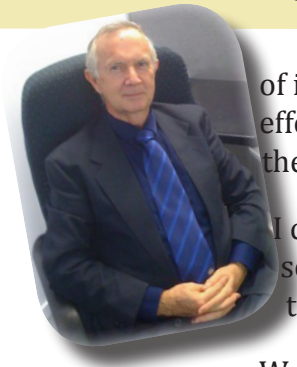
RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter

AUGUST 2011

See Moreton Bay Regional Council Building, Caboolture featuring in our Historical Pictorial in this edition page 3 and our regular Where We Live And Work segment Page 20

RDMA President's Message ... Dr Wayne Herdy



PRESIDENT'S REPORT
The next meeting is our AGM. All office-bearers' positions will be declared vacant and a new Executive put in control of your LMA.

This might not be, for some, the most exciting meeting of the year but it is, for the Association, the most important meeting of the year. If you only attend one meeting this year, this is the one.

Redcliffe District & Local Medical Association RDMA is maturing as an organisation. We are producing our own Newsletter, an acclaimed publication now attracting wider interest. We have the best website of any LMA in the country, and getting better.

What is not so visible is our growing stature in the medical community. With the closure of the Division of General Practice, and the takeover of its functions by a Medicare Local that has no effective medical representation, we have become the only local voice for the medical profession.

I cannot over-emphasise that point. RDMA is soon to be the only body capable of representing the views of the local medical profession.

We had the opportunity to be a member of the Medicare Local – the members in meeting were not interested. We also had the opportunity to become the owner of the dying Division, but decided that this was not a function of an LMA.

What was important was that we were the organisation best positioned to be able to do that.

Wayne HERDY
RDMA President

DATE CLAIMERS :

For all queries contact Margaret McPherson
Meeting Convener: Phone: (07) 3049 4429

Venue: The Ox, 330 Oxley Ave, Margate
Time: 7.00 pm for 7.30 pm

2011 Dates:

Annual General Meeting

Wednesday August 31

Date Change: Tuesday September 21
Wednesday October 26

Year End Networking Function

Friday November 25

CONTACTS:

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SEPTEMBER NEWSLETTER 2011

The 17th SEPTEMBER 2011 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com or Fax: (07) 5429 8407
Website: http//www.rdma.org.au

INSIDE THIS ISSUE:

Moreton Bay Regional Council Building - Caboolture

Moreton Bay Regional Council was established in 2008, with the compulsory amalgamation of local government areas. It comprised the former three local government areas, the City of Redcliffe and the Shires of Pine Rivers and Caboolture.

It now serves a population of over 350,000, and is the third largest local government in Australia behind City of Brisbane and Gold Coast City.

Moreton Bay Region is divided into 12 divisions, each of which elects one councillor to the Regional Council. The entire Region elects a mayor. Allan Sutherland was elected as the Region's first mayor at the 2008 elections.

Local government has a wide range of public health functions including

- Immunization
- Vector control
- Food safety
- Syringe and needle control
- Neighbourhood watch
- Disaster management
- Beach safety

- Waste and recycling

Water supply was delegated to Unity Water some two years ago, a move which remains controversial amid rumours of inappropriate billing.

AUSTRALIAN MEDICAL ASSOCIATION QLD

PRESIDENT

Dr Richard Kidd

Reform Agreement Signed – What does it mean for Queensland?

On 2 August 2011 Julia Gillard announced a historic day for health as the national health reform agreement between the Commonwealth and states and territories of Australia was signed.

There is no doubt that health reform is needed in Australia if we are to continue to achieve health outcomes and enjoy health care that is amongst the best in the world.

While it is positive to see an agreement reached between all states and territories, it is an overstatement to be calling it a historic day especially since it is still a long way before patients will start seeing any of the promised funds.

The true success of the health reform will be if the agreement and extra investment results in increased health outcomes and improve delivery of care to our patients.

The reforms agreed to by COAG in February will mean an investment of an extra $16.4 billion in public hospitals over the 2014-2015 to 2019-20 period, rising to a total $175 billion to 2029-30.

It remains unclear how much of the promised funds will actually be distributed to Queensland and whether the funding will be enough to meet the health needs of patients.

Despite the agreement being finalised, there will be further levels of bureaucracy, such as the National Health Performance Authority (NHPA) which will inevitably lead to more inefficiency and waste in a system that is already severely underfunded.

Right now we know Queensland needs 1200 extra beds. Over the next 10 years, this extra investment from the Federal Government might only amount to enough money to build one or two hospitals such as the new Sunshine Coast University Hospital which will cost about $1.97 billion and will start with only 450 beds. Even if all this money was spent today, it would not meet the current needs of patients. Over a further 10 years of population growth, it clearly won't be enough.

Submission on the Health and Hospitals Network Bill 2011

AMA Queensland completed a submission to Queensland Health regarding the *Health and Hospitals Network Bill* 2011.

The promise for clinician engagement at a local level remains a sticking point for AMA Queensland and we stressed in the submission that 'a local practicing doctor with expertise in clinical issues as well as governance will make a valuable contribution to strategic, budgeting and resource allocation decisions made by any Local Hospital Network governing council'.

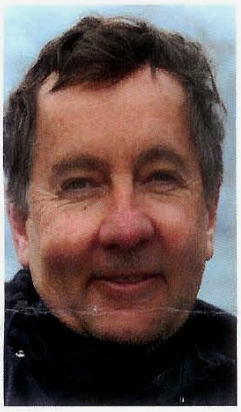
Another key section of the submission focused on the relationship that Local Health and Hospital Networks will have with Primary Healthcare Organisations (Medicare Locals). At the moment this relationship remains unclear. In order for Medicare Locals to work effectively, they need to preserve and support the role of GPs through strong GP engagement and focus on areas of unmet need. In the submission AMA Queensland requested further clarification regarding how an appropriate balance of rights and responsibilities will be apportioned to both Local Health and Hospital Networks and Medicare Locals, particularly when considering that geographical boundaries of each body are not concurrent.

The way these two bodies effectively engage will be critical in assessing whether 'real' reform in the health system has taken place.

Dr Richard Kidd
AMA Queensland President

HolySpiritNorthside

Introducing…



Dr Jeff Karrasch
General Physician

MBBS (Qld) | FRACP | FCSANZ | ARCS Certified Fellow (ACF)

Dr Jeff Karrasch is a graduate of the University of Queensland.

After completing an internship in Canada and travels through Europe, Dr Karrasch returned to Australia for specialist training at the Royal Brisbane Hospital, Royal Prince Alfred Hospital and finally with the University Department of Medicine at Herston.

After becoming a consultant physician, Dr Karrasch has maintained a visiting role to Queensland hospitals as a senior visiting consultant and conducted a private practice in northern Brisbane for many years.

He has had a long involvement in medical teaching and Clinical Trials of new drugs however is no longer involved in the clinical trials. Over the years he has also been granted Fellowship of the Cardiac Society of Australia and New Zealand and is an accredited Fellow of the Australian Research Council of Scientists.

He operates as a general consultant physician in internal medicine, with an interest in cardiovascular risk factor modification, lipids and diabetes. He has held many positions on advisory boards both at State and National levels.

