is based at the Mackay Base Hospital. Christie is really the coordinator. And I work with her to set it up and run it, but she does most of the hard work. So, anyone's welcome. Just contact us to join in. And we encourage you and, you know, probably might be something we could flag with Will to get that new blood coming up, because a few of our soul blocks there still. And we need to get the new guys. That's about it.

15:43

Thanks, Mike. Can I suggest that you put the time and link for that meeting on the website? I think there'd be a lot more people who might join your group. I for myself, haven't done that, then I'm sure there are other people like me if there was a way of seeing when they could pre plan it. Yeah. You have invited me, it's not your fault.

16:14

Can I just say if you can I have to apologize to Peter, I get so focused on some aspects. And I forget to push the recording button and I forgot to push it on Thursday. But I will try and train my brain to record it. And we were going to try and get that up, I think on the website. And maybe Peter can talk more about that issue. So, but it's much better if you can be involved in the live discussion, but there is we're hoping to on a more consistent basis have it the recordings up on the website.

16:53

Thanks, Mark, that we don't have a dot point for postgraduate education and Mark De Souza used to chair a group that would invite an expert speaker on a topic and link in by telephone or Teams. Mark sent his apologies for today. I don't think there have been any during COVID. But again, that's a format we need to look at for ongoing education. So last, well, Will's not here either. So, it'll be back I think, to Peter to say a few words on Will's behalf.

17:33

Yeah, okay. So, Will texted me and said he's been up all night. Time to get some well-earned rest. I think that the presentation covers basically what he would have put into a report anyway. I don't think there's anything more from him. I'm going to go on to the diabetes while I'm still here, and the policy advocacy segment.

18:03

So, Pete, I thought we should have election of office bearers before we go into other aspects. I'm in theory supposed to step down and someone else do that. But yeah, so are you okay, do you have you received emails on who has put forward nominations?

18:24

I'm happy to just take the chair for just a second, Tim. There have been no other nominations for the President of the Australian Pediatric Society other than Tim Warnock. I congratulate him on being elected for a further 12 months. Well, not.

18:51

Have you had emails, or any other nominations are so we're going to call for nominations from the floor. And from the people on board, why don't we go through what we currently have on board is Paul Bauert happy to continue in Vice President role.

19:34

In a word, yes. Sorry. Trouble finding the buttons. Yes, look, I found too much. So maybe when we redefine our roles, we can give me a few jobs.

19:54

That will be my pleasure. All right. treasurer, Peter, Peter Goss. And Paul, they both continue their current positions. We don't have a secretary; we don't have any nominations for secretary. I think this is an important thing that we need to look at. I don't think we'll get nominations from the floor. So, the secretary position is still open. We then have Jo continuing with her NRHA roll. Are you happy to do that, Jo?

20:44

Yes. Yep. I feel guilty that I said no. Last time you tried to push me to put my hand up for presidential rolls maybe next year?

21:05

Jo, I will talk to you about that. Because certainly I'm only looking forward to doing it for another 12 months. Committee members currently, we have Alan Kerrigan and Nigel Stewart. I think they're both happy to continue in that role.

21:36

Nigel is also our rep on the committee, the RACP Policy and Advocacy committee. Now the other the other position I think we need to talk about is that have a webmaster or someone to help Suzanne, you happy to continue with that Peter. I think in a way we need to be able to give Suzanne updated information on what can be added to the website or, you know, a few committee members who will negotiate.

22:14

Yeah, look, the original plan, Tim was that everyone had should have access to Suzanne so. So, my preference would be Mike with his journal clubs, we'll just direct that straight through. It will be Will's ideas and the report from the Policy and Advocacy committee, all those things. I think they should have direct contact with our webmaster, I'm happy to sit in the background. But I don't want to continue doing your sort of work when people can just bypass the middleman and go directly to Suzanne who is very approachable, very professional. She does great work. There are some areas that I'm happy to be in that role. I would really like it if we could get more people, particularly a generation down from us. And you know, some Will's level as well, to be part of this committee will be included in this. And I think we might just have to tap a few people on the shoulder from different regions and say, Look, we are very interested in you, whether it be Geelong, Ballarat, or Albury or Townsville or other people just to be part

of this whole thing I think would be healthy. I think we've lost our Kingfisher Resort link. If we've lost Kingfisher Resort, I'll just carry on then if there are other people there. But does that mean that they don't hear me as well, Gary? My guess is yes. I think it's an internet connection issue with them. So the only people left are those online?

