



## The Golden Ox

See The Golden Ox and historical article in our regular Where We Live And Work segments page 3 and 20.



Pictures right and below curtesy of the Tzimas Family: <http://www.thegoldenox.com.au/>

## RDMA President's Message ... Dr Wayne Herdy

The August meeting will be the Annual General Meeting. At the AGM, we have to complete certain formalities essential to meet our corporate legal obligations. We also elect a new executive committee.



All four members of the committee will stand down, all are eligible for re-election. However, this annual event is the opportunity for any aspiring medical politicians to stand up and be counted. Small volunteer-led Associations like RDMA are the breeding ground for the next generation of leaders. Where better to serve your apprenticeship (and make all those embarrassing mistakes) than among friends, who will always be forgiving and a much kinder audience than the tigers in the political jungle of the real world.. We always encourage new hearts and minds on the management committee – it stops us from going stale and introduces new and fresh ideas. It also averts the environment in which a select few can “own” the organisation.

Shifting gears totally, we have been

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

**QML Pathology.** | Redcliffe Laboratory

Partnering with Redcliffe & District Medical Association for more than 30 years.

watching the performance of the Medicare Local that replaced our old Division of General Practice. When I was Chair of the Division in its dying days, I expressed concern that a City-based and City-focussed Medicare Local would by and large overlook the needs of their country cousins out in the string of little towns that comprise the Moreton Bay Regional Council domain. I have

yet to see any evidence that my prediction has not been accurate. Now that the hospitals are coming under a new Board structure parallel to that of the Medicare Local, there is a risk that the smaller hospitals in Redcliffe and Caboolture and Kilcoy will suffer a similar fate of neglect. At least we can have immense confidence in the incoming Chair, a local doctor who has long experience and in-depth knowledge of what faces the hospital managements of the near future.

Wayne Herdy RDMA President



### 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

### **2012 Dates:**

#### **NEXT MEETING**

**Tuesday September 18**

**Wednesday October 24**

**Year End Networking Function**

**Friday November 30**

## SEPTEMBER NEWSLETTER 2012

The **10<sup>th</sup> September 2012** is the **timeline** for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at

**RDMAnews@gmail.com**

Website: <http://www.rdma.org.au>

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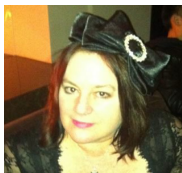
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# The Golden Ox aka The Ox



## The Golden Ox aka The Ox

<http://www.thegoldenox.com.au/>

Situated on the beautiful Redcliffe Peninsula "The Golden Ox Restaurant" first opened in 1977 at Kippa-Ring and rapidly became popular with locals for its great food, high standard of service and value for money. Owners Nick and Virginia Tzimas relocated to new premises in 1980. The new premises were architecturally designed and included a restaurant, modern cocktail bar, two reception rooms and other facilities build around a central kitchen.

The Golden Ox Restaurant a family owned and operated business has held its position as an iconic, award-winning dining and events landmark for over 34 years. Renowned for modern Australian cuisine, with a classic twist, The Golden Ox's exciting and inventive menu boasts the delights of fresh and local produce.

Over the years, the high standards of the restaurant has been recognized through numerous industry awards including Quest Business Achievers, Australian Bridal Industry Awards for Excellence and The Courier Mail's People's choice Awards.

It is during its inception that The Golden Ox's Tzimas Family became acquainted with the Redcliffe and District Local Medical Association

Photos curtesy of the Tzimas Family at [www.goldenox.com.au](http://www.goldenox.com.au)

(RDMA) becoming host to the memberships' monthly meetings. This close association has continued for over 30 years and it still going strong today with the membership enjoying great food with stalwart friends.

The Golden Ox has continued to be upgraded and improved with landscaping of the private gardens which now plays host to a significant number of weddings and functions. Further renovations to The Ox continued at the end of 2002 when the restaurant and bar renovations included the addition of outdoor decks and cocktail bar.

The success of The Golden Ox has been largely due to the hard work and dedication of the owners Nick and Virginia Tzimas, Head Chef and son (Peter Tzimas) and the support of the team who have helped maintain the high standards of food and service that characterise the restaurant.

Peter having shown high talent and passion for cooking as Head Chef has worked in all facets of the business including bar manager, front

### Multi-Award Winning Function Rooms:

- The Renoir (private function room)
- The Monet (private function room)
- Secluded Gardens and waterfalls (private function area)
- Event coordinator
- Wheel chair access
- A variety of A la carte and buffet menus
- Packages to suite any style and budget
- In house sound system and large dance floors
- Large free undercover parking and free on street parking
- Stage area
- Air-conditioning
- Complimentary room hire, chair covers and sashes (minimum numbers apply)
- Audio visual equipment
- Professional food and beverage team

of house and events coordinator. Peter brings with him a wealth of knowledge, his youth, and a flair for cooking which is significantly enhanced by his perfectionist tendencies. His knowledge of contemporary cuisine ensures The Golden Ox menu continues to evolve and incorporate new and interesting dishes along with favoured classics.

Similar to the dining experiences the team at The Golden Ox ensures the venue continues to reinvent itself. Whether it's the menu, the marketing approach or the architecture; they are dedicated to staying relevant and evolving throughout the 21st century..

# AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT

*Dr Alex Markwell*

## Update from AMAQ President



This month the AMA Queensland Presidential tour took us to Mt Isa and far north to Cairns and Townsville. Again, we appreciated the opportunity to see first-hand the issues, challenges and concerns facing regional doctors and health facilities.