Dr Karrasch will be consulting from Dr Andrew Stevenson's rooms located in the Holy Spirit Northside Private Hospital and Dr Rodd Brockett's rooms at Everton Park.

Contact Details
For All Appointments
T: 3353 6500
F: 3353 9600
M: 0488 755 315

Consulting at:
Holy Spirit Northside
Dr Andrew Stevenson's Rooms
Level 1 Medical Centre
627 Rode Road
CHERMSIDE Q 4032

Dr Rodd Brockett's Rooms
Ramsay Place Consulting Suites
Suite C, 137 Flockton Street
EVERTON PARK Q 4053

GENERAL CONSULTANT PHYSICIAN

(All Aspects Internal Medicine)

Special Interests:

- ***Cardiovascular risk factor modification***
- ***Lipids***
- ***diabetes***

HSN

Whatever Happens, Commodities Win

"If the world economy gets better, I earn money on commodities. If the global economy gets worse then they will print more money and I will make money on commodities". Highly pertinent views last week according to legendary commodities investor Jim Rogers whom we are pleased to co-host across Australia.

Jim Rogers – Recommended reading for all commodities / resource investors

Books

1995: *Investment Biker: Around the World with Jim Rogers*
2004: *Hot Commodities: How Anyone Can Invest Profitably in the World's Best Market*
2007: *A Bull in China: Investing Profitably in the World's Greatest Market*

References

1993. *Market Wizards: Interviews with Top Traders*. 2003: *Money Masters of Our Time*.

A legend of Wall Street in commodities

In 1970 Jim Rogers was a co-founder of the Quantum Fund, which achieved **value growth of over 4,200%** in the space of ten years versus the S&P 500 up 50% over the same period. At age 37 after his successes in the hedge fund business he withdrew from active trading. He completed several round-the-world trips, travelling through 116 countries recognising the **growth potential of developing economies** early on.

He also identified critical factors supporting the investment thesis for hard commodities including **years of underinvestment** in commodity production and the particular **scarcity of some commodities** including copper. Based on these experiences, his books *Investment Biker (1995)* and *Hot Commodities (2004)* are must reads for anyone investing in Resources.

Jim is in Australia to launch a series of Indices offering exposure to 36 commodities grouped into metals, energy and agricultural indices. Speaking to RBS Morgans clients this week, Jim offers a fascinating insight into why he sees such a **strong outlook for commodities**;

- Commodities reflect the "cost of everyday life and survival" and leverage the Chinese and other emerging economy growth stories.
- The rapidly growing global population has seen demand for commodities at historical record levels with little expectation that this will abate.
- Investing in commodities also provides a natural hedge against inflation - pertinent in a global economy where rising inflation is a key concern.

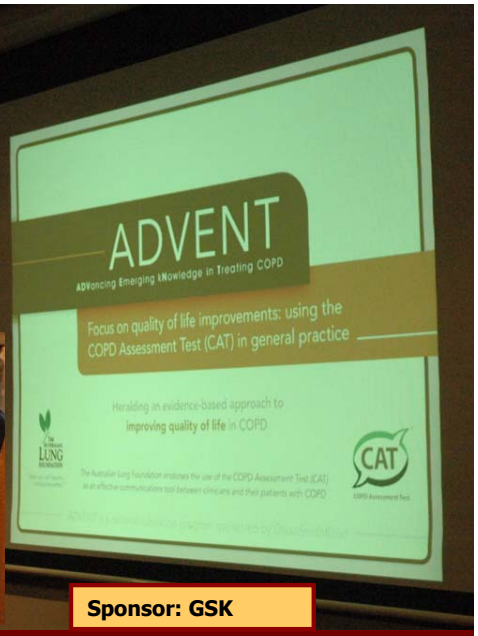
Jim's views are expanded on his official website http://www.jimrogers.com/ and there are numerous online blogs featuring media appearances and articles which are particularly pertinent given the political theatre around the recent US debt standoff and the critical effect it will have on global markets.

However the best way to get up to the minute interpretation of Jim's views is call your RBS Morgans advisor.

RBS Morgans P: 3897 3999
E: ashley.greaves@rbsmorgans.com

Richard Buzacott & Maxim Wilson

Farzac Bashirzadeh & Wayne Herdy



Sponsor: GSK

Ken Kwong & Peter Stephenson

Philip Dupre

Rateesh Paramban

Margaret McPherson & Lyn Ferguson

The RDMA 26/07/11 meeting was presided over by Dr Wayne Herdy, RDMA's President who introduced Peter Hegarty, GSK Representative who was the sponsor for the meeting and the speaker was Dr Farzac Bashirzadeh, Thoracic Physician whose topic was "COPD Assessment Test (CAT), and its use in General Practice, along with Endo-Bronchial Ultrasound EBUS". Dr Donna O'Sullivan delivered a current report on Redcliffe Hospital and Project Development progress. An overview included updates on Intern placements, Skills Centre for education and training in the skills laboratory, a joint project with the University of Queensland to be utilised by the community as a resource for both medical and health community needs. Challenges included management of elective surgery lists and A follow up on the eReferral Project.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

ANNUAL GENERAL MEETING

Date: Wednesday 31st August 2011

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: Allergan Represented by: Richard Dennis
7.40pm	Speaker: Dr Blair Bowden Topic: Lap-Band, Gastric Bypass, Sleeve Gastrectomy and Gastric Balloon... Fat, Fiction or Folly?
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee
8.45pm	AGM

RSVP: e: tracey.blackmur@qml.com.au
t: 3049 4444 by Friday 26th August

QML Pathology.

SNAPSHOT FROM THE PAST

REDAMA Newsletter from August 1989 Issue 5

REDAMA Report

Official publication of the Redcliffe and Districts Local Medical Association

Issue No 5
August, 1989
Free to the Medical Profession

'Too many patients being turned away...'

Hospital beds shortage now at crisis level

There is a critical shortage of hospital beds on the Redcliffe peninsula that can only be solved by a fast tracking of plans for a second tower at the Redcliffe General Hospital.

Patients are being put at risk by the Health Department policy that requires overflow numbers to be sent to the Royal Brisbane Hospital under the "by pass" system.

It is generally understood that patients seeking treatment, from areas such as Petrie, Kallangur, Sandgate, Brackenridge and Carseldine are almost automatically being "by passed" to RBH because of the overcrowding.

There is a report that an elderly woman with a broken hip had to endure this transfer because there were no beds available at Redcliffe.

The Peninsula Private Hospital is fully booked, and according to administrators turning away an average of 40 admissions a month.

These patients cannot be handled at the Redcliffe Hospital because the bed occupancy rate there is already running at 90 per cent at midnight.

As the medical profession knows, the occupancy rate is even higher during the day-light hours when there is a rapid turnover of patients which means the night time figure does not reflect the critical situation.

A recent inspection of the hospital by senior executives from the Department of Health resulted in the acknowledgement that the situation is serious.

But the executive of this association is gravely concerned at unconfirmed reports that the Department has already dropped plans to extend Redcliffe Hospital and to build instead a local hospital at Caboolture.

This facility would obviously be a cottage hospital, in the same mould as the Redlands Hospital, providing about 30 or 40 beds for patients under observation and recuperation after treatment at Redcliffe.