24:07

I think so. Oh, what is being recorded though? We can really get past that.

24:14

Okay, this is continuing the recording. Well, look, I'm happy to keep people entertained with the Yes, Jo. Jana is invited visitor with the diabetes meeting. And I'll just talk briefly on that the four areas that I wanted to speak upon, was the firstly the APSs paediatric diabetes workshop. What we had with COVID is we skipped one year and then we took the step into doing a virtual meeting last year, which was a one day rather than a two day and it was extremely successful, which was very pleasing. The feedback was excellent. The number of people that were able to attend went from about 190 to over 250. So, it gave everyone a chance. And the feedback was enormously strong. We're going to attempt doing a little bit like what we've done here today. So, this was, this was an interesting test case, if you like for later on in the year because we want an on-site meeting in Surfers Paradise to include that collegiality bit, but also we want to be able to include other people. We have got good connections overseas to some wonderful speakers that could pre-record rather than come out, although there's one person who may be going to come out for that meeting. So that's on roughly the 29th of October for a two-day job. And we're going to limit the on-site numbers to 100. Because we think we don't know. Okay, Tim, so we're back. Yep. Okay, it's just gone through you. Thanks. So, I've just gone through and started with diabetes. So, talking about the T 1 Diabetes. Sorry, the APS's Paed Diabetes annual workshop, that's now in its 14th. Year, we skipped a year we did all virtual last year, which was a huge success. And we're going to have a hybrid meeting at the end of October this year, in Surfers Paradise with reduced numbers on site. But still the need for that collegiality as a lot of people want a lot of the stuff with the diabetes with a lot of the value does come after the discussions over a social discussion. So, people don't want to miss out on that. So, we'll see our son saying Tim, on site and off site with this is a good test case of how to do that. Last year's one was well over 250 attendees, and it was extremely popular. The second one is the T one D Learning Center. Now we've over the last couple of years since our last meeting, we have developed several resources, all based on the use of ISPAD guidelines. There's a parent guide, there's for parents, to let them understand their rights and the legalities regarding school issues. And I've had feedback from other people, including Michael McDowell and other ones that said this, this really shouldn't be template for people managing children with any complex condition in the school environment, because it's got a lot of things there. That can be extrapolated to other chronic conditions. So that was terrific feedback on that. And that was written by a group of people, some experts, some healthcare professionals. But a lot of parents were involved with that and legal people as well. There's also a clinical guide of how to how to teach people in schools what they need to know. So, it's a formatted thing to say, What the what are the people in the school environment need to know, there's a parent checklist if they do meet with, with the school staff on what things that they should be going through. We've updated our position statement on the continuous glucose monitoring at schools based on the ISPAD guidelines. We've regularly updated the diabetes

management plan and action plan. And more recently, there's been a coroner's case in in Victoria of a child who died

28:30

on a school camp, the Victorian child who was on the school camp in Vietnam. And they it's been a very interesting process, but it vindicates I suppose what we've been banging on about for the last few years, and we've produced a flyer, which with the type one foundation, which is entitled Never assume vomiting is anything but DKA in child with type one diabetes, because they've assumed I think that that it was gastroenteritis. And we've had other reports of deaths of young, late adolescents with type one diabetes related to assuming it was alcohol or assuming it was something else. And the other very exciting issue we've got going on or initiative we've got going is this diabetes in clinical database. It's rather than having to fill in a database at the end, the database has completed during the consultation. We've run a trial now for over well over a year and we're a week away I think from having the new version. Once the new version is out, we can send it to everybody. But that's extremely exciting. So that's it for the for the diabetes thing that we've been very active, and it's been very good this came from the Type One Foundation who really want us pushing for a bipartisan commitment to review the funding and programs for Australians with type one diabetes, and with a view to a lifetime support package for every person living with type one diabetes by 2024. And then they're trying to push that during the election campaign. And I thought we should support that by making that recommendation. So I'm wanting to move that motion, please, Tim.

