RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
APRIL 2013

Deception Bay

See Deception Bay in our historical article in our regular Where We Live And Work segments page 3 and 20.

President's Message . Dr WAYNE HERDY

One of my ambitions to produce a tangible outcome of my presidency was to leave a lasting legacy, a written history of the Redcliffe and Districts LMA.

So far, I have invited contributions from anybody who remembers any interesting stories that should be in such a history. The number of responses so far is nil.

I gathered together the written documents that the LMA had gathered over the years, hoping that I would, if nothing else, be able to reconstruct a list of the past presidents and their terms of tenure. The number of gaps outnumbers the definite entries.

Members, I need your help, please. Memories fade, people leave, and our history is lost.

If each of you were to write a paragraph or two, or phone me for a few minutes, or catch up with me at a monthly meeting, the story would come together.

Looking outside RDMA into the world around us, there is a huge blot on our medical resources in the Redcliffe peninsula.

The GP SuperClinic is still not up and running. The building has blown its budget, it has been threatened with legal action from an unpaid builder, has required extra injections of funds from Federal and State sponsors.

It has failed from the outset to generate any enthusiasm or support from the GP's whose efforts it was supposed to supplement.

The very fact that the primary care clinic is on an upper storey reflects a basic failure of the project to understand how primary care works in real life.

It has failed to generate anything more than token enthusiasm from the community it was meant to serve. And it has failed to attract applications from any GP's prepared to work in it, a muted response that has required yet another extension of its proposed opening date.

This GP SuperWhite Elephant is not shaping up to be a major contributor to the history of medicine in RDMA's catchment area.

Wayne Herdy
RDMA President

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

2013 MEETING DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 26th
Wednesday March 27th
Tuesday April 30th
Wednesday May 29th
Tuesday June 25th
Wednesday July 31st

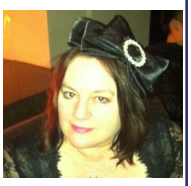
Annual General Meeting
Tuesday August 27th

Wednesday September 18th
Tuesday October 29th

End of Year Networking Function
Friday November 29th

CONTACTS:

President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5476 0111



Vice President:
Dr Kimberley Bondeson
Ph: 3284 9777

Secretary:
Dr Ken Fry
Ph: 3359 7879

Treasurer:
Dr Peter Stephenson
Ph: 3886 6889

Meetings' Convener:
Mrs Margaret MacPherson
Ph: 3049 4444

Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

For general enquiries and all editorial or advertising contributions and costs, please contact: **RDMA Newsletter Publisher. Please email (preferred) any correspondence to:**

Email: RDMAnews@gmail.com
Website: http//www.rdma.org.au
Mail: RDMA, PO Box 223, Redcliffe 4020
Mobile: 0408 714 984

MAY NEWSLETTER 2013

The 19th May 2013 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com
Website: http//www.rdma.org.au

INSIDE THIS ISSUE:

Deception Bay

DECEPTION BAY is an inlet of the Pacific Ocean, bounded by Bribie Island in the North and Shorncliffe and the suburb called Deception Bay in the South. It was first named by Lt John Oxley who mistook it for a river when he first saw it in 1823, because it is so shallow.

The suburb affectionately known as D Bay also used to live with the epithet "Depression Bay" because historically it housed the socioeconomically disadvantaged and suffered high rates of crime and unemployment in the 1980's and 1990's, the result of a social housing programme. The town is shrugging off that image with a move towards more middle-class housing and local employment.

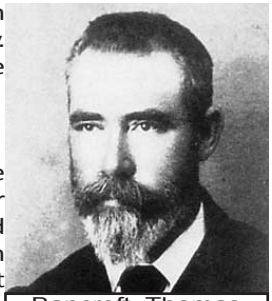
With its muddy mangrove shores, D Bay is not likely to ever attract the waterfront yuppies, but it is a great place to launch a small boat for a day's fishing. Nearby Scarborough has a boat harbour for yachts and larger pleasure craft, as well as offering a jumping-off point to Moreton Island.

In medical history, D Bay was the home of naturalist Dr Joseph Bancroft (1836-1894) who pioneered work in native plants and their health properties. To improve his health Bancroft was advised to seek a warmer climate and he became interested in Queensland from the accounts of Fred Walker, deciding to settle here.

Joseph Bancroft 1836-1894, by unknown photographer. State Library of Queensland, 57297

Joseph, then 28 years old, arrived in Brisbane on 29th October 1864, and became a prominent Brisbane physician and surgeon. He was an avid researcher, especially in agriculture in the colonial Australia, and the main building of the Queensland Institute of Medical Research bears his name.

His son Thomas Lane Bancroft (1860-1933), also a doctor, carried on preservation research at their meatworks (pemmican factory) and cultivated cotton and castor oil locally. Interestingly, he became an expert photographer.



Bancroft, Thomas Lane 1860-1933. http://www.anbg.gov.au/biography/bancroft-thomas-lane

Educated at the Brisbane Grammar School he returned to graduate in medicine at Edinburgh in 1883.

Bancroft was a talented scientist internationally famous for his work on Queensland lung-fish. He was the first person in Australia to find trypanosomes in rats, frogs, birds, fish and tortoises; in 1902 he demonstrated the part of hookworm life cycle entering the human body. He also showed in 1905 that the mosquito Stegomyia fasciata was the carrier for the dengue-fever pathogen.

Picture by: Diane Watson. http://monumentaustralia.org.au/monument

.A rough-hewn pyramidal block of granite stands today on the foreshore highlighting the achievements of these two doctors, and the streets around Dr Bancroft's home, Joseph Street and Bancroft Terrace, are named in their honour.

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr ALEX MARKWELL E: a.markwell@amaq.com.au P: (07) 3872 2222,

AMA Queensland Advocates Principled Approach to Changes to Health Complaints System

As many of you will be aware, Health Minister, Lawrence Springborg announced on 16 April of the Government's intention to introduce legislative change to the health complaints system following the recommendations made in the Chesterman, Hunter and Forrester Reports. The outcomes from these investigations revealed multiple breakdowns in the processes for reporting, managing and progressing health complaints in Queensland. AMA Queensland has welcomed the move towards a more streamlined and transparent system and has been holding ongoing discussions with the Minister.

Minister Springborg has expressed deep concern about perceived failures of the health complaints system and signalled a strong intention to introduce changes which includes the introduction of Health Ombudsman.
We are advocating for a principled approach to changes to the health system and have offered a submission to the Government that any proposed changes should ensure:

Protection of the public and upholding professional standards
AMA Queensland's primary concern in this matter is the protection of the public and the maintenance of high professional standards among the medical profession. AMA Queensland supports the remediation or removal of medical practitioners who do not maintain the ethical and clinical standards of the profession. However, any regulatory framework must recognise the inherently risky nature of the work of the profession and the uncertain environment in which medical practitioners operate.