Having now covered a large part of the state, I can say with certainty that doctors throughout Queensland are facing similar challenges; cost-cutting, job security, waiting lists, lack of resources and a general unease about the implementation of the new Hospital and Health Service Boards.

Following meetings with many HHS Board chairs and chief executives, as well as Medicare Local chairs and CEOs, I can conclude that the Chairs are experienced professionals but not necessarily in health; this may be an advantage as a fresh set of eyes and a new perspective can bring discrepancies and idiosyncrasies into sharp focus.

Also, some boards have developed extensive clinician engagement strategies but for others it is still on their 'to do' list. I cannot emphasise strongly enough that clinician engagement is the key to getting local health services right.

Without clinician engagement there is a real danger of further fragmentation and disenfranchisement within the sector, particularly as services devolve. Now is the time for Local Medical Associations to play an active role, encouraging members to get involved and become participants in the decision-making process.

The impending decentralisation or devolution of health services has been a major issue this month with many of our members voicing their concerns about the implications for doctors and patients.

Recent examples of BreastScreen Queensland and the Queensland Tuberculosis Control Centre (QTBCC) sparked widespread debate and

unprecedented medical activism. Following prominent media coverage and discussions with the Health Minister, a 'think tank' was convened to review

the proposal.

After consultation with senior medical specialists, it became clear to AMA Queensland that some specialised services—such as TB treatment, screening and contact-tracing—need to remain *consolidated*, from good clinical and financial standpoints.

While the government may be keen to offload these services to the HHS Boards, it is essentially a cost-shifting exercise. There must be appropriate checks and balances to ensure these essential services continue to be provided adequately and professionally.

We will continue to work with our members and Queensland Health to explore appropriate options for centrally-managed services, one possibility may be larger HHS Boards 'hosting' consolidated specialist services and smaller boards purchasing these services for their patients.

Again, thanks to those who provided insight into these complex issues. This advice informed our policy development and discussions with the Health Minister and senior health officials.

As always, your feedback and suggestions are welcomed. Please call 07 3872 2222 or email me [a.markwell@amaq.com.au](mailto:a.markwell@amaq.com.au). Dear members,

Dr Alex Markwell, AMAQ President  
Phone: (07) 3872 2222  
Email: [a.markwell@amaq.com.au](mailto:a.markwell@amaq.com.au)

# Interesting Tidbits **NATTY MOMENTS:**



A paraprosdokian is a figure of speech in which the latter part of a sentence or phrase is surprising or unexpected in a way that causes the reader or listener to reframe or reinterpret the first part. It is frequently used for humorous or dramatic effect, sometimes producing an anticlimax.

I asked God for a bike, but I know  
God doesn't work that way. So I stole  
a bike and asked for forgiveness.

---oOo---

Do not argue with an idiot. He  
will drag you down to his level  
and beat you with experience.

---oOo---

Going to church doesn't make you  
a Christian any more than standing  
in a garage makes you a car.

---oOo---

The last thing I want to do is  
hurt you. But it's still on the list.

---oOo---

Light travels faster than sound.  
This is why some people appear  
bright until you hear them speak.

---oOo---

If I agreed with you we'd both be wrong.

---oOo---

We never really grow up, we  
only learn how to act in public.

---oOo---

Knowledge is knowing a tomato is a fruit;  
Wisdom is not putting it in a fruit salad.

---oOo---

The early bird might get the worm, but  
the second mouse gets the cheese.

---oOo---

Evening news is where they begin  
with 'Good evening', and then  
proceed to tell you why it isn't.

---oOo---

To steal ideas from one  
person is plagiarism. To  
steal from many is research.

---oOo---

A bus station is where a bus stops. A  
train station is where a train stops.  
On my desk, I have a work station.

---oOo---

How is it one careless match can  
start a forest fire, but it takes a  
whole box to start a campfire?

---oOo---

Dolphins are so smart that within  
a few weeks of captivity, they can  
train people to stand on the very  
edge of the pool and throw them fish.

---oOo---

I thought I wanted a career, turns

out I just wanted pay checks.

---oOo---

Abankisaplacethatwilllendyoumoney,  
if you can prove that you don't need it.

---oOo---

Whenever I fill out an application,  
in the part that says "If an  
emergency, notify:" I put "DOCTOR".

---oOo---

I didn't say it was your fault,  
I said I was blaming you.

---oOo---

Why does someone believe you when  
you say there are four billion stars, but  
check when you say the paint is wet?

---oOo---

AAalways borrow money from a  
pessimist. He won't expect it back.

---oOo---

A diplomat is someone who can tell  
you to go to hell in such a way that  
you will look forward to the trip.

---oOo---

Money can't buy happiness, but it  
sure makes misery easier to live with.

---oOo---

# Monash IVF



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# RDMA Meeting 24/07/12



**RDMA President** Wayne Herdy opened the meeting introducing Katherine Smallcombe whose topic for the evening was "What's New in Ophthalmology". Neil Cunningham represented the Major Sponsor the Moreton Eye Group. **Clock wise from Bottom left hand corner:** Larry Hodges - Bayer Australia and Neil Cunningham-Moreton Eye Group. Vern Haezlewood, Margaret Smith and Helen Mahoney. Speaker Katherine Smallcombe, Neil Cunningham, Matt Tatkroie and RDMA President Wayne Herdy. Rhondelle Olle, Geoff Le Stringe, Craig Muller. Dennis Dwyer & **(New Member)** Damian Nevin, Mandy Wu & Sarah Ward.

## REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

ANNUAL GENERAL MEETING

<b>Date:</b>	<b>Wednesday 29th August 2012</b>
<b>Time:</b>	7 for 7.30pm
<b>Venue:</b>	Renoir Room - The Ox, 330 Oxley Ave, Margate
<b>Cost:</b>	Financial members - FREE Non-financial members \$30 payable at the door. (Membership applications available)
<b>Agenda:</b>	<p>7.00pm Arrival and Registration</p> <p>7.30pm Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.</p> <p>7.35pm Sponsor: Allergan Australia Represented by: Richard Dennis</p> <p>7.40pm Speaker: Dr Blair Bowden Topic: Is your patients weight worth their health?</p> <p>8.15pm Main Meal, Question Time</p> <p>8.40pm General Business, Dessert, Tea &amp; Coffee</p> <p>8.45pm AGM</p>

**RSVP:** e: [margaret.macpherson@qml.com.au](mailto:margaret.macpherson@qml.com.au)  
t: 3049 4444 by Friday 24th August

 **QML Pathology.**

**AMAQ BRANCH COUNCILLOR REPORT**  
**North Coast Area Representative**  
*Dr Wayne Herdy*



***Plain Paper Packaging and Fly In And Fly Out Doctors***

**PLAIN PAPER PACKAGING.**

If ever the AMA could claim a public health victory, plain packaging for cigarettes must come near the top of our historic achievements. We pressed for this for decades, the government finally came to the party and delivered the legislation, and now the High Court has validated the law.

Nobody thinks that hard-core established smokers are suddenly going to abandon the evil weed just because their drug of choice will be served up in an anonymous dull olive pack with a graphic health warning. But there is a reason why Big Tobacco spends zillions on advertising, why they fought tooth and nail against our drive to have cigarette advertising separated from sports activities, and why they cherish their sacred brand names and product recognition.

Advertising pays. And the payoff for Big Tobacco is the attraction of NEW smokers, especially among the young, whose recruitment promises decades of product purchases. Why else would they have mounted a costly legal challenge to the government's decision to de-glamorise smoking?

The outcome has been closely watched by all developed nations, and will encourage more countries to move away from glitzy images. The government's decision was not without risk – it will have a big short-term cost in lost excise revenues, a cost that will not be recovered in health cost savings for a decade or two. But the investment will yield benefits. We now are in the long term race for Australians of the future to enjoy the world's highest life expectancy (not just second as we are today). Hats off to the AMA, hats off to the Labor government that took the final step, and hats off to the High Court for the recent legal stamp of approval.

**FLY-IN FLY-OUT DOCTORS.**

I hope I am not breaching too much of Council confidentiality if I report that the AMAQ Branch Council recently had

occasion to debate the question of fly-in fly-out doctors as an option for providing GP services to remote communities.

We all know that little and far-flung country towns struggle to attract health professionals, especially GP's. We also worry that part-time doctors cannot provide anything like the continuity of care and intimate knowledge of the local community that a full-time local doctor delivers.

However, for a town that cannot find a full-time long-term GP, it is a realistic option to borrow a page from the successful strategy adopted by the mining companies.

My personal experience is illuminating. I travel (infrequently) to remote aboriginal towns in Central Australia for only a few weeks at a time. Returning to one of the larger towns a few years ago ("large" meaning a population of about 800) I was stunned to learn that there had been no GP in town in the intervening 6 months or so. For them, the fly-in fly-out doctor who visited for a fortnight twice a year was all the GP that they had. Towns like this actually get (relatively) pretty good service from visiting specialists and dentists and allied health.

The idea is to get 3, maybe up to 5, GP's who basically job-share and fill a roster that gives at least an acceptable level of coverage. To achieve that for just one town would require a lot of juggling of personal and professional lives, as well as a lot more money than is already on the table (if only to cover the massive travel costs).

To achieve it for more than a handful of the 100-odd little towns that dot the maps of inland Australia – well, that would take a logistic and manpower miracle. But even without a miracle, a start must be made.

Wayne Herdy

## Day Surgery introduction was a smooth operation

**T**HE introduction of the day surgery facility at Redcliffe Hospital has gone smoothly and with positive response from patients.

According to LMA member, Dr Geoff Hool, the first patient was a child.

Another LMA member, Dr Max Chappell was the surgeon and Dr Hool administered the anaesthetic.

Dr Hool said children, particularly, would benefit

from day surgery by minimising the child's separation from its parents.

This would result in a reduction in the amount of emotional distress from the surgery, he said.

Redcliffe Hospital has renovated part of ward 2A as a dedicated public day surgical ward and extra staff have been appointed.

Dr Hool said the criteria for a patient to be accepted for day surgery include:

- Good home support for the first 24 hours post-op;

- Predictable post-operative course without pain requiring injected narcotics;

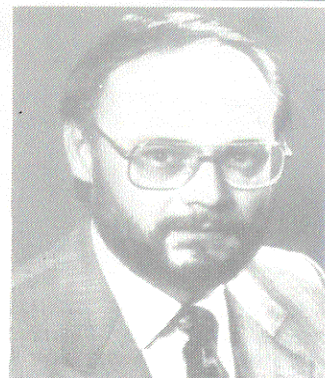
- Availability of a second person to provide transport home;

- Ability and willingness of the patient to follow the post-op instructions;

- Relatively good health.

Dr Hool said the hospital had also commenced upper GI endoscopy and colonoscopy as day procedures.

Overseas studies had



Dr GEOFF HOOL

shown that apart from the lesser inconvenience of a shorter hospitalisation, the day surgery facility reduced the incidence of hospital acquired (nosocomial) infections, he said.

## CRIME WAVE UPDATE

**C**OMPLAINTS about the rising crime rate in the Redcliffe Peninsula area, particularly involving the medical profession, have brought a quick response from the Police Minister, Mr Mackenroth.