Such a proposition is not acceptable to the medical profession because it fails to address the real needs of the area with its huge population growth and aged population profile.

A SPECIAL REPORT by Dr Kerry Garske, President

Adding 40 beds at Caboolture would not overcome the immediate situation at Redcliffe where current figures show an bed occupancy of up to 97 per cent in the medical ward and an average of 93 per cent over the year.

The Orthopaedic ward is averaging 92 per cent, General Surgical 89 per cent, Intermediate 70 per cent, peaking at 94 per cent last September and 60 per cent in Intensive Care.

Those figures are way above comparative regional hospitals and display the demand for hospital beds to be increased as a matter of urgency.

Peninsula Private Hospital is planning to add 20 beds - 10 in obstetrics and 10 for general use - but even that will not help ease the situation.

The private hospital needs that many beds just to catch up with its own immediate demands and cannot be expected to help the general hospital overload.

It must be stressed that there is no criticism of the Redcliffe Hospital medical or nursing staff who are providing an excellent service under demanding conditions.

If there is a staffing problem it is with the Health Department's failure to recruit enough staff for the out patients and gastro-enterology departments.

These departments are providing a first-class service but are struggling to meet the demand.

The Resident Medical Officers' award has been improved to provide shorter hours and better penalty rates for overtime but still the staff cannot be attracted.

Redcliffe LMA calls on the Health Department and the Government to make public its plans for future hospital services on the peninsula and further north and to declare whether the second tower will be added at Redcliffe Hospital as promised over several years.

Plenty to read in this issue...

Introducing the new executives...

...the President, Dr KERRY GARSKE

Dr Kerry Garske is a man who has a world of medical experience behind him in his new role of President of the Redcliffe and Districts Local Medical Association.

His first three years of practice after training at the Princess Alexandra Hospital were as the only doctor in the country towns of Quilpie and Collinsville, followed by two years at the Nambour Hospital at a time when it had only three full time doctors.

"It certainly gave me an all-round view on medicine and taught me how to read quickly," he concedes now, with 23 years experience logged and a more permanent lifestyle based on Redcliffe and the peninsula.

Dr Garske, 46, is a specialist anaethetist but he still remembers, vividly, his days as the medical superintendent at the Quilpie District Hospital when his nearest fellow doctor was three hours drive away at Charleville.

He recalls the night a 6-month-old baby was admitted, unconscious and fitting with meningitis.

It was the first time he had been confronted with such a diagnosis but the patients survived and to Dr Garske's knowledge is still alive and well today.

He also faced the prospect of trying to have another baby transferred to Brisbane for treatment for a congenital abnormality, compounded by a blind oesophagus but had to wait while the hospital manager interviewed the battler parents for their means test.

After that, an ambulance ferried the baby to Charleville where it was taken by air to Brisbane - and again the patient survived.

Like hundreds of other young doctors, Dr Garske found that his tenure in the bush included serving as Medical Officer for all levels of government and he was quickly called on to perform his first post mortem.

After Quilpie, he had a year of the same thing at Collinsville before moving to Nambour , as senior resident medical officer and pinch hitting for staff with a visiting physician and visiting surgeon.

After two years training in anaethetics at PA and a further two years at Royal Brisbane, Dr Garske moved to Redcliffe in 1976 and has been here ever since.

Married to Jan, and with four children, he lives at Scarborough and indulges himself in horse racing and golf in his spare time.

His biggest racing success was to see his horse, El Laurena, finish second to Just a Dash in the 1981 Melbourne Cup but in golfing terms, he admits to being a long-marker, mainly through lack of practice.

A member of Redcliffe LMA for 12 years, Dr Garske predicts no major changes in direction of the group's policies but he joins other members of the executive in looking forward to an increase in the active membership.

"A Melbourne Cup thriller..."

...Vice President Dr BOB BROWN

The new vice president of the Redcliffe and Districts LMA is Dr Bob Brown who almost scored two election successes within a fortnight.

Dr Brown, 40, a general practitioner of Boondall, was elected unopposed to the position vacated by Dr Carole Gahan at the annual general meeting in July, at a time when he was also a nominee for a committee position with the Queensland branch of the Royal Australian College of General Practitioners.

Although he was unsuccessful in that ballot (see story page 6), Dr Brown is satisfied he is now able to give back something to the profession that has been his life for the past 14 years.

Born in Brisbane and educated at St Josephs, Gregory Terrace, Dr Brov joined the Australian Army in 1976 afte completing his University degree at St Lucia.

His four years service took him to several parts of Australia included two years in Wewak, New Guinea.

With the rank of major to his name, Dr Brown left the army in 1980 and went into practice at Boondall.

With his wife, Carmel and four children, he also lives at Boondall and in his spare time, enjoys tennis and bridge.

A member of the AMA for the past seven years, Dr Brown was admitted as a Fellow of the RACGP in 1984 and is now in his first administrative position in a medical organisation.

In his role as vice president, he will be responsible for media liaison but he also plans to look for ways to improve the lot of general practitioners in a consultative and conciliatory sphere in their dealings with other levels of medicine.

...Treasurer, Dr FRANK CUNNINGHAM

The newly elected Treasurer of the Redcliffe and Districts Local Medical Association, Dr Frank Cunningham, is a man of Irish descent who has been in the business of curing the sick for 22 years.

Dr Cunningham was born in Gallway, mid-west of Ireland, where he spent the majority of his life. There he decided he wanted to be a doctor and completed his degree.

Victoria was the landing point when Dr Cunningham migrated to Australia in 1981 and he stayed there until moving to Brisbane in January, 1983.

A year later he became a member of the Redcliffe branch and has been an active member for the past five years.

Dr Cunningham travels between his main surgery at Redcliffe, to Wickham Terrace in the city and up to Caboolture to treat patients.

His medical assistant at the Redcliffe surgery is his wife, Ailbhe.

Frank and Ailbhe have been married for 21 years and have five children, aged between 12 and 19. The family lives at Hendra.

Dr Cunningham concedes there is no hint of any of the children following in his medical footsteps, although he proudly boasts he was the first doctor in his branch of the Cunningham family.

He says it was easier then to get into the profession and doctors didn't have to have the sharp, mathematical skills required today to do a degree in medicine.

"People could afford to have a more romantic outlook on the profession", he said.

After regularly attending LMA meetings for five years, Dr Cunningham said he felt it was time to take on a more active role in the administration.

He strongly believes all doctors should be part of the AMA and give some part to their time to helping to improve the profession and its wage.

He hopes to expand the base of financial members in the Redcliffe branch, to keep membership figures high and the branch on a fluid financial level.

Dr Cunningham enjoys reading, golf and walking during his spare time.

He also lists travel as one of his special interests, when time permits.

HISTORICAL ARTICLE - Hospital Bed Shortage At Crisis Level

REDAMA Newsletter from August 1989 Issue 5 Page 1

First ballot in years decides president

New executive takes the LMA reins after marathon meeting

The new president of the Redcliffe and Districts Local Medical Association is anaethetist, Dr Kerry Garske, elected after the first ballot for the position in more than a decade.