Medical practitioner leadership in health regulation is essential
AMA Queensland strongly supports self-regulation of the medical profession. The expertise and experience of senior medical practitioners is essential in order to appropriately assess the conduct and performance of medical practitioners, using a solid evidence-base and benchmarking. In addition, medical leadership must be supported by strong links to the community and transparent decision-making.

A transparent and fair system
AMA Queensland supports a system which is fair and upholds the principles of natural justice and due process. At present the system is complex and difficult to navigate. It is vital that the profession retains the confidence of the public, and a transparent, easy-to-access complaints system is essential.

Complaints should be dealt with as quickly and as locally as possible
Mr Chesterman identified delay as a result of under-resourcing as one of the key problems with the system. AMA Queensland advocates that some of the burden could be removed from the health complaints management system by more effective, responsive and transparent complaints and investigation systems implemented at a local level. Professional conduct and competence issues should be referred to the Medical Board.

A National System
AMA Queensland supports the national registration scheme. AHPRA has undertaken the huge task of registering practitioners nationally. Improvements to the current system in Queensland could be made without withdrawing from the national system.

These issues affect every doctor in Queensland, and it is important any changes are well considered and appropriate. Despite the sensitive nature of the situation AMA Queensland welcomes the opportunity to create a better, fairer and more efficient system that supports the rights of both patients and doctors.

AMA Queensland is committed to working with Government and the community to improve the safety and quality of our health system. Queenslanders are entitled to safe and effective health care and recent reports regarding severe problems within the health complaints system deserve a serious and considered response.

We invite all LMA members to review our full submission at amaq.com.au and welcome feedback. We will continue to update members on new developments as information comes to hand.

Yours sincerely

Dr Alex Markwell, President AMA Queensland

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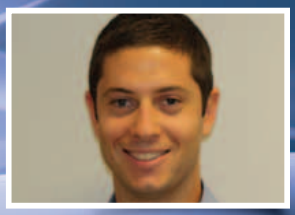
Email: kjarrott@poolegroup.com.au
Mob: 0411 834 123
Direct 07 5438 4520



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DFP, Dip.FMBM

Hayden is a Life Risk Specialist formulating and protecting your wealth and your family's lifestyle. Hayden also specialises in superannuation and direct investments. Hayden has been with Poole & Partners for four and half years.

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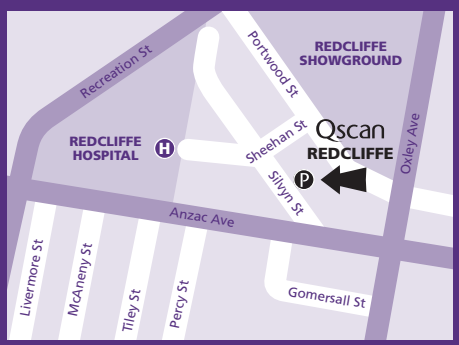
Medicare eligible MRI scans now available at Qscan Redcliffe

Qscan Radiology Clinics are proud to announce that our Redcliffe MRI scanner now has a full Medicare license.

All Medicare eligible Specialist referred MRI scans will now be bulk billed.

All General Practitioner referred paediatric MRI scans that fit Medicare criteria are also bulk billed.



REDCLIFFE
6 Silvyn Street
Redcliffe 4020
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AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

"Keep Your Own House Clean"

In the wake of the Jayant Patel story (which most believe was only the tip of a rather large iceberg of medical misadventurers), the Queensland government commissioned "an enquiry into medical matters that might reveal misconduct". The Crime and Misconduct Commission handed down what is now known as the Chesterman report, tabled in Parliament on 23rd July last year. This preliminary report disclosed what most doctors working within the system already knew – that professional conduct falling well short of an acceptable standard was readily identifiable in Queensland Health and in the private sector, and that not a lot was being done to fix it.

Two further enquiries followed. The Hunter report and the Forrester report were tabled in Parliament last week.

The Hunter report, released on 31st March, disclosed that at least 6 doctors might face criminal proceedings as a result of apparent medical wrongdoings. Again, they are widely believed to be the tip of the iceberg (although the size of the iceberg might not be as large as many non-doctor health professionals want the public to believe). My column last month expressed views about whether or not doctors whose outcomes were worse than planned should ever be subject to criminal prosecution.

The Forrester report led to a response that was not expected. The Minister for Health promptly asserted that the Medical Board of Queensland had not done its job as required in rooting out the wrongdoers in the medical profession. Because of the conclusion that the Board had not discharged its duties in the way that it conducted enquiries into complaints about doctors, the Minister gave every member of the Board just 14 days to explain why they should not be dismissed. Whether or not the entire Medical Board is sacked, and whether or not a new Board is subsequently appointed, this opens up a door for an option that the Minister must have been planning for some time – the creation of the office of a Health Ombudsman to conduct enquiries into complaints about health practitioners.

There is a complication in this whole affair – the involvement of AHPRA and the national scheme of enquiry into complaints about doctors, and how the State scheme fits into the national scheme. Let's not worry about that too much today.

What is important for the medical profession to contemplate today is the extent to which it remains possible for doctors to remain in control of the process of setting and enforcing professional standards. There are two sets of standards that apply to doctors that don't apply to the general population: the ethical standards that dictate the way that we behave in our professional relationships, and the clinical standards that dictate the quality of medicine that we practice. A critical distinction between the two is that we claim that only doctors can really know what constitutes good technical practice. It is arguable that any layman knows what constitutes good inter-personal relationships, even in the therapeutic relationship.

The Forrester report has highlighted the perception that the medical profession (at least as historically demonstrated by the Medical Board of Queensland) that doctors have not done a good job of self-regulation in the area where we claim to have exclusive expertise, in the performance of our technical skills. The Minister has seized this opportunity to wrest away from doctors the traditional right of self-regulation and he is prepared to hand that power to an Ombudsman who might have no health background, or possibly to a Board which has a minority representation from the profession.

It looks to me that the medical profession, as represented by your AMA, has only a limited time in which to assert that doctors are capable of self-regulation, and that any regulatory body (or Ombudsman) must comprise a majority representation from the profession. Anything less and we will find that the body that investigates complaints about doctors' behaviour will have no first-hand experience of what is actually involved in being a medical practitioner.

The opinions expressed herein remain those of your correspondent,

(Dr) Wayne Herdy
AMAQ Branch Councillor, North Coast region.