30:42

So, Pete, we were disconnected again. So, we didn't hear you're discussing the motion. This is motion 1. That APS recommends a bipartisan commitment to review the funding and programs for Australians with type one diabetes, with a view to a lifetime support package for every person living with type one diabetes by 2024. So that was moved by. Peter, did you get a second?

31:11

Thought it might be you, Tim.

31:14

Yeah, I'm happy to do that. Yes. And members in the audience here. Are you all in favor of that? Yes. Pass unanimously here, Peter.

31:31

Is there anyone else online that had? Who might want to vote? Yeah, you could just do that in the chat. If you wish.

31:42

I can see thumbs coming up on the screen, Tim. I don't know whether that's the same person.

31:48

Okay, okay. All right. So we've got Mike, Jo, Paul all support. Excellent. I think we can happily support you there.

32:00

Thank you. Yeah. If you didn't get it Tim, this has come from Type One Foundation. I think it's a good initiative. So, we're happy to support them? Do you want me to move on to allergy now? Yes, please. Okay. So, we have been involved in, as I said, with the National Allergy strategy that includes initiatives from ASCIA in which are the school plans, the ones we're all familiar with the red and the green one. And we've had some good wins in putting certain things in there. We have been I have been involved in national allergy strategy also for kids with on oral immunotherapy, attending school camps. I mean, I think it's such a valuable thing for general pediatricians who are used to dealing with schools and visiting schools and things like that, to have that perspective going into and that they really appreciate it too, because I don't think any allergist set foot in any school. So that's been helpful. We have the annual APS allergy meeting, which has been very popular. We didn't have it last year, but we are going to revise it. I simply haven't had time to do that as it is usually in February. So, I'm going to look to next year, because I've got enough to do with the diabetes workshop in late October. So, we'll set that up for next February. And apologies to people who keep on asking, and they're missing it. But we will do it. And that's going to be all virtual that will be like this. We had that as a one-day fly in fly out job back in the past, but I think we can quite easily organize a terrific one-day virtual conference in February for the APS allergy meeting.

34:04

Thanks, Pete, I think again, we can put a under our meeting section on the website to be announced but that there'll be a virtual meeting coming up. Do there are a couple of things that we missed out. 5.2.3 coroner and 5. 2.4 diabetes easy. Anything else you want to just quickly mention to us?

34:27

Okay, so I must have gone offline, then. But the current case was a child from a Melbourne School who was on a school camp in Vietnam, who, died as a coroner's case, after attending his school camp and who died after vomiting for a couple of days. A totally preventable death. The school wasn't trained, the issue was, as all these things are issue after issue after issue that went wrong. And that there's a lot of a lot of good health messages coming out of it. And I said, vindicated when we were trying to go with the legalities and the training and the need for all school staff, no matter if someone's considered to be self-managing their medical legal issues involved with all of it. And this is what we were trying to to get to, it's not on, not the reports, not online yet, because the findings still haven't been done, we I'm going to put a submission in which I'll share with people, really reinforcing the basics that we've talked about for the last five years of how things really shouldn't be done in this. And I'm really sort of pretty gutted that, that we had, all these things were available, but we were blocked, or people chose not to use, what we're what we're producing. Anyway, that's still to come. The Diabetes is an initiative that is trying to implement data collection through the consultation, rather than data collection, after the consultation. And that can is designed to feed into the Australian database and the international database for type one diabetes, it's only a week away on toll. So hopefully we can, we can get that out to people. And I'm after some collaboration with Alan and JDRF to assist regional teams to transfer their data because it might take them, you know, 10 or 15 minutes each, each patient to over there. But they should I think be compensated for that. Because the data that comes out of it's going to be wonderful for user in Australia. So, it's not far away. And looking forward to discussing that further.