In a secret vote at the July annual general meeting, Dr Garske defeated Dr Peter Brand for the presidency for the next 12 months.

He replaces Dr Rob Hodge who had completed his year of office.

In a meeting described later as "lengthy, spirited but friendly," the election was the only one required to fill the four positions on the committee.

With Dr Garske will be Dr Bob Brown as vice president, Dr Frank Cunningham as treasurer and Dr Helen Mahoney returned as secretary.

In another significant ballot, the n... voted to retain the name of Redcliffe and Districts, despite strong representations for "Brisbane North" or "Brisbane - Redcliffe AMA."

Dr Carole Gahan told the meeting the association now represented a major part of the northern area of Brisbane, as well as the traditional area of Redcliffe.

But Dr Ralph Smallhorn countered that Redcliffe is an autonomous city which should retain its identity in the association's name.

A notice of motion, calling for the association to become incorporated, was deferred for further investigation by the executive.

The meeting also voted to maintain membership qualifications within the guidelines laid down by the State AMA.

In his acceptance speech, Dr Garske said he had joined the association when the meetings were held at the Strathpine Country Club.

"Things haven't changed all that much although numbers seem to have increased," he said.

"The meetings are an ideal way to meet the other members of the medical profession in a relaxed atmosphere."

Dr Garske said the association would continue to maintain the direction it had been following for the past 12 months under Dr Hodge's administration.

He said one of his first hopes was to see that the Christmas Party in November was well attended and supported by all members.

Dr Cunningham paid tribute to the work of Dr Ian Baker in stabilising the association's financial standing over the past year.

"I am impressed by the way Ian has increased the bank balance," he said.

Dr Mahoney, who had tendered an apology, was not present to hear the glowing tributes paid to her work and the contributions of her own assistant, Kerri Austin.

Dr Mahoney has since returned, intact and relaxed, from her ski-ing holiday.

Alternative action!

The Queensland Medical Board has been asked to take legal action against a man advertising himself as a "doctor of preventative medicine."

The complaint has been lodged by the Gold Coast branch of the AMA, against a naturopath who has previously been under notice for his use of a haemaview system of analysis.

A similar problem has also been detected in the Redcliffe area and the results of the Gold Coast action will be watched closely.

SUBS ARE NOW DUE

Annual subscriptions of $30 per member are now due for the 1989-90 season, and an additional $50 public-relations fee is due from each family.

Cheques to the Redcliffe and Districts Local Medical Association should be crossed or marked "not negotiable" and sent to Dr Frank Cunningham, Peninsula Specialist Centre, George Street, Kippa Ring Qld 4503.

Congratulations to Frank, Kerry and Bob

Meet the new executive of the Redcliffe and Districts Local Medical Association as they congratulate each other after their election at the annual general meeting in July. They are, from left, and living up to his reputation as a dapper dresser, the treasurer, Frank Cunningham, the new president Kerry Garske and the v ice president, Bob Brown who was the first to offer his congratulations after the ballot. The only member of the executive missing is the secretary, Helen Mahoney, who with immaculate timing, was away in the snow country at the time, enjoying her annual winter skiing holiday.

North Shore heralds new medical centre

The transformation of the Herald building at Redcliffe into a modern specialist centre is almost complete and modern rooms are now available for leasing by the medical profession.

The Herald Building, at 324 Oxley Avenue, will be known as the Herald North Shore Specialist Centre and according to letting agents, Lowe, Kay and Associates, there has been a good response from potential tenants.

Mr David Kay said the building was now 30 per cent leased and there were opportunities for gynaecologists, general surgeons, Ear Nose and Throat and physicians, although space was available for specialists in other fields.

Other services to be included are a radiologist, a pharmacist and associated medical services.

Mr Kay said there was a total area of 900 square metres which could be partitioned in module sizes for maximum flexibility.

The centre has three street frontage with several "same level" entries and the added benefit of on site parking for 40 cars.

Mr Hilton Misso, of the development company Endale Pty Ltd., said every effort had been made to make the centre as accessible as possible for patients.

Mr Misso said that Redcliffe's population of 55,000, plus the thousands of people in surrounding area, made it apparent a centre of this calibre was required.

He said his research showed a high number of patients being forced to travel to Brisbane for specialist care and he expected the new centre to be well received.

New "Super" is named

The new superintendent of Redcliffe District Hospital will be Dr Stephen Buckland, from December 4.

Dr Buckland was chosen for the position from a large field of candidates, to replace the retiring Dr Reg Neilsen.

Dr Neilsen, currently on leave until August 28, will retire on September 15.

Dr Mike Catchpole, who has been acting medical superintendent during Dr Neilsen's vacation, is expected to maintain the position until Dr Buckland arrives.

The new superintendent has been deputy superintendent at Ipswich District Hospital and is one of the younger generation of hospital administrators.

He is currently in Sydney completing his Masters in Health Administration.

FREE CLASSIFIEDS

PUBLIC NOTICES

REDCLIFFE Hospital Cancer Support Group meets on th 1st and 3rd Wednesday of each month. 10.30am-12 noon. A welcome, free admission. Details, Alice de Vries, 883 0883.

DR GEOFFREY HOOL, anaethetist, advises that his co tact telephone number during hours and after hours for pagin is 883 0883. The phone number for his private clinic for anae thetic related matters is 883 0770.

DR PRAVIN KASAN, obstetrician and gynaecologist now in full time private practice at Kippa Ring. His telepho number does not appear in the current edition of the Redcl Community Telephone Directory. The number is 284 47 after hours 203 4112. Address is Suite 14, Peninsula Speci Centre.

REDAMA REPORT is produced and published for Redcliffe and Districts Local Medical Association by the Coast Word Factory, PO Box 114 Southport, Phone (075) ... 1677, Fax (075) 97 1401.

Executive Message

As the new executive committee moves into office, it is appropriate that we should say thanks to the previous executives, Rob Hodge, Carole Gahan, Ian Baker and Helen Mahoney.

We look forward to the next 12 months as a period of consolidation, particularly after recent increased confrontation between the profession and some areas of government.

We are hoping to take a conciliatory role within the profession to provide a united front, to both the public and government.

This is essential if the medical profession is to regain the high standing it deserves in the community and the first efforts must be made at the local association level.

The Redcliffe association has already taken a lead, through the use of a media relations programme and we expect this to continue.

The executive places on record its appreciation of the great effort of the previous executive in this field and we sincerely thank Rob Hodge, Carole Gahan and Ian Baker who did not seek re-election, for their efforts for the profession.

Two new faces at hospital

Two major appointments have been announced for the full time medical staff at the Redcliffe General Hospital.

Dr Gary Pritchard has already taken up his position as the director of Obstetrics and Gynaecology, replacing Dr Pravin Kasan who has gone into private practice.

Formerly from Mary-borough, Dr Pritchard began duty in June.

The new Director of Medicine will be Dr Pat Carroll, replacing the retiring Dr Vernon Headlewood from October 1.

Dr Carroll was most recently a consultant physician with the Princess Alexandra Hospital after returning from a study visit to the USA.

He completed an engineering course before returning to Oxford University to obtain his medical degree.

