RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
AUGUST 2014

Caboolture Historical Village

See the Caboolture Historical Village pictorial in Where We Live And Work segments page 20

President's Message . Dr KIMBERLEY BONDESON

We are nearly at the end of winter and the beginning of spring. With the change of season, let us hope that there is some common sense amongst government officials and bureaucracy. The flu season is in full swing, with the EKKA show commencing and the Westerlies blowing. In General Practice we are seeing a larger number of Upper Respiratory Tract Infections, predominantly viral, than we have seen in previous years. These are also present among the immunised population. A few have gone onto develop Pneumonia, "walking pneumonia", which have not required hospital admission, but respond to antibiotics.

Now onto Nursing Homes - those of you who visit nursing homes may have noticed a trend in recent months - which I will refer to a "bullying of medical staff by Senior Nurses".

I recently encountered this situation at one of my nursing homes. There was an urgent request for me to see one of my patients to review him. He is normally a medically stable, gentle demented patient. The message came through to me in the mid-afternoon, so I asked my staff to arrange for him to be seen by an After Hours Doctor.

The next morning, to my horror, the Director of Nursing rang up to personally speak to me to "Complain that the Doctor's visit was completely unsatisfactory".

I was unable to get any further details about the problem, and checked the After Hours Doctor's report. He said the patient was asleep, stable, and he had been unable to access any recent hospital admission discharge summaries, and recommended a GP follow up. So I went up to the nursing home the following morning.

The After Hours Doctor had attended this "urgent review" at my request. He got lost in the large complex, taking at least 20-30 minutes to find the patient. Each area in this complex does not have a list of patients in the other areas. My patient was in the Dementia Specific locked unit, right inside the centre of the complex. Of course, the nurse on duty had no idea why he was called, or what was needed.

On further questioning, his medications needed to be reviewed - he kept falling asleep, and the nursing staff had withheld certain medications. Very sensible!

However, this was a request for an "urgent review". The complaint that the Doctor who attended was most 'unsatisfactory' did not go down very well with me, and I made this very clear to the nursing staff. You request an urgent review, a doctor arrives to review, and then you complain????

This practice is getting worse, to the extent that more junior general practitioners are being "bullied" into attending "Case Conferences" apparently supposedly done monthly. An example of one such incident is where a General Practitioner was rung constantly by a Director of Nursing asking when the GP was going to attend this meeting. The patient in question was 101 years old - lovely gent, good appetite, happy, a bit unsteady on his feet and needed general nursing assistance.

The meeting was to discuss "Palliative Care Pathways" on a monthly basis, and present were nursing and allied health staff from the residential aged care facility as well as family members along with the GP.

Of note, the healthy 101 year old patient was happily eating his breakfast, and enjoying his day. He was not present at the meeting.

Continued Page 7

RDMA & NLMA's Joint Newsletter

WELCOME FROM

President Northside Local Medical Association

Dr BOB BROWN

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

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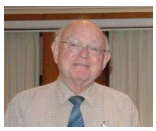

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For all enquiries, editorials, advertising contributions & costs
Email: RDMAnews@gmail.com
Mobile: 0408 714 984

RDMA 2014 MEETING DATE CLAIMERS:

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

CPD Points & Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

	Tuesday	February 25th
	Wednesday	March 26th
	Wednesday	April 30th
	Tuesday	May 27th
	Tuesday	June 24th
	Wednesday	July 30th
	Tuesday	August 26th AGM:
Next	Wednesday	September 17th
	Tuesday	October 28th Date Change

NETWORKING:
Friday December 5th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution is 10th September 2014
Email RDMAnews@gmail.com
W: www.redcliffedoctorsmedicalassociation.org

NLMA 2014 Bi-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries contact:
Meeting Convener:
Lucy Smith , QML Marketing Office,
Contact Details;
Phone: (07) 3121 4565, Fax: (07) 3121 4972
Email: lucy.smith@qml.com.au
Website and Link:
Northside Local Medical Association Website
Link: http://northsidelocalmedical.wordpress.com/

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

1	11th February 2014	4	12th August 2014
2	8th April 2014	5	14th October 2014
3	10th June 2014	6	9th December 2014

INSIDE THIS ISSUE:

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) as one of our doctors (Dr. Orr) has left 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,
Email: PCS1@narangba-medical.com.au
Mobile: 0403 151 602.