RDMA March Meeting 27.03.2013

Chaired by President Dr Wayne Herdy, Speaker Dr Jamie Reynolds, Topic: Urology Matters: Lower Urinary tract symptoms. Sponsor BioCSL,Representatives Paul Shehan & James Keogh

Centre top clock wise; Dr Jamie Reynolds - Speaker, Margaret MacPherson, Andrew Houston & Wayne Herdy, RDMA President. **BioCSL Sponsors**: Paul Shehan & James Keogh. Grahan Balin, Hussun Jahon, **New member:** Sam Elias. James Ling, Ham Ong & Natalie Ong, Ray Collins with Margaret & Ken Fry RDMA Secretary.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Tuesday 30th April 2013

Time: 7 for 7.30pm

Venue: Renoir Room - The Ox, 330 Oxley Ave, Margate

Cost: Financial members - FREE
Non-financial members $30 payable at the door.
(Membership applications available)

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: Boston Scientific
7.40pm	Speaker: Drs Symon McCallum & Frank Thomas Topic: Interventional Chronic Pain: Blocks, Shocks & Stimulation
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 26th April

QML Pathology.

RDMA VICE PRESIDENT
Dr KIMBERLEY BONDESON

"The World Is Going Crazy"

Have you ever thought that the world is going crazy? The tragedy of the recent Boston Bombing is beyond comprehension. To try and understand the complicated psychic behind the young men involved is difficult.

Australia seems a long distance away from Boston in America, but we are still at potential risk.

Along with these concerns, we also have some strange government policies emerging.

One of these is the Government announced last week that from 1st July, 2014, tax deductions for work related education expenses would be limited to $2000 per person. We all know that Australia has some of the most demanding medical training courses in the world, and that self education costs are very high. It is now a culture of "user pays".

If this goes through, then it will potentially effect any further "self education" and "training" after the basic medical degree. We all know the cost of sitting college training exams exceeds $2000. Let alone the costs of attending any training courses for that exam. Or resitting the exams, which is quite common, as the courses and training is extremely difficult.

It is not just doctors who are potentially effected. It will be nurses and other allied health trainees as well. A part – time rural nurse has certain education requirements each year to maintain their nursing registration. The enrolement fee, travel time, and study commitments for these valuable rural nurses exceeds $2000 easily per year.

It would appear potentially that the government is "cutting its own throat" and discouraging any further study and continuing education by the medical profession, and discouraging allied health and nursing from perusing training and education. This definitely needs to be rethought by the government, and the AMA is pursuing this.

On another topic, has anyone received a letter from IMS and discarded it as Junk Mail? I did. Had no idea what it was about. Read through it, and thought it looked like junk mail, and discarded it.

It now has become evident that IMS Health Aust Ltd is sending out letters, advising the addressee that they must write to IMS to opt out of an arrangement whereby they are going to access information from pharmacies about doctor prescribing – ie; the first and last name of the health professional, the practice phone number and address, including postcode, the area of speciality of the health professional, what medicines the health professional prescribed, how often and in what quantities. My question, and the AMA is following this through, is when did "opting out" become consent?

The AMA has lodged a formal complaint with the Privacy Commission. In the meantime, it is suggested that you contact the local pharmacies in your area and let them know that under no circumstances should your personal details, or details of any prescriptions which you write or medications which you prescribe be released to any 3rd party.

Will keep you up to date on these items. It really makes you wonder, is the world going mad?
Kimberley Bondeson Vice President RDMA.

SNAPSHOT FROM THE PAST **Brand Looking Good for Council**

REDAMA Newsletter from Series 2 No 10 April 1991, page 3

BRAND LOOKING GOOD FOR SEAT ON COUNCIL

THE election of Dr Graham Row as President-elect of the State AMA has dramatically improved the chances of Dr David Brand winning a position on State Council.

Dr Brand, the president of the Redcliffe and Districts Local Medical Association, is one of eight candidates for the seven positions vacant on the council in the annual elections.

However, the election of Dr Row, unopposed means he will almost certainly resign his position on the council.

The vacancy, for a period of one year, would then be taken up by the candidate finishing eighth in the election.

The other seven would become councillors for two years.

This means Dr Brand, at his first attempt, has a strong chance of gaining a seat on the State body, less than 12 months after becoming LMA president.

However, vice president Dr Bob Brown has urged all members to ensure Dr Brand of a seat on the council for two years by giving him enough votes to finish in the top seven.

Dr Brand has indicated will not seek re-election in the LMA next year to concentrate on his AMA position if he joins another former LMA president, Dr Rob Hodge who is now State secretary.

The annual general meeting of the LMA is due to be held in July.

In the past week, Dr Brand was also appointed to a special committee reporting on marketing, promotions and public relations for the Australian Doctors Fund.

He has been involved in the weekly ADF telephone hookup and has been advising the fund on conference and summit organising.

Dr Brand is a general practitioner at Petrie and is serving his first term as president of the LMA after being beaten in a ballot for the position 12 months earlier.

He is expected to take up his position on the AMA Council in July.

GLAXO TO THE RESCUE

Glaxo has come to the rescue to pick up sponsorship of the April meeting of the Redcliffe and Districts Local Medical Association.

The meeting will be held, as usual, at the Golden Ox Restaurant, Margate, on Friday, April 26 at 7pm.

The rescue mission was needed after the original sponsor was forced to withdraw because of a clash of commitments.