AUGUST MEETING

Guest speaker at the August meeting of Redcliffe and Districts LMA will be Dr Graham Solley with the intriguing topic:"What is this thing called allergy?"

The meeting will be sponsored by Janssen-Selag..

As usual, the meeting will be held at the Golden Ox Restaurant, Redcliffe, on Friday, August 25, from 7pm.

Acceptances should be advised to the secretariat on 284 6666 by August 23.

AMAQ & FEDERAL COUNCILLOR REPORT

North Coast area representative, AMAQ Branch Council,
Queensland Area Representative, AMA Federal Council.
Wayne Herdy,

Continued Page 10

At the **AMA National Conference** in Brisbane in May, the delegates passed three urgency motions.

The first urgency motion called for the AMA to oppose the government's proposal in its 2011 Budget to slash funding for GP mental health services. The AMA has responded by opposing the proposal, repeatedly and determinedly. In the face of opposition from many sectors of the medical profession, the government has called a Senate enquiry. That enquiry has been swamped by over 2000 submissions. My readers will recall my own protest over the proposals in an earlier column. I referred to the deceptive appearance of increased funding, contrasted with the reality of decreased funding in the first year, the fact that less money would come to doctors and most of the dollars spent on non-health providers such as employment agencies, and the truth that most of the increased spending was deferred for four years, in the term of another future government.

The second urgency motion called for a special category of registration for "semi-retired" doctors, especially calling for reduced registration fees. Advocates are calling for revised terminology, preferring to call our older members "senior active doctors". Debate drew a distinction between ceasing full time work as different from voluntarily surrendering registration.

The definition of "practice" remains a sticking point. Senior doctors give valuable service in spheres of activity without seeing patients. They work advising commercial organisations and sitting on tribunals, or teaching. If they are not responsible for clinical management, are they "practising"? Treating patients requires registration, which in turn requires indemnity & CME. All of those costs add up. Procedural specialists performing no procedures (surgeons who consult but don't operate) need a category of limited registration to relieve indemnity costs.

Multiple integrated issues keep arising. Principal is the claim by part-time doctors that they only want to take a limited part in managing clinical issues in themselves and family – but all responsible medical bodies and medical boards have long argued that doctors should not treat themselves or relatives. AHPRA now argue that if they discount fees to a select category, eg over-55's, that will mean higher fees for all others. The AMA counters with our concern about the lack of transparency of AHPRA funding and its budget sheet - why has our registration fee doubled yet AHPRA is already in debt? The AMA believes that the medical profession is cross-subsidising the other health professions, a belief which AHPRA denies, but does not disclose the figures.

Obedient to the second urgency motion from National Conference, the AMA continues to prosecute this area.

The third urgency motion addressed mandatory reporting of impaired health professionals.

The AMA is worried by reports that doctors' health advisory bodies are already reporting reduced numbers of calls to help lines. The level of acuity of problems reported in doctors is rising – callers are more desperate and at later stages of their illness. There are Doctors Health Advisory Services in most States (AMAQ subsidises our State service). The AMA argues that the Australian Medical Board should be responsible for supporting doctors' health organisations – including financially, since it is our increased registration fees that fund the Board. We do not expect this to increase registration fees again. A survey indicates that doctors will be prepared to pay a few extra dollars to enhance DHAS's, but the AMA is already concerned about the level of fees.

As we are gaining some ground in all three of these important areas, as well as all the other public advocacy roles that the AMA assumes every day, members should recognize that, in responding to the calls from National Conference, the AMA is, as always, sensitive and responsive to the values and aspirations of all its members.

Medicare Locals.

The AMA remains concerned that the Medicare Locals as they are emerging have governance structures that are not including general practitioners. In the UK, their equivalent of ML's, their "Primary Health Care Trusts", are changing to "GP consortia" with increased GP involvement in governance. There is a growing sense in AMA circles that we should be involved in Medicare Locals – if there is no other GP

representative body inside the ML (and most of the old Divisions of General Practice will be wound up), then the AMA is the best body that can fill that role.

Lead Clinician Groups.

It is still not clear what role will be given to Lead Clinician Groups in governing the Local Health and Hospital Networks. Nominations closed on 9th July. The first set of Local Lead Clinicians Groups and a National Lead Clinicians Group were expected to be phased in from July 2011, with the remaining groups commencing operations from July 2012.

The functions of Lead Clinical Groups remain somewhat unclear and confused. The government website reads:

"Key functions

Stakeholders and clinicians were particularly concerned that Local LCG groups do not duplicate the functions of existing structures. Their roles as advisors and information sharers focused on the continuum of care were seen as key points of difference between LCGs and existing groups. In particular, the potential for Local LCGs to focus on innovation and to be local agents for change was motivating.

There was a preference expressed in some jurisdictions for existing groups to fulfill the function of Local LCGs if they meet the minimum requirements determined by the Commonwealth. However, as the final position on minimum requirements was not known at that time, this preference was not put forward as an absolute position.

"Preferred functions for Local LCGs include:

- championing implementation of improved service delivery and better practice;
- identifying issues of local clinical significance;
- providing advice on clinical implications of local policy; and
- identifying innovative strategies for improving coordination of patient care.

Some suggested that one of the first-year functions for Local LCGs should be identifying an action plan for the next three years and appropriate measures of success against this plan."

Disability Insurance Scheme

AMA has been arguing for this since the indemnity crisis. Good social policy, that a country should care for its most disabled at public expense. Very little detail so we must remain cautiously welcoming of the proposed scheme:

"The introduction of the National Disability Support Scheme would be a defining moment in social equity in Australia. It is an opportunity for truly transformational reform for the benefit of the most vulnerable people in our community," Dr Pesce said.

Peer Services Review reviewed.

The AMA has been actively involved with the controversial Senate enquiry into the PSR, an enquiry precipitated because the previous Director had taken PSR down an unsatisfactory path, with inappropriate press releases. The PSR fell into very poor processes, became very adversarial, gave very little information to the Person Under Review. The non-legalistic decision-making provided no way for a subsequent appeal to identify whether evidence had been properly taken into account.

The AMA argued that PSR outcomes, if they are published, should be a tool of education for the profession, not outrageous announcements in public media. Contrary to the public viewpoint of the former Director, the PSR is not a watchdog of Medicare, but a representative group comprised of senior members of profession. The AMA traditionally supports the PSR process, as long as it was not a judiciary but true peer review. Over the past few years, the PSR drifted from that path and lost AMA support.

Against that background, the AMA welcomed the announcement of the PSR's new Director. Bill Coote was a previous Secretary-General of the federal AMA, and had later helped establish a doctor-friendly training body, GPET. We regret that his appointment is only an interim appointment for 3 months, but it marks an intent to return the PSR to its true origins.

Wayne Herdy,
North Coast Branch Councillor, AMAQ,
Queensland area rep, AMA Federal Council.

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #84

Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com.

Leyland P76 Targa Florio
"Australia's Own Car!"

With the prescribing of medications by nurses, and pharmacists doing health checks it was inevitable that another non-doctor would stake a claim on our traditional medical territory.

The latest in-road comes from none other than our elected representatives who have now seen fit to over-rule their own expert advisors on the PBAC.