37:07

Thanks, Pete. The next area for discussion is the workforce. We've covered that a little bit today. The college does an annual workforce review. When I tried to find some data, I didn't contact the college but certainly the most recent data that I could access was 2016. Is there anything you wanted to comment about workforce at all? Peter?

37:49

Not particularly, Tim, apart from you mentioned before about the survey, we're going to put a survey together. Mark D'Souza is going to be leading that initiative, we wanted in a format that we want to be able to publish as well. So, this is if people are interested in authorship, perhaps of the Australian pediatric journal that to talk about that as one of the issues that in that survey, so needs to be designed correctly. And we, again, we've got the data, we've got the arguments. All right.

38:26

I think we can skip trainee stuff unless you have a particular update from Will that you want to mention.

38:38

And well, it's that we will run a trainee meeting, again, I've had discussions with him whether it should be virtual, which will attract more people, or face to face, which will give that collegiate business. So, we haven't quite decided what it's going to be, but it's going to be later in the year. And he's all his sort of laid out the topics we're going to, we'll be asking regional people, could they please put their hands up to do a presentation that might be short, like some of these ones 10 or 15 minutes is all that's required. But if they're on your experience in, in establishing your own practice, or the challenges that you might have run into or transition a little bit like what I've done to go from general pediatrics to sort of niche areas as I'm getting older. That's that sort of thing is, is that all those things are good, good topics for the trainee. So yeah, tapping a lot of people on the shoulder asking for ideas. And I'll say one other thing to the APS meetings that we've had, in various exotic locations have resulted in people doing presentations, our colleagues doing presentations, that that I think have just been first class and I would really I'd like to get gather a group of those presentations, perhaps in a meeting for the trainees to say, Look, you want to listen to some people who've actually been if you if you're like in the real world, and listen to their points of view, have those recorded and have them as a resource on the APS website.

40:24

Yes, great idea. Good, we might quickly go through things, we've only got about 10 or 15 minutes of time left. So, we'll quickly jump through a few things. The first thing I want to talk about is the website. As I said, I feel we need a webmaster to just look at the website every now and then and tweak it. For example, The HPS meeting hadn't been put on the website, and it was still being advertised as a meeting in New Zealand. And I was getting in inquiries about whether that meeting was still being held. So, I think we need to do that. The other thing is, should we have an email address for the website that can then be flicked on? So, someone who takes the role of the webmaster, whether that's the Secretary or whether it's me, primarily, looking at the questions, and then we can use the APS email address to reply to them currently, I must reply on my Gmail address. And I'm not particularly upset about that. But I think it should be something that's in house.

41:38

Tim, can I just suggest that you and I might come up there, Jo, and anyone else who's got a role who might have been charged in a page, or section, have a meeting with Suzanne, and just so I look at the half an hour zoom or something like that to say, these are our issues? How can we get over these issues? And I think there'll be relatively simple things, but people will take responsibility for their own parts of it. And then, you know, there should be regular review by that person about how the website is updated.

42:14

Yeah, that's good. And but you'll still need someone to answer the inquiries. And as I said, I'm happy to continue to do that until we can sort out that role a bit further in a secretarial role. So, 2023 APS meeting. Any suggestions? From delegates?

42:45

too, just to be clear about that, Tim, it looks like the preference for people is to join the Hunter Meeting every second year and have our own every other year, is that what we're still thinking.

43:00

I'm still very keen to do that. I think Larry has given me a nod as well. Hopefully, I haven't given Lyndell the run around too much the speed. So that would be our plan. So, the next meeting would be a standalone meeting. Which we need to think about.

43:21

I'll revisit the discussion of a year or two ago, what we felt that was that that we needed to have, relatively locally, that's where New Zealand did crop up. But even if it was even more local than that, we just want a few younger people to be involved in this. And I don't have a suggestion. I've looked at the weather in Queensland and Sydney now and it's just a shocker if you've got this time of yours. Tells me with the jump rope.