The complaints were raised by members at the July meeting, following a growing incidence of break-and-enter robberies at surgeries and pharmacies.

Members said the offences were mainly committed by drug users seeking cash or drugs to feed their habit.

One member raised fears for the safety of patients and doctors if the offenders staged a robbery during session hours and became violent.

He said an elderly couple living in a flat above his surgery had become fearful for their safety after witnessing one of the break-ins at his surgery.

His doctor's bag had been stolen out of his car, parked in a garage, during broad daylight.

The meeting authorised the executive to seek urgent talks with pharmacists, the police and local business community to seek ways of overcoming the problem.

A media release issued immediately after the meeting

was picked up by Mr Mackenroth's department after it was published in several newspapers.

In a five-page letter to the association, Mr Mackenroth said it was clear that crime was on the increase and the Government had a responsibility to deal with it.

"This government has adopted a pro-active policing model to deal with the problem of crime in Queensland," the Minister said.

**"...Redcliffe has been a matter of concern for some time..."**

"Unlawful conduct in the Redcliffe area has been a matter of concern for some considerable time.

"Policing requirements in this area have been continually under review as a result of representations from members of the public."

Mr Mackenroth said the pro-active methods of policing were:

- Providing increased resources and police;

- The freeing of police from administrative tasks;

- Police stations that are open, not shut;

- Police being sent out, and about, in the community.

"In respect to your specific problem of the theft of property from surgeries, I have advised the Commissioner of Police to address the issue," Mr Mackenroth said.

"The Commissioner will advise as to what action has been taken and I will

communicate with you further."

The association executive has held talks with several local pharmacists and senior police officers who have all confirmed the seriousness of the problem.

The police told the association the clean up rate was as low as 20 per cent in break and enter crimes because of the lack of police numbers to attend crimes

scenes quickly.

The pharmacists have confirmed that four pharmacies which had been registered in the methadone programme had withdrawn because of the troubles they had encountered.

Association members have complained that the offenders continue to raid the surgeries, ignoring prominent signs saying drugs were not kept on the premises.

President, Dr David Brand, said plans had already been made for a community meeting in conjunction with Redcliffe Chamber of Commerce as soon as possible.

He said he was delighted to receive a response from the Police Minister but he hoped the letter was "not a lot of words that won't do much for the crime area around Redcliffe."

"It could be a long time before we see the extra police Mr Mackenroth promises because of the things that have to happen in other areas to make it possible," he said.

# MINISTER'S SWIFT REACTION TO CLAIMS ON DRUG THEFTS





## Dr. Vern Heazlewood

MBBS Hons. (Qld), MSc (Lond), FRACP, FRCP  
Consultant Physician

Dr. Vern Heazlewood graduated in Medicine with First Class Honours from the University of Queensland in 1975. He has been employed as Senior Staff Specialist in Medicine at Caboolture Hospital for the last 10 years and remains a UQ Senior Clinical Lecturer. He trained at the Royal Brisbane Hospital in Clinical Pharmacology and Internal Medicine and later for a period at the Mayo Clinic, Rochester, USA and Imperial College, London, UK.

A coursework and research Master of Science with Distinction in Preventive Cardiology was obtained from Imperial College in 2010. He is a Fellow of the Royal Australasian College of Physicians and the Royal College of Physicians (London).

As a Consultant Physician, Dr Heazlewood's main clinical interests are in the management of diabetes mellitus and general endocrinology, transitional care of young people with type 1 diabetes, obstetric medicine, hypertension and vascular disease.

He has over 50 published articles, is a foundation member of the Australasian Menopause Society, and has membership of the Australian, American and European Diabetes Associations, Society of Obstetric Medicine of Australia and New Zealand, Australasian Diabetes in Pregnancy Society, Society of Adolescent Health and Medicine and the International Society of Hypertension.

Dr Heazlewood plans to commence **Private Practice** at the Caboolture Private Hospital from 30th July, 2012.

### Contact Details

Appointments and/or patient referrals for admission can be made by phoning (07) 3886 9922 or mobile 0430 315 303.

#### Caboolture Private Hospital

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## Welcoming the following Visiting Medical Specialists to North Lakes

7 Endeavour Boulevard (next to Qld Health & OzCare)

<u>Doctor</u>	<u>Specialty</u>	<u>Phone Number</u>
<b>Dr Agus Brotodihardjo</b>	Gastroenterology	07 54989077
<b>Dr Sam Islam</b>	Gastroenterology	07 3833 6701
<b>Brisbane Gastroscopy and Colonoscopy</b>	Gastroenterology Consultations Open Access Endoscopy	07 3833 6701 07 3833 6701
<b>Dr Mahilal Ratnapala</b>	Gynaecology	07 5495 9546
<b>Dr Archna Saraswat</b>	Gynaecology	1300 780 138
<b>Professor Bruce Dunphy</b>	Fertility Treatment Monash IVF	1300 853 546
<b>Dr James Earnshaw</b>	Ear Nose & Throat Surgeon	07 3839 4179
<b>Dr Ryan Sommerville</b>	Ear Nose & Throat Surgeon	07 3831 1448
<b>Dr Gaugin Gamboa</b>	Orthopaedics	07 3832 1652
<b>Dr Greg Farmer</b>	Orthopaedics	07 3883 2244
<b>Dr Ben Martin</b>	Urology	07 3834 6283
<b>Dr Daniel Mehanna</b>	General Surgeon / Endoscopy	07 3833 6755 07 3833 6701
<b>Dr Hugh McGregor</b>	General Surgeon / Endoscopy	07 3283 4200 07 3833 6701
<b>Dr Naeem Khan</b>	General Surgeon	07 3833 6755
<b>Dr Andrew Smith</b>	Ophthalmology	07 3385 0900
<b>Dr Stuart Reader</b>	Ophthalmology	07 3385 0900
<b>Dr Kate Slaughter</b>	Ophthalmology	07 3385 0900
<b>Dr Jason Kwon</b>	Pain Management	07 3833 6701
<b>Dr Paul Dillion</b>	Independent Medical Examinations	0404 839 766
<b>Gastrolab</b>	Hydrogen/Methane Breath Testing	1300 624 771
<b>Dr Robert McCartney</b>	Occupational Medicine	<a href="mailto:drrob@occmd.com.au">drrob@occmd.com.au</a>