Doctors have looked on in dismay as five important pharmaceuticals have run the gauntlet of the PBAC only to be pipped at the post by our politicians in Cabinet.

In the resulting war of words I was initially right behind Medicines Australia chief executive (Dr Brendan Shaw PhD - Management) who was wholeheartedly on the side of the patients with schizophrenia, excessive sweating and chronic pain.

That was until he went just that bit too far.

In a radio interview in July, he called Ms Gillard's pharmaceutical policy a "Leyland P76 government policy".

He described it as, "badly put together, it looks ugly from whichever way you look at it, and the public don't want it".

They were fighting words.

As a fan of the Leyland P76, I just can't stop myself from coming out in its defence.

The first of 18,007 Leyland P76's rolled off the Zetland inner Sydney production line in 1973.

Unfortunately, the stylized P76 badge on the rear of the car did arguably say "PIG" if you were myopic, so an undeserved nick-name was emblazoned on that enormous 44 gallon drum rear derriere.

The body was otherwise beautifully styled by Giovanni Michelotti and the car was immune from parking inspectors because of the recessed wiper blades.

As the engineers strove to improve its rigidity the body was made from only 215 panels, amazingly only five more than a Leyland Mini.

Under the bonnet was an over-head cam straight six or an advanced aluminium V8. Both of these engines ran rings around the competition in the XA Ford Falcon, the HQ Holden and the VJ Chrysler Valiant.

The aluminium block shaved a 230kg weight advantage over the cast iron competitors and promised better fuel consumption.

But the US decision in October 1973 to re-supply the Israeli military caused the OAPEC countries to declare an oil embargo which would suddenly make large cars around the world an endangered species.

This still didn't stop the motoring journalists at Wheels magazine naming the Leyland P76 V8 the 1973 "Wheels Car of the Year".

This is what they had to say about it:

"It is in the V8 version that it really shows its potential. It sets new standards for medium-sized local cars in its ride/handling/road-holding compromise; it has fine brakes, is comfortable, very roomy, and practical and, with the all important V8 engine, has excellent performance and superior fuel consumption compared to the V8 opposition and the larger competitive sixes. Of course, the car is not perfect but in reaching its design objectives the P76 V8 has contributed to the engineering standards of Australian cars."

In 1974, Evan Green drove a Leyland P76 to success in the 1974 World Cup Rally and made the fastest time around the leg in Sicily.

This included part of the former Targa Florio course and Leyland celebrated by introducing a limited run of 300 P76 Targa Florio's to celebrate.

So, take that Dr Brendan Shaw!

Leyland P76 Targa Florio V8
For: Ahead of its time.
Against: Ahead of its time.
This car would suit: Baby-boomers and disco docs.
Specifications:

4.4 litre 8 valve V8 petrol
143 kW power @ 4,250 rpm
386 Nm torque @ 2,500 rpm
3 speed automatic
$4,890 + ORC.

Interesting Tidbits NATTY MOMENTS:

DID I READ THAT SIGN CORRECTLY?

Did I read the sign right?
TOILET OUT OF ORDER. PLEASE USE FLOOR BELOW

In a Laundromat:
AUTOMATIC WASHING MACHINES: PLEASE REMOVE ALL YOUR CLOTHES WHEN THE LIGHT GOES OUT

In a London department store:
BARGAIN BASEMENT UPSTAIRS

In an office:
WOULD THE PERSON WHO TOOK THE STEP LADDER YESTERDAY PLEASE BRING IT BACK OR FURTHER STEPS WILL BE TAKEN

In an office:
AFTER TEA BREAK STAFF SHOULD EMPTY THE TEAPOT AND STAND UPSIDE DOWN ON THE DRAINING BOARD

Outside a secondhand shop:
WE EXCHANGE ANYTHING - BICYCLES, WASHING MACHINES, ETC. WHY NOT BRING YOUR WIFE ALONG AND GET A WONDERFUL BARGAIN?

Notice in health food shop window:
CLOSED DUE TO ILLNESS

Spotted in a safari park: (I sure hope so)
ELEPHANTS PLEASE STAY IN YOUR CAR

Seen during a conference:
FOR ANYONE WHO HAS CHILDREN AND DOESN'T KNOW IT, THERE IS A DAY CARE ON THE 1ST FLOOR

Notice in a farmer's field:
THE FARMER ALLOWS WALKERS TO CROSS THE FIELD FOR FREE, BUT THE BULL CHARGES.

Message on a leaflet:
IF YOU CANNOT READ, THIS LEAFLET WILL TELL YOU HOW TO GET LESSONS

On a repair shop door:
WE CAN REPAIR ANYTHING. (PLEASE KNOCK HARD ON THE DOOR - THE BELL DOESN'T WORK)

We hope you've smiled at least once today, (or maybe even a chuckle). We all need a good laugh & its good medicine.

CLASSIFIED

GP Locum Work Wanted: Full / Part Time - Available from September 2011. Male, 1966 Adelaide Graduate MBBS, Full VR registration and open prescriber / provider numbers.

Returning to the Sunshine Coast with 40 plus years in General Practice, City and Country and available for locum work.

Please contact David Bates at davidmed@iinet.net.au for assistance. 31/8/2011

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.

EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL

Metro North Health Service District
Donna O'Sullivan,

Innovation Technology Award

There is some really exciting news to report about Redcliffe Hospital's Specialists Outpatients Department this month. It has been recognised and awarded for its innovation in technology at the 2011 Health Informatics Conference, a conference attracting experts in IT, health and academics from across the nation.

The Award recognises the department's implementation of a new bar coding system which has essentially revolutionised the process by which patients record their arrival for specialist outpatient appointments.

The new automated system enables patients to announce their arrival for specialist outpatient appointments via a bar code scanner, rather than waiting to be seen by a staff member. Patients scan their bar-coded appointment letter at computerised kiosk nearby the outpatients department and the patient is automatically arrived.

The new system also allows patients to swipe their medicare and DVA cards through card readers on the kiosks rather than queue to speak to a staff member.

An enormous amount of work has been done to develop and implement this new system and the staff involved have done a tremendous job.

An average of 97% of patients now scan their appointment letters to check-in. As a result, there is reduced patient anxiety and the more streamlined and efficient processes mean patients get seen by clinicians quicker.

The automated patient arrival system actually came about as a result of the redevelopment of the outpatients department in 2009, which at the time saw a number of existing hospital departments, previously spread throughout the hospital, located in the one area. This led to a change in clinical and administrative practice and required a fresh approach to the way in which these services were provided.

The Specialist Outpatients Department is one of our hospital's busiest areas with over 45,000 occasions of service annually. Identifying and implementing ways to continually streamline patient flow requires innovation and commitment from our staff and there are a number of activities taking place to achieve this.

We will soon launch a new system that will require patients to confirm their specialist outpatient appointment via the return of a completed confirmation form.

Patients will then receive their bar-coded confirmation letter and information brochure. It is hoped that the new appointment and confirmation method will reduce our Failure to Attend rate, affording us the opportunity to fully utilise our speciality clinics.

Implementation of the E-Referral system over the last few months is another way we are improving on what we do. I touched on this system in the last newsletter. This system has had significant benefits for both GPs and the hospital alike, reducing paperwork and automating the referral process.