Practice Phone & Location: Phone: 07 3886 6889, 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

HANDFORD ROAD MEDICAL CENTRE
41 - 45 HANDFORD ROAD
ZILLMERE QLD 4034

DR LARRY GAHAN P/N 353106J
M.B.,B.S. (Qld) F.A.C.A.M.
DR CAROLE GAHAN P/N 352736J
M.B.,B.S. (Qld)

Job Vacancy

- **PT/FT VR GP – FRACGP Preferred**
- **Brisbane North- Zillmere**
- **Busy well established ethical practice**
- **Accredited,**
- **Computerised,**
- **Friendly,**
- **Noncorporate**
- **Your own consulting room with natural light**
- **No after hours or weekends**
- **Environs Bus-stop, Rail station, 2 pharmacies, QML & S&N**
- **Mixed Billing,**
- **Start with high percent,**
- **View to Associateship if desired**
- **Non DWS**

Contact: Dr Larry Gahan,
Email: larryg82@hotmail.com
Phone: 07 3265 7500

Mayleen Health Care

5 Mayleen St
Clontarf 4019

Contact David Matson 0422 413 613
brisbanehealthgroup@gmail.com

We require:

VR GP Full Time/Part Time - Clontarf

- Newly refurbished & resourced medical centre requires VR GP FT/PT
- Appreciated & supported with admin, nurse, physio, diet & psych on site
- Pharmacy, imaging, hospital & child care close by.
- Located 5 mins to Moreton Bay, 30 mins to Brisbane CBD

AUSTRALIAN MEDICAL ASSOCIATION QLD PRESIDENT
Dr Shaun Rudd

Dear Members,

Over the last few weeks, you may have seen AMA Queensland in the media and communicating to members about our recent "Lighten Your Load" campaign focusing on tackling obesity in the regions.

It's no secret that a number of health issues are associated with obesity. There is even evidence that the negative consequences of obesity rival those associated with smoking.

Despite the health consequences, the obesity rate in Australia continues to grow. In some parts of Queensland, as many as three in four adults are overweight or obese. Not only does this pose serious health risks for patients struggling with their weight, but it creates additional challenges for doctors while being very costly for our health system.

As medical practitioners, the last thing we want to do is shame our patients for their weight. With this campaign, we are encouraging those struggling with their weight to be proactive and take the first step of seeing their GP. In addition to checking for any health complications such as hypertension or diabetes, they can help patients make small changes towards better health.

As AMA Queensland's President, I have the privilege of working with both sides of the health industry: the public that utilises it and the professionals that contribute to it.

Campaigns like this one, which focus on manageable yet common health problems, remind me of the importance of comprehensive primary care. Whether addressing weight loss or treating a number of chronic health conditions, medical treatment is often an ongoing journey and strong relationships between doctors and their patients allow for comprehensive ongoing care.

It is disappointing then to see this relationship threatened over the last year with a number of proposed initiatives: the co-payment on GP, pathology and radiology services; the recent extension of the pharmacy vaccine trial; and most recently, allowing allied health professionals to write prescriptions.

We have been outspoken in our disagreement with these measures. While a patient's immediate safety is our first priority, we are also concerned about the long-term effects of having a fragmented health system.

While allied health professionals play a vital role in healthcare, it's important that these professionals and medical practitioners complement each other rather than replacing each other's responsibilities. It's the best way to ensure that all patients are provided with comprehensive quality care.

As always, I encourage members to contact the staff at AMA Queensland with any questions or concerns they may have. Our advocacy work is guided on member feedback and we welcome your thoughts and contributions.

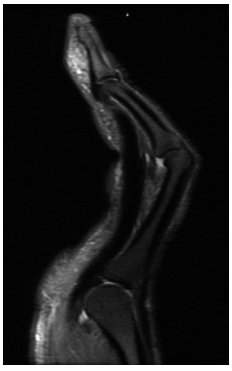
Sincerely,
Dr Shaun Rudd
AMA Queensland President

MORETON BAY RADIOLOGY

Finger Pulley Injury

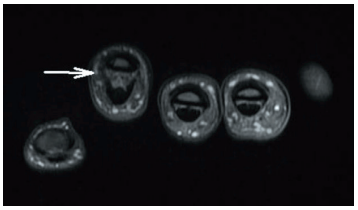
Findings

Flexion deformity involving the left ring finger. Abnormal widening of the distance between the flexor tendons and underlying proximal and middle phalanges consistent with "bow-stringing". Disruption
of A2, A3 and A4 pulleys.