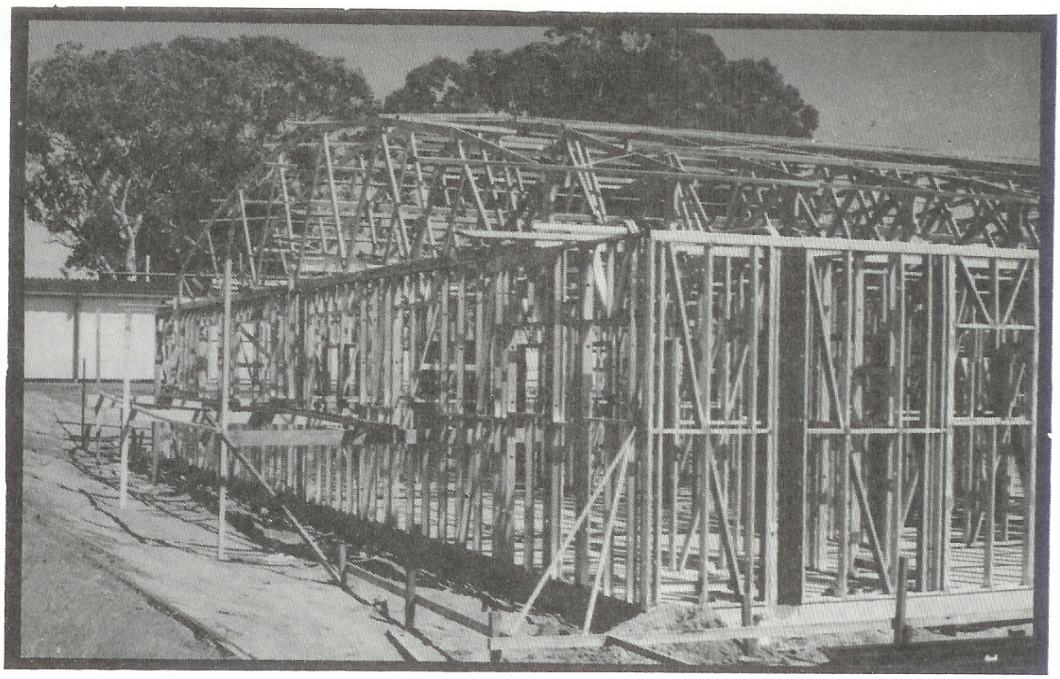
LMA President, Dr David Brand, said he appreciated Glaxo's response to the request for a new sponsor.

"Neville Treston was a very helpful and enthusiastic rep who lived up to his company's reputation for service," Dr Brand said.

Guest speaker will be Dr Neville Sandford, a gastro enterologist at North Western Hospital.

His subject will be "Peptic Ulcers Today."

Reservations for the meeting should be made with the Secretariat on 284 6666 by April 24.



Expansion creates clinic at Redcliffe hospital

Work has started on construction of an ante-natal clinic and patient activity centre at Redcliffe District Hospital.

The new building is well advanced (SEE PICTURE ABOVE) in the area between Pavilion 7 and the Nursing Home Annex.

LMA member, Dr Geoff Hool, said the new building would replace the present ante-natal clinic housed in the hospital's out-patients' department.

Moving it to the new building will create additional space for other services in the out-patients section, Dr Hool said.

Two doctors already have been organised to conduct new clinics.

They are Redcliffe physician Dr Vern Heazlewood who will have a diabetic clinic and psychiatrist, Dr Geoff Finnemore.

Dr Hool said funds had already been allocated to the medical staffing of the clinics.

Physician Dr Pat Carrol will conduct a clinic as part of the National Heart Foundation multi-centre double blind study of secondary treatment with lovastatin of elevated cholesterol after acute myocardial infarction.

Dr Hool said the hospital also hoped to further improve the scope of its outpatient clinics as funds became available.

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Protection Plans for Medical Professionals

As no two insurance policies are the same, having a risk specialist identify your specific needs is vitally important when you initially take out an insurance policy or are reviewing existing contracts. It can make the difference between receiving your full entitled benefit at time of claim and possibly not receiving a benefit at all.

What specific features/definitions should be included for Medical Professionals?

Total & Permanent Disability (TPD) – There are two available definitions being the "Any" and "Own" occupation. Having an Own occupation definition provides greater flexibility at time of claim and is vitally important for Medical Professionals given the specific skills and duties that are performed. Care needs to be taken when structuring this policy as in most cases it should not be owned through superannuation given the restrictions at time of claim. However, there are a number of insurance companies that now have specific TPD policies where you are able to split the TPD occupation so that you get the best of both worlds by having an Own occupation definition while still allowing your super fund to pay for two thirds of the premium.

Income Protection (IP) – As you work in the health industry, you have very strict provisions surrounding Blood Borne Disease (HIV, Hepatitis B & C etc). Therefore it is vitally important that your IP policy has specific wording that allows you to receive a benefit even if you are still physically and mentally able to work but are restricted due to work health provisions. Some insurance policies market a lump sum benefit know as "Needle Stick" cover, however the contraction of a blood borne disease does not need to be from a Needle Stick injury as the definition extends to all work related duties.

Having a market leading Total and Partial disability definition is also a vital IP feature for Medical Professionals, as it will provide additional flexibility at time of claim especially when the claim is not a black and white situation. Some policies allow you to work up to 10 hours per week, without affecting the Total disability status which is a must have for self employed Professionals that need to keep an eye on their practice to ensure things are still running smoothly. There should also be no restrictions during the waiting which is another feature that is not available through all IP policies.

Business Expense/Overheads Cover (BEX) – If you are self employed, be it the sole owner of a practice or in partnership with other Medical Professionals you may also require BEX cover which provides a monthly ongoing benefit to cover 100% fixed operating costs, e.g. rent, equipment finance, business loans, administration staff wages etc. Importantly, the features/definitions mentioned above under the IP policy should also be available under the BEX contract. In addition, the two main specific medical requirements are cover for the net cost of a locum and ensuring that the monthly benefit won't be offset by any ongoing income from the practice. This latter point is vitally important as some BEX policies will offset any ongoing income from the practice which could mean that the monthly benefit is reduced to nil, hence no benefit is payable.

From our research, there are less than a handful of policies available in the market that provides all the required features/definitions for Medical Professionals. The above is a summary only of the core benefits that should be included. For further information please contact Hayden White at Poole Group Accountants and Investment Advisers on 07 5437 9900.

Article written by Hayden White DFP, Medical Risk Specialist, April 2013.

MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #100
Safe motoring,
doctorclivefraser@hotmail.com.

Social Media "Facebook Face-Off"

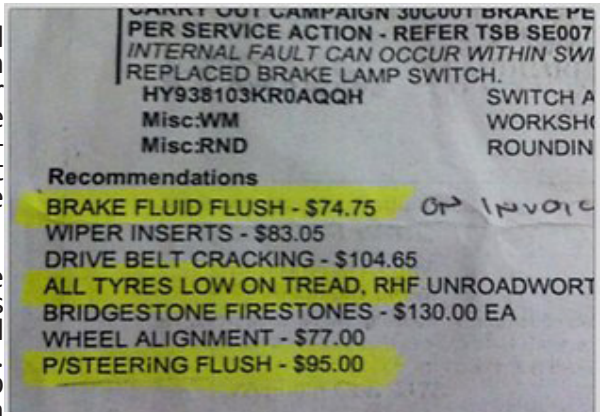
Those doctors who are fond of computers know just how much practice software has streamlined a day at the surgery.

Gone are the days of illegible notes on folded pieces of paper which if misfiled are lost forever. We're on our way to EHealth and a personally controlled medical record via the information super-highway.