For Further Details visit: <http://www.montserrat.com.au/montserrat-northlakes.html>

# MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #94

Safe motoring,  
[doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)



## RANGE ROVER EVOQUE “Evocative!”

According to my dictionary the word evoke means “to re-create imaginatively”.

There is little doubt that Range Rover’s latest addition, the Evoque, fulfils that definition.

Love it or hate, it is undeniably a Mini-Me version of a full-size Range Rover with quite a lot of modern technology thrown in to match its futuristic looks.



For starters whilst the floor-plan is loosely based on a Freelander an aluminium bonnet and roof help to make total weight savings of 100 kg. Inside there is a very luxurious feel to the cabin, but you will need to be well-heeled if you start ticking the Evoque’s option boxes.



In the most basic “Pure” model there are no rain-sensing wipers, xenon or auto headlights, features which I would expect for my 60 something thousand dollars and which can be had in the optional Clearview Pack for \$1,700.



But you can option up the Evoque to your heart’s desire and this does create a healthy revenue stream for its makers from a model that is in short supply.

For \$1,300 I thought I could go without the heated washer jets and steering wheel found in the Cold Climate Pack and \$3,400 did seem a bit steep for the Sat Nav.

Under the bonnet you can start with a 2.0 litre eco-boost petrol engine which is the same as the one that slots into Ford’s Falcon and Mondeo and Volvo’s S60.

My test vehicle was powered by the 2.2 litre turbo-diesel which has two variants.

Power starts in the diesel at 110 kW, but for about \$4,000 more there is a higher performance engine with 140 kW.

Acceleration is faster in the six speed automatic than the six speed manual and even Kath and Kim should be able to get to 100 km/h in about 8.5 seconds.

If you’re not planning to go off-the-beaten-track there are 2WD variants which are priced \$3,400 under the equivalent AWD.



But in true Landrover fashion there is some real off-road potential with Range Rover quoting a wading depth of 500 mm for the Evoque.

I did suggest to my colleague who owned the test vehicle that we would need to check the validity of that claim on our test drive, but we weren’t able to find any flooded streams to ford in suburban Buderim.



Like most owners our journey would simply be to the local Golf Club and disappointingly the boot

wouldn’t hold our clubs without folding down the rear seat.



So what sort of doctor is likely to buy a Range Rover Evoque?

Well, I’m thinking 50-ish, mid-life crisis, kids have left home etc. That sounds a lot like me!

### Range Rover Evoque SD4 5 Door

**For:** Looks stylish and sexy.

**Against:** Options soon add up.

This car would suit: 50 something doctors in the midst of a mid-life crisis.

### Specifications:

2.2 litre 4 cylinder turbo-diesel  
140 kW power @ 3,500 rpm  
420 Nm torque @ 1,750 rpm  
6 speed automatic  
8.5 seconds 0-100 km/h  
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## RDMA VICE PRESIDENT & AMAQ COUNCILLOR REPORT *Dr Kimberley Bondeson*



### THIS SEASON'S INFLUENZA A, RSV & PERTUSSIS AND AMAQ CONFERENCE IN MADRID - SEPTEMBER 2012

It is that time of year again, flu season. And yes, we have had a proper flu season this year, which as General Practitioners we have not seen for a number of years. The last outbreak that we noticed was during the swine flu epidemic.

What we are seeing this year is interesting. Influenza A is predominant, along with RSV and Pertussis. Influenza A infections in some of our patients that have been immunised with this year's fluvax.

According to Queensland Health, the agent that is in the news as being the predominant infective agent is a variant of swine flu H1N13. And we finally have an explanation why our Pertussis vaccination is not working as well – it is now a synthetic vaccine, and its immunogenicity is not as good as the previous attenuated live vaccine.

As General Practitioners, we had figured this out anyway – that the vaccination was simply not as effective, both for Pertussis and for influenza A. There appears to be a partial immunity, so that the patients who have been immunised, do not get as sick as the ones that have not had any immunisation at all.

Well, whatever it is, it is nasty. Let's hope that next

year's flu vaccination will be improved, and that its uptake is increased.

My September break is coming up soon, and this year I will be attending the AMAQ conference in Madrid. The topic is "Prevention is better than a cure – Preventative Health Strategies for the 21st century". A very appropriate topic. I look forward to bringing you back an update, specifically on infectious diseases.

One of the items that need to be monitored is what is happening with the outreach TB Clinics in Queensland and the Central Clinic in Brisbane. Queensland Health is talking about closing them, and getting each Health District to be responsible for their own TB patients.

Tuberculosis is still a fatal and highly infectious disease. It needs to be rigorously treated and monitored. This means, that the patient has to be monitored and seen to actually take their medications (physically swallow them). The current system that is in place is extremely successful in monitoring and treating this deadly infectious disease.