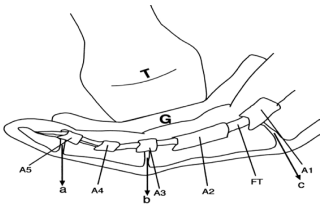
Diagnosis

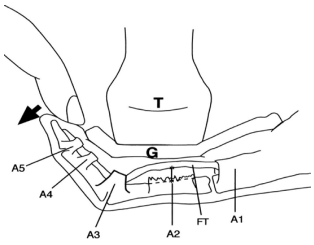
"Bow-stringing" of the flexor tendons of the left ring finger suggestive of multiple ruptured pulleys.



Discussion

Bowstringing extending from the PIP joint to the base of the proximal phalanx, as depicted on sagittal MR images, indicates complete rupture of the A2 pulley. Bowstringing extending from the PIP joint but not reaching the base of the proximal phalanx indicates incomplete rupture of the A2 pulley. Bowstringing extending from the base of the proximal phalanx into the area distal to the PIP joint indicates complete combined A2 and A3 pulley rupture. Bowstringing extending from the base to the middle part of the intermediate phalanx indicates complete A4 pulley rupture. An additional sign for pulley lesions included the visualization of underlying fluid in the area of the affected pulley.





References
http://pubs.rsna.org/doi/full/10.1148/radiol.2223010752

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

To CONE Or Not To CONE?

Coning is a bizarre agreement between pathologists and Medicare for funding of pathology services.

Pathologists agreed to be paid for only the top three items requested by a GP (for out-of-hospital investigations, with a few exceptions).

Coning is an anomalous arrangement that has outlived its time. I now raise my voice to renew calls for its abolition.

The agreement dates from 1995, when some GP's enjoyed kickbacks from pathology providers. It is based in part on the false assumption that all GP's were dishonest in 1995, and that all GP's are still dishonest in 2014.

Coning is a commercial anomaly. What other industry ethically agrees to universally sacrifice 100% of its pricing depending on the source of the unrelated referral?

Coning is unfair to pathologists. They become a free provider of services. [That argument is complex. The marginal cost of adding test samples to a machine batch is small, so a few unpaid GP requests don't cost the pathologist much.]

Pathologists wanted to rescind the agreement, but not recently. The funding agreements between pathologists and government provide for a fixed budget for pathology, with indexation.

Pathologists collectively will get the same annual amount from Medicare with or without coning. There is no financial incentive for pathologists to lobby for the abolition of coning.

The selective treatment of GP referrals is archaic. In 1995, general practice had barely evolved from being a cottage industry. The College of General Practitioners had developed, and the training programme to become a GP is now sophisticated.

General practice changed from the default career choice of graduates who couldn't face post-graduate training, and is now the career choice of those who are good enough to process undifferentiated patients.

Even AHPRA has granted specialist recognition to GP's.

Coning treats general practitioners as second-class referrers.

My argument today is all about respect. GP's of the modern era have earned the respect that comes with first-class practice.

Coning denies us that respect.

It is an insult to half of the medical practitioners in Australia, a non-commercial relic of an ancient era, and has no place in the provision of quality modern medical services.

Note:
Wayne Herdy is a general practitioner on the Sunshine Coast, with three decades' experience.

He served on the Board of a Division of General Practice, including years as a Chair of that Division.

He has served as a Federal Councillor of AMA, including years on the Council of General Practice, and is a serving Councillor of AMA Queensland (although the opinions expressed herein are his own and do not necessarily reflect AMA policy).

Wayne Herdy
Branch Councillor
North Coast Area Representative

RDMA's President's Report by Kimberley Bondeson

Continued from Page 1

The patient in question had been a resident at the nursing home for a number of years, with no problems. None of his family expected anything dramatic to be done if he became ill at 101 years. He is quite blessed with good health, and does not have any serious illnesses.

So why is the busy GP expected to be present?

The patient was well, not in pain and his only "medical condition" was his age. Why is it necessary to have a full "Case Conference" with a full team of nurses, social workers, allied health professionals, family and a doctor to discuss that this patient is amazing, and will in fact, at some stage depart this world, comfortably and with dignity.

I have a busy General Practice, and about 40 nursing home patients. I start my day at 7.00 am in the nursing home, and my clinic at my practice start at 8.00 am.

So, 40 "Case Conferences" a month, each lasting 30 to 45 minutes is simply not possible or practical.