Redcliffe Hospital's Specialist Outpatient Department is ranked as one the best in Queensland – a testimony to our staff but those who benefit most are those we care for in our local community.

Donna O'Sullivan
Executive Director, Redcliffe Hospital

MORETON BAY GENERAL PRACTICE NETWORK

CHAIR, Moreton Bay General Practice Network
Wayne Herdy,

LETTER FROM CHAIR OF MORETON BAY GENERAL PRACTICE NETWORK.

Moreton Bay General Practice Network, the old Division of General Practice, is going to have to close its doors. This is a decision that has been imposed on us by the Department of Health and Ageing. Our federal government funding will cease at the end of September. We do not have enough financial resources or non-government funding to continue operations. All of our previous government funding will in future be directed to the new Metro North Medicare Local.

This affects our general practitioners in two ways. Firstly, as a member of the MBGPN, the Board needs your approval to apply for voluntary liquidation. Secondly, as General Practitioners still practising in the Moreton region, they need to ensure that the services that MBGPN used to deliver are continued and enhanced under the Medicare Local.

1. VOLUNTARY LIQUIDATION.

Because of the withdrawal of financial support from the federal government, the Board believes that MBGPN has to cease trading. As a corporation that is not trading insolvent, it is open to us to apply for voluntary liquidation. This is the course that the Board recommends.

The Board plans to call an EGM on Thursday 29th September. Notices of meeting will be sent about three weeks before the meeting. Members will be called on to attend the EGM and vote for or against the motion.

2. GETTING SERVICES FROM THE MEDICARE LOCAL.

The Department of Health and Ageing decided to merge the territory previously served by MBGPN into the territory previously served by GP Partners the North Brisbane Division). The Moreton region (now including most of Pine Rivers) is now a branch office of the Metro North Medicare Local. Whatever services were previously provided from MBGPN will now come from the Medicare local, plus additional services.

The Board of MBGPN did not think that this was a satisfactory arrangement. We lobbied actively to try to get the Moreton region allocated as a Medicare Local of its own. We had several reasons for arguing this.

Our position was based on the significant differences that exist between the two proposed areas. We assert that the areas are quite different, including:

(a) the demographic of the patients is substantially different, the Moreton region having a lower socio-economic status and older patients, with a higher proportion of indigenous and Islander patients especially in specific clusters;
(b) Brisbane has a metropolitan environment, Moreton is essentially a collection of semi-rural small towns;
(c) the demographic of our private doctors is different, especially with Moreton having a higher proportion of International Medical Graduates;
(d) the hospital infrastructure is quite different, Moreton having essentially two smallish country hospitals contrasted with north Brisbane having essentially two large city hospitals;
(e) the public infrastructure, especially public transport, is much denser and effective in Brisbane than it is in the Moreton region;
(f) north Brisbane comprises very stable suburbs that are more or less totally settled with relatively little population growth; conversely Moreton includes some of the fastest-growing areas of Australia and especially the planned West Bellmere growth corridor, growth which imposes special challenges for health infrastructure and especially for the community-based private sector which is not subject to formal forward planning;
(g) the proposed Moreton Bay Medicare Local boundaries correspond fairly closely with the local government boundaries (the exceptions being that the proposed boundary excises Divisions 8, 9, 10 and part of Division 11 of the Moreton Bay Regional Council area).

My biggest lingering concern is stated in (f) above. The Medicare Local is expected to be governed by a Board that will have urban-centred thinking. I am concerned that the Medicare Local policies will reflect city thinking based on consolidation and overlook country thinking based on expansion and development. I am worried that the Moreton region is expected to grow massively over the coming decade and that most of the infrastructure, including health resources, needed to serve the incoming population does not even exist at present. This growth needs a different mindset from the mindset that I fear might dominate the Brisbane-based Medicare Local.

Once the MBGPN has closed its doors for the last time, I will be asking doctors of the Moreton region to insist that the Medicare Local gives them and your patients the support services that are appropriate for our area.

The Board has been honoured to have served the medical community for the past decade-plus, and hope that the next decade brings the very best of Australian health resources into our community.

(Dr) Wayne HERDY,
Chair,
Moreton Bay General Practice Network.

1. AMAQ ANNUAL CONFERENCE 2011, 18-24/8/2011 PRAGUE
2. SUPER CLINICS

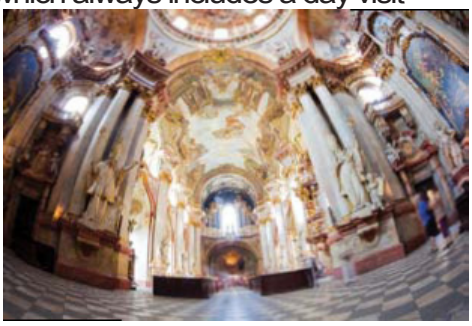
***Kimberley Bondeson,* RDMA VICE PRESIDENT,**

PRAGUE IN SEPTEMBER

It is that time of year again when I am lucky enough to be able to attend the AMAQ Annual Conference. It is their eleventh conference overseas and I have attended all of them.

The conference is titled "Innovation in Health Care - Doctors Leading The Way" and has international speakers and Australian speakers. They are expecting approximately 160 delegates making this conference the largest one so far.

These conferences typically have a very successful standard format which always includes a day visit to an area of interest of classical historic importance.



This conference is no exception and the area of interest will be Cesky Krumlov including a visit to the castle. The conference itself is being held at the Radisson Blu Alcron Hotel Bohemia, in the center of the Czech Republic.

Anyone who is interested in attending, and would like some more information, please contact Dr Kimberley Bondeson, 3284 9777.

SUPER CLINICS

Most doctors, particularly GPs are interested in the government's "Super Clinics", aspects of interest are:

- the actual locations that were chosen,
- how much money was spent, (bearing in mind that this money came from Medicare monies) and
- most importantly, where are the GP's coming from to run these clinics ?

A recent article in the Weekend Australia (13/8/2011) written by a non-medical person has summarised the situation nicely.

The taxpayer funded Super Clinic in Tasmania has three male doctors, whereas the old Clarence Community Clinic it replaced had six doctors which included a female doctor. The South Australian Clinic at Modbury had no GPs for four months but now has three.

Of the thirteen operating Super Clinics:

- many are operating with less than their full quota of doctors,
- only a handful are bulk billing, and
- not all of them are open after hours.

Nearby existing GP Clinic doctors are being poached, and are having to close their practice doors. And so it goes on.

I find it unbelievable that this has occurred, and been allowed to occur. What an incredible waste of taxpayer money.

The AMA has repeatedly warned the government that this would occur and advised against it in no uncertain terms.

Kimberley Bondeson, RDMA Vice President

Pine Rivers
PRIVATE HOSPITAL

WE'VE DOUBLED OUR CAPACITY!

Pine Rivers Private Hospital is pleased to announce the completion of its multi-million dollar extension and refurbishment program.

Over the past six months Pine Rivers Private Hospital has undergone a significant redevelopment program which sees the hospital set to open our extensions including 'state of the art' facilities, new patient accommodation and other amenities.