Kimberley Bondeson



Narangba Family Medical Practice

#### Job Vacancy

A part-time (*with view to full time if required*) VR Family Doctor for the Narangba Family Medical Practice ([www.narangba-medical.com.au](http://www.narangba-medical.com.au)) as one of our doctors (Dr. Orr) is leaving to specialise.

We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane. The ideal candidate would be of an age where taking over the whole practice eventually would be a distinct possibility.

**Contact: Dr Peter C. Stephenson, Mobile: 0403 151 602.**

**Practice Location:** Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.

**Street Address:** 30 Main Street, Narangba Q 4504.

**Postal Address:** P.O. Box 3 Narangba Q 4504

Media Release  
7 August 2012

AMSA is deeply concerned by comments made last week by Professor Fred Hilmer, Vice Chancellor of the University of New South Wales, and this week's Grattan Institute report that called for significant increases to student fees for courses, including medicine.

AMSA President Mr James Churchill said today that universities do need more funding, but stressed that this should come from the Federal Government, not students.

"Higher student fees could restrict access to degrees, including medicine, for prospective students and potentially create undue financial burdens for struggling Australian families," Mr Churchill said.

"We do not want a system where access to a university education is based on the financial situation of individual families.

"It is unacceptable to consider a system whereby students would be forced to choose their university courses and careers based on the financial situation of their family.

"Additionally, excessive debt has the potential to drive medical graduates to work in higher earning specialties rather than making career decisions based on population health needs and inequities.

"It is critical that the Federal Government recognises that medicine is an essential public service and the Government needs to invest appropriately in medical education.

"The Grattan Institute Report is flawed because it proposes no increase in overall university funding, despite strong evidence from the Lomax-Smith Base Funding Review that funding in Australia fails to meet the real costs of higher education and lags well behind international standards," he said.

The Lomax-Smith Base Funding Review identified medicine as among the most severely underfunded disciplines.

"Minister Evans' rejection of suggestions for increases to university student funding this week is somewhat reassuring. However, the Government is yet to commit the resources necessary to correct the chronic underfunding and preserve the quality of medical courses," Mr Churchill said.

AMSA calls upon the Federal Government to urgently correct the underfunding of the tertiary sector and continue to regulate and cap student fees.

#### **Media contact**

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publicrelations@amsa.org.au

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Australian Medical Students' Association  
ABN: 67 079 544 513



### Dr Vern Heazlewood Consultant Physician

MBBS Hons (Qld), MSc (Lond), FRACP, FRCP

Consulting Suite: Caboolture Private Hospital, McKean St, Caboolture Q 4510	Admin Office: 56 Jacko Place, Morayfield, Qld, 4506 (8.30-5.00, Mon and Fri only)	Appointments: (8.30-5.00, Mon to Fri incl.) Ph. 07 3886 9922 Fax. 07 3886 9437
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Dr. Vern Heazlewood (MBBS Hons. (Qld), MSc (Lond), FRACP, FRCP) has recently commenced Private Practice in Internal Medicine for the Moreton North region. His Consulting Suite is located at the Caboolture Private Hospital where he also has clinical privileges for medical admissions.

As a Consultant Physician, his main clinical interests are in the management of diabetes mellitus and general endocrinology, transitional care of young people with type 1 diabetes, obstetric medicine, hypertension and vascular disease. He has over 50 published articles, is a foundation member of the Australasian Menopause Society, and has membership of the Australian, American and European Diabetes Associations, Society of Obstetric Medicine of Australia and New Zealand, Australasian Diabetes in Pregnancy Society, Society of Adolescent Health and Medicine and the International Society of Hypertension.

Appointments can be made by phoning (07) 3886 9922. Telehealth consultations will be available shortly.

provider no: 0442817B  
email: info@vhm.net.au  
website: www.vhm.net.au  
PO BOX 1096, Burpengary Q 4505

Vern Heazlewood Medical



**EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL**  
*Dr Donna O'Sullivan*



**Redcliffe Hospital Mobile Assessment & Treatment Service (MATS)**

*Enabling access to health services at the right time, in the right place*

The Redcliffe & surrounds catchment has a history of greater population growth than Queensland and this growth is projected to continue to 2021.

A significant characteristic is that the hospital catchment area has 34 residential and aged care facilities within it.

Projections indicate growth in all age groups in this catchment with greatest proportional increases projected to occur in people aged 65 years and older. (Health Determinants Queensland 2004; Qld Health).

The health care needs of this group of patients often fall between what is available from family medicine and the services provided by the acute environment.

There have been many cases where the services in an acute setting have been deemed inappropriate due to the current service provision model within teaching hospitals.

Against this backdrop, Redcliffe Hospital has developed a Mobile Assessment & Treatment Service (MATS). The overall aim of this new service is to minimise unnecessary hospital presentations and admissions and to facilitate ongoing patient management in the residential aged care facility and community setting.

For a selected patient group MATS provides acute assessment, clinical advice, support and education so the acute care of your patient remains in the most appropriate environment, obviating the need for transport to the emergency department.

Examples of conditions referred to MATS include; investigation of fever, assessment of dehydration and administration of fluids, urinary tract and cellulitic infections, catheter management, including IDCs & SPCs, and emergency changes, blocked or dislodged PEGs, wound care consultation and pain management

MATS comprises of an experienced Clinical Nurse Consultant and a clinical nurse, soon to be joined by an additional registered nurse and 'on road' medical officer.

The new expanded MATS will enable more patients who are acutely unwell to be managed in the aged care facility following GP referral. The Clinical Nurse Consultant is the single point of contact for MATS and the service is positioned within the Division of Medicine and Older Persons Services, led by Dr Catherine Yelland and Nursing Director Ms Julie Lahey.