I for one would need an army of secretaries without word processing and I'm not averse to putting my textbooks on my Smartphone and catching up with the latest guidelines on disease management from the internet.

A few years ago we all became accustomed to our patients arriving with a wad of print-outs from their computers for explanation and interpretation.

Now an internet search and a few hours of reading can make some patients better informed about obscure conditions like Marchiafava-Bignami disease than most of us who rely on what we learnt at Medical School.



There is always of course the down side to all of this information sharing and I'd put the website www.ratemds.com at the top of my list for providing a forum for defamatory rants.

Shielded by anonymity and with an axe to grind this site allows anyone to slander their doctor to their heart's content without an ounce of accountability.

The motoring public are not averse to using social media either.

To give you some indication of just how potent this medium has become I'd like to tell you about an incident that occurred recently in Brisbane.

A young woman by the name of Ms Mali Hannun on 29th March posted a quotation from her local Wynnum Hyundai dealership for work on her car on the Facebook page of Hyundai Australia.

The problem with the quote was that it did seem to include some items that were a bit far-fetched.

The most obvious of these was the recommendation to flush her power steering fluid for $95.

Believing that she was being taken for a ride by the dealership, Ms Hannun took her car to two other mechanics for a second opinion.

Both of them pointed out to her that her Hyundai i30 had electronic power-steering and there was no need to flush the hydraulic fluid as there was no hydraulic fluid to flush.

Ms Hannun went back to the Wynnum Hyundai dealership to complain. There were some weak excuses about a "typo" on the quote.

Dissatisfied with their explanation, Ms Hannun reached for the social media remedy and posted 505 words about her experience on Facebook.

Within five days there were 17,500 shares, 10,000 comments and 37,000 likes related to her post.

To borrow a medical term – her post had gone "viral".

Needless to say stronger apologies were then offered by the dealer principal and Hyundai Australia itself.

I'd had a similar experience myself 20 years ago when I took my Ford Falcon in for a service.

My complaint was more serious than Ms Hannun's as I was actually charged for the so-called "work".

My bill showed that they'd replaced my spark plugs, all six of them.

But a quick check under the bonnet cast some doubt on this.

I showed the service manager that they had somehow managed to change the spark plugs without removing the old ones.

I was also told that there must have been a "typo" on my account, but I'd have been none the wiser if I hadn't checked.

In the days before social media my only forum was the theatre tea room and my story back then didn't spark any real interest as my colleagues were busy answering their pagers and the nurses were equally busy smoking and catching up on all the gossip between cases.

In real terms the purchase price of cars has never been cheaper.

The Service Department is easily the most profitable part of most dealerships and service personnel are under pressure to up-sell, some even receive a commission on the sales.

Dealers and car companies are taking notice of feedback from customers, particularly when it can't be ignored and is seen by thousands of people on web-pages.

PS As of 20th April Ms Hannun's post on Hyundai Australia's Facebook page had 18,577 shares, 10,512 comments and 40,114 likes (and is still growing).

The total population of Wynnum is 11,719.

Safe motoring, Doctor Clive Fraser

QML Pathology.

Specialists in Private Pathology since the 1920s

MEDIA RELEASE

5 April 2013

New Test Reduces Chance of Miscarriage Associated with Invasive Procedures

Pregnant women now have a safe, non-invasive alternate to detect Down syndrome with the introduction of QML Pathology's new blood test for foetal chromosomal abnormalities in pregnant women.

The test is suggested for women with increased maternal age, those noted to be 'high risk' at other screening tests, those with a family history of an inherited condition, or those with a previous pregnancy with a foetal abnormality. Women should discuss the test with their O&G or a fertility expert.

QML Pathology Medical Director Dr Debra Norris said the new test is highly accurate with more than 99% detection rate.[1,2,]

"It also reduces the need for traditional high risk invasive tests such as amniocentesis and chorionic villus sampling, which carry a risk of miscarriage of about 1 in 100," Dr Norris said.

"The test analyses cell-free foetal DNA in maternal plasma taken from a sample of blood from the expectant mother as early as 12 weeks of pregnancy.

"In addition to Down syndrome (Trisomy 21) the test also tests for other common syndromes Edwards syndrome (Trisomy 18) and Patau syndrome (Trisomy 13).

"It is a significant step forward in QML Pathology's aim to offer more choices for its patients. Before the introduction of this test, we've heard of Australian women travelling to Hong Kong to have the test performed. Now they can do it at selected QML Pathology collection centres."

The test is non-Medicare rebatable (cost is $1300 as per April 2013) and results are normally available within 14 business days.

QML Pathology is Queensland's largest pathology company with more than 350 collection centres and 23 laboratories throughout the state.

For more information about QML Pathology visit www.qml.com.au or phone (07) 3121 4444.

Media Enquiries: Shirley Briscoe, phone 3121 4456 or 0411 654 567,
email Shirley.Briscoe@qml.com.au

1) As of October 2012, more than 70000 blood tests have been conducted on women aged 18 to over 40, with more than 99% accuracy.

2) Dan S, Wang W, Ren J, Li Y et al. Clinical application of massively parallel sequencing-based prenatal non-invasive fetal trisomy test for trisomies 21 and 18 in 11 105 pregnancies with mixed risk factors. Prenat Diagn. 2012 Nov 9:1¬8. doi: 10.1002/pd.4002. [Epub ahead of print]

EXECUTIVE DIRECTOR MEDICAL SERVICES
METRO NORTH HOSPITAL & HEALTH SERVICE
Dr DONNA O'SULLIVAN

UQ Northside Clinical School Based at MBICC

Recently, I was pleased to hear that the University of Queensland (UQ) had appointed Dr Alka Kothari as the Deputy Head of the UQ Northside Clinical School.

Dr Kothari is a highly regarded, valued and skilled Obstetrician

and Gynaecologist, who I have had the pleasure of working alongside for many years at Redcliffe Hospital.

She is no stranger to education, and has played a leading role in mentoring and teaching our emerging medical professionals as a UQ Academic Head based at our hospital.

The next few months, will be a very exciting and challenging time for Dr Kothari, as the final touches are put in place to allow the UQ Northside Clinical School to take up residence at the Morteon Bay Integrated Care Centre (MBICC).

I have no doubt that Dr Kothari will bring a great deal of experience and local knowledge to her new role managing these new high-quality training facilities, and working hand in hand with local hospitals and health services in our area.

To have the UQ Northside Clinical School based at the MBICC is a great win for our community and one that will see greater training opportunities for local medical and nursing students, and multidisciplinary teams.

I will provide you with more detail about these important developments and the progression of the MBICC in the coming months.