It was decided in late 2010 to close our onsite Day Surgery and Theatre Complex to allow for a $6.6 million redevelopment of the entire hospital to be opened by early July 2011. This major redevelopment program has seen the Pine Rivers Private Hospital transformed into a modern mental health facility with 79 in-patient beds.

The decision to focus on mental health services was a strategic one based on the need for improved access to private mental health services in South East Queensland, in particular the northern corridor from Brisbane to the Sunshine Coast.

New accommodation incorporating upmarket interior design will ensure that our patients will have a comfortable stay in our hospital. Several other new areas have been built including Group Therapy rooms, Interview rooms and a Patient Lounge. A new and purpose built Clinical Treatment Suite will be home to both our Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) service.

New and improved meal services including a specially designed dining room with an inviting ambience will enhance the dining experience of our patients. There is also a new landscaped therapy garden, which offers a quiet and relaxing space for patients and their families and friends.

Several areas of the existing hospital have been refurbished as part of the redevelopment. Whilst this has given the entire facility a thoroughly modern hotel like appearance, we have taken care to remain friendly and welcoming.

New consulting suites, "Pine Rivers Private Hospital Consulting Suites", have been incorporated into the expanded services. These rooms have attracted new Psychiatrists to join our already well-respected group of established clinicians. This increase of on-site and visiting Consultants means that local General Practitioners and their patients now have greater access than before to both in and out patient mental health services.

Pine Rivers Private Hospital will continue to offer our established in and out patient programs in Depression, Anxiety, Mood Disorders, Addiction and Substance Abuse including Drug and Alcohol Dependence. In addition, we will be offering a new program called "Emotional Modulation Therapy" and another one for perinatal mental health disorders.

Our dedicated multidisciplinary team will continue to offer one of the most comprehensive range of mental health programs focussed on helping our patients facilitate change in their lives whilst our new facility will offer the latest in patient accommodation and amenities to make their admission even more comfortable than in the past.

For further information about Pine Rivers Private Hospital please contact our Intake Manager on 07 3881 7291 or the General Manager on 08 3881 7222.

Lillian van Litsenburg MP Member for Redcliffe

P.O. Box 936 P: 3284 2667

Redcliffe Q 4020 F: 3283 1073

redcliffe@parliament.qld.gov.au

As you will have heard, through new funding agreements with the Federal Government Health Regions will have a greater say about the health services provided in their region and more say in how their allocated funding will be spent.

Recently, expressions of interest were called for interested and qualified people to take on the responsibilities of forming the committee that will steer our health service into the future.

That is a huge responsibility but it also brings with it exciting opportunities. As health professionals with your grasp of local issues you are in a unique position to be able to make a great contribution in value adding to the current level, mix and the quality of health services available in our locality.

How could you contribute to creating services where patients with specific needs have always had issues?

Maybe you have some great ideas that could form the basis for new ways of doing things.

With the right expertise and much creative thinking there is plenty of scope for improving many of those annoying small issues that everyone complains about but because they appear trivial no one does anything about.

As a local community we could also blaze a trail in a new direction that will have huge and positive outcomes for many local people regarding chronic disease or other prevalent issues in the community.

If you are not a committee person and don't have the time to take a central role I am certain you will still have opportunities to contribute ideas and submissions that could form part of this community's plan for moving ahead.

Your expertise, your ideas and your experience are valuable and we need all you have to offer collectively and individually to ensure our Health Service in 2020 is more accessible, more effective, ensures better outcomes for more people and diversifies so people of all ages are taking more responsibility for their own health.

This is a once in a lifetime opportunity.

Do we have the courage and the right vehicle for our expertise to make change that will bring about better health outcomes or will we leave it to the next person?

An information kit which includes an explanation of the role and responsibilities is available on the Queensland Health website at http://www.health.qld.gov.au/health-reform/.

Australian Medical Association Limited

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PO Box 6090, Kingston ACT 2604

ABN 37 008 426 793

T: (02) 6270 5400 F (02) 6270 5499
Website : http://www.ama.com.au/

AMA WELCOMES GP-COORDINATED CARE FOR VETERANS WITH CHRONIC AND COMPLEX DISEASES

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Steve Hambleton, said today that the Government's Coordinated Veterans' Care (CVC) program will help reduce avoidable hospital admissions in veterans with chronic and complex diseases.

Under the program, GPs will be able to provide comprehensive planned and coordinated care to eligible veterans with the support of a practice nurse or community nurse contracted by the Department of Veterans' Affairs (DVA).

Dr Hambleton said that the AMA welcomes the CVC program's comprehensive approach to the management of chronic and complex diseases. "One of the greatest challenges in caring for older people is ensuring that their care needs are well supported and coordinated," Dr Hambleton said.

"The CVC program will deliver GP-coordinated care in the community for veterans with chronic disease and complex care needs who are most at risk of an unplanned hospitalisation. "It will improve the delivery of care for older people and help keep veterans with chronic and complex disease out of hospital.

"GP-led team-based care arrangements with access to appropriate support services can make a real difference to our patients and improve their quality of life. "This program sets the benchmark for the management of chronic and complex diseases throughout the rest of the community."

Dr Hambleton praised the Government and the Department for engaging in meaningful consultation with the medical profession to develop the CVC program. "The AMA has been involved throughout the program's design as a member of the Clinical Reference Group," Dr Hambleton said.

"The development of this program is a great example of what can be achieved when you listen to GPs at the coalface about how to deliver services to better support patients.

"The AMA congratulates the Government for this important and timely initiative." The program will be launched tonight by Mr Ian Campbell PSM, Secretary, Department of Veterans' Affairs, at the Australian Disease Management Association Conference in Canberra.

25 August 2011

CONTACT:
John Flannery
02 6270 5477 / 0419 494 761
Geraldine Kurukchi
02 6270 5467 / 0427 209 753

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st July 2011 to 30th June 2012

Dear Doctor

The Redcliffe & District Local Medical Association Inc has 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.

As this is now June 2011 your subscription to cover until the 30th June 2012 will be $100.
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. Contributions and suggestions on topics and/ or speakers are very welcome.

Please can you endeavour to pay your subs by internet banking as it is so much easier for all concerned, saving 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

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION INC.

ABN 88 637 858 491

Note: **Two Medical Practitioners from the One Family Qualify for a $25 Discount each**

Tick box **1. ☐ One Member ($100) 2. ☐ Two Family Members ($150)** **(Complete BOTH sets of details)**
3. ☐ Doctors-in-training and retired doctors: Free

1. Dr. _____ _____
(First Name) *(Surname)*

2. Dr. _____ _____
(First Name) *(Surname)*

1. *EMAIL ADDRESS:* _____@_____

2. *EMAIL ADDRESS:* _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

CBA BANK DETAILS: **Redcliffe & District Local Medical Assoc Inc:** BSB: **064 122** Account: **0090 2422**

METHODS OF PAYMENT:

1. PREFERED **INTERNET BANKING**
2. PAYMENT BY DEPOSIT SLIP: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. ENCLOSED PAYMENT: (Note: Member Subscription Form on website for you to type directly into and email)

i) **Complete form & return: c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020**

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

Where We Live And Work

Moreton Bay Regional Council Building - Caboolture