MATS will soon be operating over seven days a week, eight hours a day and is strongly connected to clinical staff in the medical, surgical, emergency and orthopaedic services at Redcliffe Hospital.

GPs in the Redcliffe catchment area will be consulted shortly about the MATS expanded service and referral processes but in the meantime if you would like more information or wish to access the service please contact :

Tanya Bankier, CNC, MATS on  
Phone: 07 3883 6868 or  
E-mail: redh-mats@health.qld.gov.au

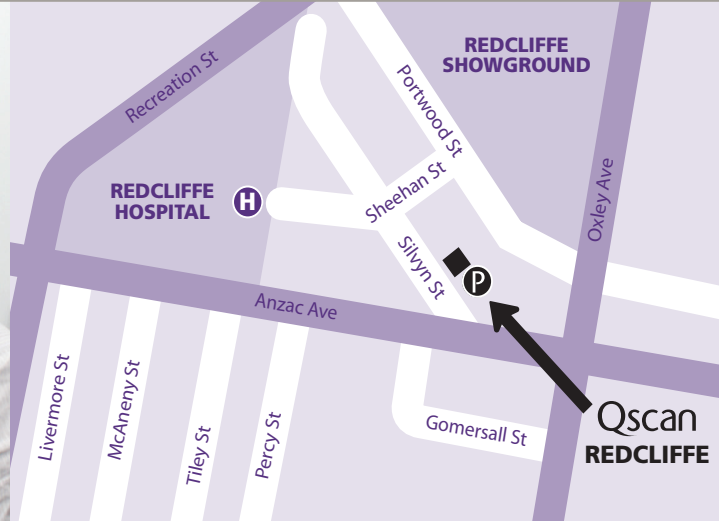
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- Dr Tim Hooper
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- Dr Tanya Wood
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## Qscan's largest clinic is now open in Redcliffe

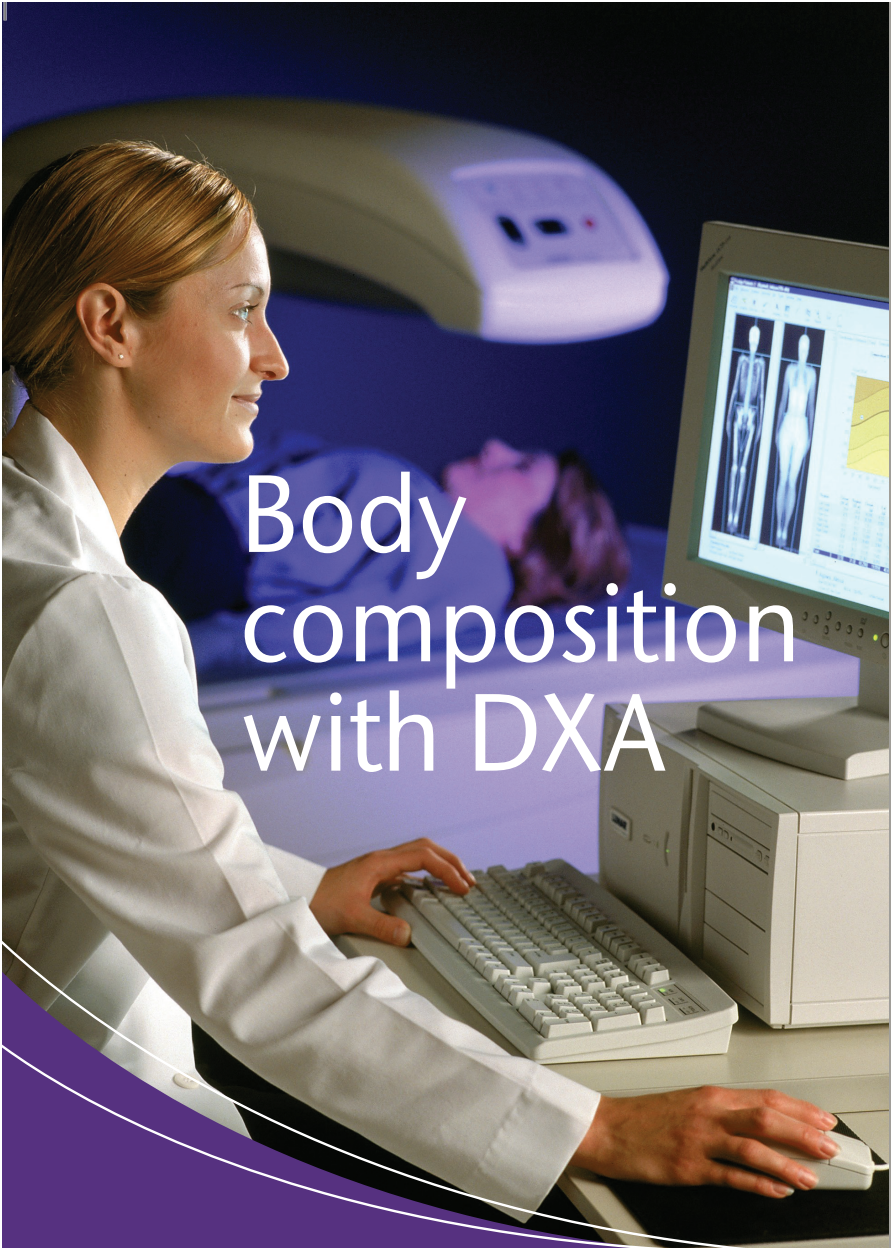


Our multi-modality clinic offers the only full spectrum of radiology services in Redcliffe including:

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**Qscan Redcliffe**  
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**07 3357 0922**  
[qscan.com.au](http://qscan.com.au)



# Body composition with DXA

DXA is the gold standard for measuring bone mineral density (BMD). DXA technology is also used to measure body composition. It gives a fast, non invasive, precise and accurate measurement of tissue composition based on a 3 compartment model, comprising bone mineral content (BMC), lean mass and fat mass. It provides total body and regional (trunk, arms, legs, pelvis) results, assessment of left-right differences, percentage fat and android/gynoid fat distribution.