Kind regards

Dr Donna O'Sullivan
Executive Director
Medical Services
Metro North HHS

What's New in HRT cont:.

AUTHOR:
Dr Colin Holloway. GP Morayfield.
MBBch, F.R.A.C.G.P.; Dip Obst R.C.O.G.; D.T.M. &H

What's New in HRT (continued)
Last month I discussed recent clinical trials which have shown HRT to be safe and beneficial for menopausal women. This article is about the best forms of HRT to use.

Estrogen:
Women have three estrogens: Estradiol, estrone and estriol. Estradiol is commonly used today. There are some issues with conjugated Equine estrogen (CEE) which is Premarin and Premia, because, as Prof. Studd says: "Premarin contains about 64 different equine hormones and 20% of Godknowswhat. In contrast, oestradiol is the natural human oestrogen that is the most active in the body."

Progestogen/Progesterone:
Progestogens must be given if there is an intact uterus present. The commonly used progestogens in Australia are Provera (medroxyprogesterone –MPA) and Primolut-N (Norethisterone). As most of the HRT-related problems have been caused by these progestogens, others are now preferred. At present micronized progesterone, also referred to as natural progesterone, is considered to be the best and safest progesterone to use in HRT. Previously, progesterone was too large a molecule to be absorbed systemically, so synthetic forms were discovered that do this. Since then micronization (making progesterone into very small particles allowing systemic absorption) has overcome this problem. In a recent article in Climacteric, Simon stated, "Guidelines from the North American Menopause Society, The Endocrine Society, the International menopause Society, and specific guidelines from the European Menopause and Andropause Society for the management of menopausal women with a personal or family history of VTE all contain positive statements regarding both transdermal oestrogen and micronized progesterone. Based on these data, which are now included in the guidelines, the use of transdermal estradiol and micronized progesterone could possibly reduce or even negate the excess risk of VTE, stroke, cholecystitis and possibly even breast cancer associated with oral HRT use."

The American Association of Clinical Endocrinologists Menopause guidelines states, "The choice of progestational agent may be the most important factor in observation of breast cancer risk. Recent studies suggest that the use of micronized progesterone in comparison with medroxyprogesterone .....may be associated with a lower risk of breast cancer in MHT users." Interesting, the KEEPS (Kronos Early Estrogen Prevention Study) trial "used natural progesterone, which is metabolically neutral and may be beneficial from the cardiovascular perspective when combined with oestrogen." Furthermore, in the E3N cohort study, it was shown "when natural progesterone is used instead of synthetic progestins in HRT, the risk of breast cancer is not increased." "Recent evidence indeed shows that natural progesterone displays a favourable action on the vessels and on the brain, while this might not be true for some synthetic progestins. Compelling indications exist that differences might also be present for the risk of developing breast cancer, with recent trials indicating that the association of natural progesterone with estrogens confers less or even no risk of breast cancer as opposed to the use of other synthetic progestins."

Dosage:
The recommendation is to use the lowest effective dose of estrogen to achieve the treatment goals, benefits and risks for individual woman. Tailoring the dose to the woman's individual needs is an appropriate strategy. , Unfortunately, this is not easy to do in Australia due to the limited options available. Manufacturers have been removing their products off the Australian market – note oestrogen implants, Ogen, Aerodiol spray, Duphaston as well as others have disappeared.

Delivery route:
It is generally accepted that the transdermal route is safer and better than oral forms of HRT, and would now be accepted as best practice. There is also clear evidence that by using transdermal oestradiol stimulation of coagulation factors from the liver is avoided whereas this occurs as the result of the first pass effect with the ingestion of oral oestrogens. , , , ,

Australian dilemma.
Australians are limited in choice of HRT. Micronized progesterone is not available commercially as a branded product, although it is in the rest of the world, e.g. Utrogestan in N.Z. and Prometrium in the U.S.A. In Australia micronized progesterone can only be obtained through compounding pharmacies – a situation which is unsatisfactory. The Australian Menopause Society have written to the TGA in 2011 requesting they approve these new evidence-based forms of HRT – they are still waiting for a reply .Most HRT in Australia is in the oral form- Livial, Premia, Kliovance/Kliogest, Trisequens, Angeliq, Provera and Primolut-N for example. We are exhorted by the international menopause bodies to individualize the dose and use the lowest dose possible for each person, yet this is difficult to do in Australia with the limited dosages available – for example there is no low dose transdermal combined HRT. The Professional Compounding Chemists Association's technical and training manager, Jenny Giam, said the group's members had been asked to replicate some HRT treatments which were unavailable. ''Compounding is one of the avenues that can be explored if a drug is no longer available here,'' she said. All the major international menopause groups are against the use of Bioidentical HRT as prepared by compounding chemists, but if we want what is best for our patients in Australia, there may be little other choice. One of the major objections of the HRT societies to bioidentical HRT is the use of salivary testing of hormones. There is scant scientific evidence supporting salivary testing of hormones, so there is no place for it in modern menopause treatment. Next month: Estrogen-Heroine or Villain?

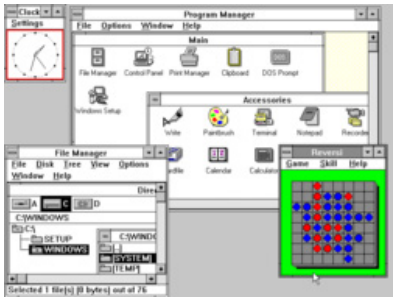
"What's new in HRT" Climacteric 2012 Apr 15 Suppl. 1;3-10. Simon J
AACE Menopause Guidelines ; Endoc Pract 2011;17(Suppl 6)
Fournier A, Berrino F, Riboli E, Avenel V, Clavel-Chapelon F. Breast cancer risk in relation to different types of hormone replacement therapy in the E3N-EPIC cohort. Int J Cancer. 2005;114:448–454.
Could transdermal estradiol + progesterone be a safer postmenopausal HRT? A review.Maturitas.2008 Jul-Aug;60(3-4):185-201. Epub 2008 Sep 5.
North American Menopause Society Position Statement. Menopause 19;3;2012 p 264
http://www.smh.com.au/national/health/lack-of-choice-in-hormone-therapy-20110730-1i5dj.html#ixzz2NpyI5Z3j
British Menopause Society consensus statement on HRT. Jrnl Brit Men Soc Vol 11 no 4 Dec 2005
European Menopause Association 2008 update on clinical recommendations on postmenopausal HRT Maturitas 61;(2008)227-232
Hormone therapy and recurrence of VTE among postmenopausal women. Menopause 2010;18:488-493
Global consensus Statement on Menopausal Hormone Therapy. Climacteric 2013; 16:203-204

COMPUTERS & GADGETS

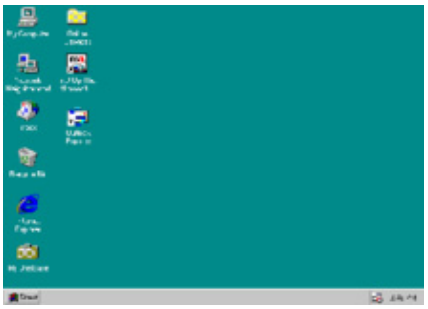
Email: apndx@hotmail.com.
with Doctor Daniel Mehanna

"Shattered Windows-Part 1"

Absolute rubbish! This is the conclusion that I have reached after two months of windows 8. But to understand how and why Microsoft has got it so wrong, we need to look to the past.