43:56

If we're if we're looking at a meeting around about this time of the year, which I would probably favor. I was thinking maybe somewhere like Albury Wodonga which would make it easy for both Victorians and New South Wales regional people to get to Canberra, all Canberra where flood connections would be better. I think we'll have that discussion at our next committee Zoom meeting, hey, they won't have a few think about it and send us some suggestions. All right let's keep going. So other business committee structure I've talked about that a little bit more. We certainly need a secretary. I think if we keep the committee to six to eight people, I don't think we have to be restricted But I think that sort of number works best. And we've generally been working with that sort of number. I think having a trainee representative is important. I think it's important to have a webmaster, which would be, hopefully a separate person on the committee. But otherwise, I think the structure of the committee with some definition of roles is probably all we need.

45:27

I'll challenge that a little bit. Tim, I think that we should be co-opting, I think we should be going to people and say, Look, can we you as a 40-year-old who's got a different view to potentially us? One or two people just come on and join us and give us your point of view. I think the APS will be stronger to have that sort of age group also represented.

46:01

Comment from Jo, are our resources good enough that we pay a secretariat?

46:11

They are, and that certainly could be. That could be on the cards. That wouldn't be full time, but it may be something that we should be looking at.

46:31

Yes. So, Allan was suggesting that the paediatric trainee could be a recently graduated pediatrician as well, sort of up to five years post ticket. Yep. All right. The next thing we have is political advocacy, a child health motion, on behalf of Paul Bauert, that APS participate in the joint push with the AMA or ACP or RACP for an election wish list for children. And I think we can vote on motion three as well, that APS push for a federal Minister for Children in the next parliament. So, we'll go to motion two first. We've discussed this already. Everyone in favor in put thumbs up. We've got support here. And I'll get people motion two in favor from Liz. Cultural. Mike Williams is in favor of both motions. So, motion three, that the APS push for a federal minister for children in the next parliament. All in favor? Yes. Everyone here is in favor, including me. So online, Paul Bauert supports, Peter Goss supports. So, I think all three motions pass with the affirmative. Anything else you want to mention there Paul? So, nothing more from Paul. Oh, here he comes.

48:35

Yes, I that. Look, we won't, we won't leave it at that. There's full support for this from Mr.? Kaushik. And the AMA Secretariat. So, I'll, I'll get some letters to you, Tim, for your endorsement, supporting that communicate and supporting that concept of the Minister for minister for children, and then we'll get on with this sort of pushing it through that through the AMA. But I really appreciate getting the APS support, and it gives us a leg up to push it further. So, thank you.

49:17

Thanks, Paul. And the very last is a discussion about telehealth incentive. Again, we've discussed this quite a bit during the meeting here as well, and certainly that should be part of the push politically over the next four weeks during the election.

49:34

Do you want a motion on that one? I can say that the APS strongly supports the reinstatement of Item 112 to benefit child health in regional and remote Australia.

49:50

Also, all supported here, and I officially closed the meeting at 1137.

50:00

Thank you guys my second motion.

50:10

The last motion here that was passed by everyone. Yes.

50:15

Proposed second

50:18

Were you taking minutes?

50:22

I was thinking about that the very start.

50:28

Okay, I'll try to write some minutes up.

50:42

Shouldn't be overdoing our local MPs their heads up that this is coming to try and make an address and campaign different way. You do those minutes, Tim? I'll do some of those letters that we can bounce off.

50:57

Okay. Yep. And we'll sort of organize the time for telehealth as well. I will leave that till after the elections.

51:08

Which telehealth

51:12

committee meeting?

51:13

Yeah, committee meeting can be after the meeting that Suzanne should be within the next week or two. But this, this stuff is urgent to get out there for the election and push this push this out. So, I'll do those election letters if you like you do the minutes. And we'll schedule the committee meeting after the election. But we will have to agree on some of the wording because it would be nice to put these letters out to each to put everyone in the regions to say can you go and put this under the nose of the candidates?

51:48

Yep. Okay. Thanks.