DXA measurement of body composition provides valuable information for assessing, monitoring and treating a variety of disorders. They help athletes make decisions on the training regimens they use to achieve better performance.

Serial body composition measurements help to monitor the effects of therapy, diet or exercise. It is important to monitor how much body fat is lost instead of simply relying on the bathroom scale. BMI calculations based on height and weight measurements do not distinguish muscle from fat and so are therefore not useful in monitoring weight loss. Measurements every 6 or 12 months tells us where and how much fat a person is losing. This information also helps improve patient compliance with intervention programmes.

## Body Composition Analysis

After a total body scan acquisition, a digital image displays bone and soft tissue, and numerical measurements of total and regional fat, lean tissue and bone.

The DXA total body composition reports provide fat mass, lean mass, total bone mineral content, percent fat, percent lean mass, and regional values of the android/gynoid region, arms, legs and trunk. No other body composition method can provide these regional values for body fat distribution.

The DXA android/gynoid region is important because we can measure abdominal obesity which is recognized as an important predictor of the health risks of obesity. This is the analogy of the “apple and pear” body habitus. Android obesity, or the apple shape, is characterized by increased fat in the trunk, and puts patients at increased risk of hypertension, type II diabetes, dyslipidemia,

coronary artery disease, and premature death. This is compared to individuals who demonstrate gynoid obesity, called the pear figure, which is characterized by more fat distributed in the hip and thigh area. Researchers have demonstrated the ability of DXA to identify cardiovascular risk and metabolic syndrome risk by looking at percent total body fat, android/gynoid ratio, and fat mass in the trunk.

However, normative databases for healthy and unhealthy populations are limited and, therefore, the most value is derived from trending an individual’s values over time. As seen from “The Biggest Loser” contestants, DXA can graphically trend changes in body composition. As with these individuals, the visual image and data can document changes in absolute and percent body fat, lean mass, and bone mass during interventions such as strength training, weight loss, and physical rehabilitation.



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For further information, please phone Margaret MacPherson, Medical Liaison Officer on (07) 3049 4429.

## MEMBERSHIP NOTICE

If you have any topic of interests to share with our membership please email us at [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com).

The article can be either a Clinical or Non Clinical Topic, A Traveller's Tale, an Article for Discussion, Poems, an Advertisement or any combinations.

Don't forget to email your articles and graphics to me for inclusion in our monthly RDMA Newsletter.

Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com).



## SENATE COMMITTEE REPORT OFFERS SENSIBLE SOLUTIONS TO IMPROVE RURAL HEALTH

The AMA welcomes the recommendations of the Senate Community Affairs Committee rural health report, released today, especially the acknowledgement that the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) system needs to be scrapped.

The Committee investigated the factors that are affecting the supply of health services and medical professionals in rural areas of Australia.

AMA President, Dr Steve Hambleton, said that the report puts the spotlight on the significant problems that people have in accessing medical services in rural communities.

Dr Hambleton said the report's findings reflect many of the problems identified in the AMA Regional/Rural Workforce Initiatives Position Statement, released earlier this year.

“We are pleased that the Committee has identified the significant weaknesses apparent in the application of the ASGC-RA classification system that underpins Commonwealth programs to support the rural medical workforce, and recommends that it be replaced,” Dr Hambleton said.

“The AMA has been calling for an independent review of this system, which sees many small rural areas being eligible for the same incentive structures that apply to much larger towns.

There are too many inequities.

“The Committee has also questioned the multitude of State and Federal programs to support the rural medical workforce and suggests a review to ensure that gaps in these arrangements are properly addressed.

“The report has a strong focus on supporting teaching and training in rural areas and increasing efforts to encourage more rural students to study medicine.

“The AMA fully supports these approaches, which need

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to incorporate appropriately funded incentives rather than the current draconian system of unfunded bonding of students to rural areas.

“Another welcome recommendation is the need to ensure that Government reforms to after hours GP services do not result in funds being withdrawn from general practices that are currently providing after hours services.

“Medicare Locals will soon be allocating funds for after hours services.

The AMA has stressed the need to preserve and support services that are currently working effectively.

“The report opens up the option of expanding funding incentives to other health professions and this will be closely looked at in an upcoming Government review of rural workforce programs.

“While the AMA supports this approach, we do not want to see funding diverted from existing successful programs that support the recruitment of doctors to rural areas.

“The AMA is keen to work with the Government to implement many of the Committee's recommendations to improve access to high quality medical services for people in rural areas.”

The AMA Position Statement on Regional/Rural Workforce Initiatives 2012 is at <http://ama.com.au/position-statement/regionalrural-workforce-initiatives-2012>

23 August 2012

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

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### 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](mailto: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  
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ABN 88 637 858 491**

**NOTICE TO ALL NEW AND PAST MEMBERS**

**Membership Subscription due for the period: 1st July 2012 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.

As this is now June 2012 your subscription to cover until the 30th June 2013 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. 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](mailto:GJS2@Narangba-Medical.com.au).

Yours sincerely

Dr Peter Stephenson  
Treasurer

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