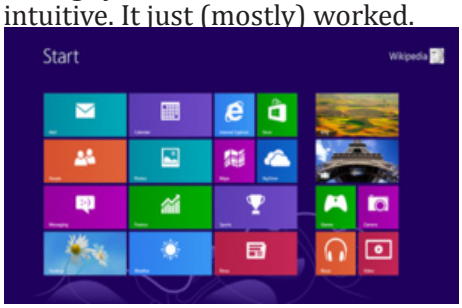
Back to the days when processor speed was measured in megahertz rather than gigahertz, RAM was measured in kilobytes rather than gigabytes and when the number of colours of the monitor could display could counted with the fingers of boths hand. Back to the early 1980s when the first consumer version of windows was born. Before that time the way we interacted with our computer was with letters and numbers via MS-Dos. This changed when Steve Jobs and a group of Apple executives visited Xerox PARC and saw what was to become the future of computing... the graphical user interface (GUI). In true apple fashion, Jobs and his colleagues unashamedly copied and improved on what they saw and so the LISA and Macintosh Apple operating system was born. Not to be outdone Microsoft followed with windows and after a brief battle with IBM OS2, windows reigned supreme.



The GUI was truly an improvement... a real revelation. Instead of having to type letters and numbers we now had a mouse and pretty (for that time) graphics and a new "what you see it what you get" (WYSIWYG) interface was born. When typing a word document for instance we could change the font and size and this would be reflected on the screen in real time! Computing became easier and more efficient. Truly a milestone in computing.

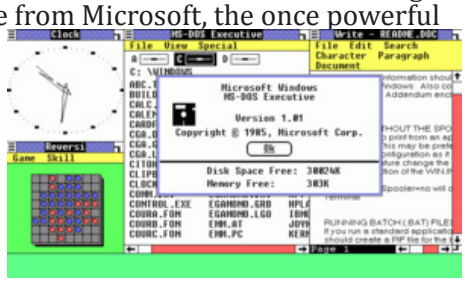
Over the following years Microsoft made countless improvements to the operating system. Internet and network connectivity were improved, peripheral support taken seriously with plug and play (or "plug and pray" as it became known amongst the cynical amongst us), graphics and gaming development taken seriously (direct x) as well as countless other improvements including security being given a higher priority. Possibly the area of most obvious improvement was to the user interface. . The desktop was tidied up over successive itinerations of windows. From windows 3 to windows 95 and windows XP and beyond incremental but substantial improvements were made. The start button became almost ubiquitous on the PC platform which every user could easily find and use efficiently. Admittedly it has been a long and painful road at times with some notable hiccups along the way - take windows ME and the infamous vista for example, but the journey was well worth it.

All this pain resulted in what became windows 7 - arguable the best version of windows ever made. Through all the years of development, most of the bugs and been eradicated resulting in an operating system that was fast, slick, user friendly and intuitive. It just (mostly) worked. Consumers who upgraded to it were happy as they could use it with little fuss and hassle. As it was essentially based on the previous versions of windows consumers knew how to use it. Easy.



But then all this changed. Microsoft, under the "leadership" of Steve Balmer (Bill Gates left in January 2000) was essentially caught napping. While Microsoft concentrated on the PC market, Apple, led by Steve Jobs (who if nothing else was a technology visionary) realised that this was the past. Apple turned its attention to and poured their significant resources into developing their mobile ecosystem resulting in the success that the Ipone and Ipad have now become.

Under siege and on the back foot, Microsoft finally realised that they had to do something. To counteract Apples's dominance in the mobile phone market they developed their own mobile operating system and signed a deal with the once powerful Nokia in an effort to gain market traction. In return for a large financial incentive from Microsoft, the once powerful Nokia, headed by Stephen Elop, a former Microsoft executive, agreed to ditch their own Symbian operating system and develop and sell solely microsoft phones. To this date, this has had only very little success. Although the mobile windows operating system is actually pretty good, the reality is that most consumers have already jumped on the android/apple bandwagon and really can't see any compelling reason to change. Microsoft then decided to develop its own tablet ecosystem, which again, has had limited success so far – mainly for the same reason.



Then Microsoft did probably its most bold and courageous move. They completely redesigned windows 7 and transformed it completely into another almost unidentifiable creature...and Windows 8 was born.

To be continued....

MARRIAGE.

AUTHOR:

Dr Mal Mohanlal

The institution of marriage is under attack from all directions from a self centred, over indulgent world, seeking instant gratification of their desires with no regard for the consequences of their actions. If a majority of people votes in one or the other direction does it make the perception of marriage right or does it distort our perception that is the question we should be asking? Please remember that anything that distorts our perceptions is like a bug in the computer program that will make the computer crash, and therefore a factor that affects our mental health in the long run.

First of all we must ask what is marriage and the purpose of marriage? Marriage as one can see is a union of a male and female committed to living together with the sole purpose of raising a family. If one does not wish to raise a family, then I cannot see the point of getting married, unless of course for some economic and other social reasons. The institution of marriage is therefore basically designed to protect the children, the offspring of the union, not the adults. It is the children who need the love and security of the father and the mother figure as role models when they are growing up and not the adults. Adults can surely survive under all circumstances, married or single, it does not matter.

Thus when a marriage breaks down, who suffers? Clearly, the core (the parents) that binds the family unit is disturbed and it is the children who lose their emotional security. They suffer the most, because they are the ones being separated from someone that is part of them. There were times when adults accepted their responsibilities as parents and raised their families, no matter what disagreements they had. But now when relationships break down, we have an easy way out by having a divorce. This is the modern world we have created where responsibility for one's action is the last thing on anyone's mind.
The institution of marriage is also coming under attack from the same sex group who want to get married and enjoy the same rights in marriage as people in heterosexual marriages. Why shouldn't they? Everyone has rights these days and there are economic reasons for pursuing this path.

However as described above, the institution of marriage is designed to protect the children of heterosexual marriages not the adults. If adults, married, single or same sex wished to do what they want to do, it is their choice, but is it wise to change the perception of marriage because a majority of people vote for it? If society wants to give same sex couple the same legal rights of heterosexual marriage, then let it be done under a different label such as "**committed couple**", but please do not use the word "**marriage**".

That word automatically implies a "husband" and a "wife" in that relationship which indicates a male and a female partner. This is what creates an instant contradiction in people's mind in the same sex situation, which is not mentally healthy for anyone and which most people find it difficult to accept. By having a different label but retaining the same legal benefits for this group will surely eliminate any sense of discrimination against gay couples and will not distort our perception of marriage.

Read **The Enchanted Time Traveller** and learn how words affect your subconscious mind, and thus influence your mental health. Discover the power within you. Visit website**:** **http://theenchantedtimetraveller.com.au/** . The book is also available as an eBook.

Interesting Tidbits NATTY MOMENTS:

Puns for Educated Minds

1. The fattest knight at King Arthur' s round table was Sir Cumference. He acquired his size from too much pi.
2. I thought I saw an eye doctor on an Alaskan island, but it turned out to be an optical Aleutian.
3. She was only a whiskey maker, but he loved her still.
4. A rubber band pistol was confiscated from algebra class, because it was a weapon of math disruption.
5. No matter how much you push the envelope, it' ll still be stationery.
6. A dog gave birth to puppies near the road and was cited for littering.
7. A grenade thrown into a kitchen in France would result in Linoleum Blownapart.
8. Two silk worms had a race. They ended up in a tie.
9. A hole has been found in the nudist camp wall. The police are looking into it.
10. Time flies like an arrow. Fruit flies like a banana.
11. Atheism is a non-prophet organization.
12. Two hats were hanging on a hat rack in the hallway. One hat said to the other: 'You stay here; I' ll go on a head.'
13. I wondered why the baseball kept getting bigger. Then it hit me.
14. A sign on the lawn at a drug rehab center said: 'Keep off the Grass.'
15. The midget fortune-teller who escaped from prison was a small medium at large.
16. The soldier who survived mustard gas and pepper spray is now a seasoned veteran.
17. A backward poet writes inverse.
18. In a democracy it' s your vote that counts. In feudalism it' s your count that votes.
19. When cannibals ate a missionary, they got a taste of religion.
20. If you jumped off the bridge in Paris, you' d be in Seine
21. A vulture boards an airplane, carrying two dead raccoons. The stewardess looks at him and says, 'I' m sorry, sir, only one carrion allowed per passenger.'
22. Two fish swim into a concrete wall. One turns to the other and says 'Dam!'
23. Two Eskimos sitting in a kayak were chilly, so they lit a fire in the craft. Unsurprisingly it sank, proving once again that you can' t have your kayak and heat it too.
24. Two hydrogen atoms meet. One says, 'I' ve lost my electron.' The other says 'Are you sure?' The first replies, 'Yes, I' m positive.'
25. Did you hear about the Buddhist who refused Novocain during a root canal? His goal: transcend dental medication.
26. There was the person who sent ten puns to friends, with the hope that at least one of the puns would make them laugh. No pun in ten did.
27 Diverse - a Welsh Poet
28 Do Laxative salesmen have regular customers?
29 Is Sugar Diabetes a Welsh boxer?

Australian Medical Association Limited
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MEDICAL TRAINING A CASUALTY OF EDUCATION EXPENSE REFORMS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Doctors face the difficult choice of paying higher out-of-pocket costs to pursue life-saving medical training courses or cutting back on these types of courses as a result of self-education expense reforms announced by the Government over the weekend.

Under the reforms, the tax deduction for work-related self-education expenses will be limited to $2,000 per person from 1 July 2014.

AMA President, Dr Steve Hambleton, said today that the Government has created a huge disincentive for doctors to pursue specialised education that could help save lives and improve the quality of life for many Australians.

“Medical training courses are very detailed and do not come cheap,” Dr Hambleton said.

“Australia has some of the most demanding medical training courses in the world, and the Medical Board of Australia and the Medical Colleges require doctors to maintain their skills through continuing professional development.

“A $2000 cap on tax deductions self-education expenses for doctors falls well below many basic course costs.

“For example, the Australian and New Zealand Surgical Skills Education and Training (ASSET) program costs $3280, the Care of the Critically Ill Surgical Patient course costs $2735, and a GP attending a Clinical Emergency Management Program (CEMP) workshops can face combined costs of over $3000.

“Many doctors will undertake more than one course a year in order to maintain and improve their qualifications.

“Australian doctors also travel overseas to learn about the latest medical research and innovations, innovative surgery techniques, and advances in overall patient care.

“Self-education costs for doctors are very high.

“The Government’s proposed reforms will hit junior doctors, salaried doctors, GPs and other specialists, and patients.

“We urge the Government to reconsider these ill-informed changes,” Dr Hambleton said.

16th April 2013

John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

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Twitter: http://twitter.com/ama_media

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

Attendance at the Redcliffe & District Medical Association (RDMA) Meeting is **FREE** to current RDMA members.

Doctors are welcome to join on the night and be introduced to the members. **Membership application forms are in this edition and available at the sign-in table on the night.**

Meeting dates are in the date claimers on page 4
COST for non-members:
$30 for doctor, non-member

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CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: RDMAnews@gmail.com with the details for further processing.

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

Members wishing to advertise are encouraged to take advantage of the Business Card or larger sized advertisement with the appropriate discount on offers.

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st January 2013 to 30th June 2013

Dear Doctor

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. It's now time to show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

Subscriptions for January 2013 until the 30th June 2013 will be $50.00 or annual subscription is $100.00. **Doctors-in-training and retired doctors are invited to join at no cost.** This subscription not only entitles you to ten (10) dinner meetings but also to a monthly magazine. Suggestions on topics and/ or speakers are very welcome.

Please can you endeavour to pay your subscription by internet banking as it is so much easier for all concerned as it saves you writing cheques and us having to bank them. You will receive your receipt by email if you supply your email address to me on **GJS2@Narangba-Medical.com.au.**

Yours sincerely

Dr Peter Stephenson
Treasurer

ABN 88 637 858 491

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(First Name) *(Surname)*

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(First Name) *(Surname)*

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2. ***EMAIL ADDRESS***: _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

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   ii) Or by email to GJS2@Narangba-Medical.com.au

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