Any family members who are concerned about a loved one in a nursing home are always welcome to make an appointment at the practice and should be encouraged to do so, if for no other reasons than to discuss their needs.

No wonder nursing homes have difficulty getting doctors to attend!

And I would hesitate to send a junior doctor in-training, or a recently qualified GP into these nursing homes, as I have no doubt they will be "bullied" by some nursing staff.

Kimberley Bondeson,
RDMA President

Interesting Tidbits NATTY MOMENTS:

Hot Air Ballooning

A man is flying solo in a hot air balloon and realises he is lost.

Spotting a man below he lowers the balloon and shouts, "Excuse me sir, but can you help me? I promised my wife I would meet her half an hour ago, but I don't know where I am."

The man below says, "You are in a hot air balloon, hovering approximately 30 feet above this field. You are between 50 and 52 degrees north latitude, and between 62 and 64 degrees west longitude".

"You must be an economist," says the balloonist.

"I am," replies the man. "How did you know?"

"Well," says the balloonist, "everything you have told me is technically correct, but I have no idea what to make of your information, and the fact is I am still lost."

The man below says, "You must be a politician."

"I am," replies the balloonist, "but how did you know?"

"Well," says the man below, "you don't know where you are, or where you are going; you have made a promise which you have no idea how to keep, and you expect me to solve your problem.

The fact is you are in exactly the same position you were in before we met, but now it is somehow my fault."

~~*~*~*~*~*~*~*~*~*

AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
Dr KIMBERLEY BONDESON

Government Wastage

The wastage of government funding is getting worse. A recent Medical Observer Article is entitled “Millions Wasted on Rorts Probe” - a recent Australian National Audit Report found that it actually only identified $49.2 million in debts and recovered just $18.9 million as a result.

There was a net cost to the government, which exceeded what it recouped - and the big question is, where did the government get the predicted figure of $148.2 million which it expected to recoup?

Health got blamed for government blow outs and costs, but I question the advice that has been given, as even my maths said that this one was a disaster and one of many.

Another one that comes to mind is the Queensland Health Payroll disaster.

Another one potentially looming on the horizon is the co-payment issue being put forth by the current government. It has become increasingly obvious that this is not going to work. It will cost much more than it would save to implement, and vulnerable patients will suffer.

There is also the PCHA. It appears to be disappearing slowly, due to cost and lack of support. Can’t say they were not warned.

But what are the answers? A very difficult question.

Any medical professional who becomes a politician, is no longer being put in the Health Portfolio in any advisory position. What they are advising is being ignored, and reprimands given out. We need to support any of our medical colleagues who put themselves forward as a politician, as it is a thankless, difficult job.

Dr Kimberley Bondeson
AMAQ BRANCH COUNCILLOR

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 2
COST for non-members:
$30 for doctor, non-member

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.

QML Pathology.
Specialists in Private Pathology since the 1920s

MEDIA RELEASE
July 2014

QML Pathology Comes to North Lakes Medical Precinct

QML Pathology is North Lakes medical precinct's newest resident with the opening of a brand new specialist centre in July.

The modern centre offers patients the convenience of a wide range of services in the one location, from their medical specialist to their pathology provider.

Moreton Bay Region Manager for QML Pathology Tracey Blackmur says the centre will offer patients and medical professionals more options when it comes to choosing pathology testing in North Lakes, as well as local specialists.

"The addition of a laboratory and on-site collection centre adds to QML Pathology's extensive testing network and will provide increased services to patients and doctors.

"North Lakes is one of the fastest population growth areas in Queensland and we are excited to be part of this venture and support the local community," Ms Blackmur said1.

QML Pathology Specialist Centre is located at Level 1, 10 Endeavour Boulevard, North Lakes in close proximity to the Qld Health Precinct and North Lakes Day Hospital.

It is open Monday to Friday from 8.00am to 4.00pm.

Phone (07) 3049 2705
(collection centre)
or
(07) 3049 2750
(specialist centre).

Our North Lakes collection centre offers bulk billed pathology (subject to Medicare criteria) and accepts request forms from all pathology companies.

For more information about QML Pathology, visit www.qml.com.au.

Media Enquiries:
Shirley Briscoe,
M: 0411 654 567 or
E: shirley.briscoe@qml.com.au

http://austwiderealty.com/wp-content/uploads/2014/01/IM-North-Lakes.pdf

QML Pathology Specialist Centre

First Floor 10 Endeavour Boulevard North Lakes

- Spacious, fully furnished consulting rooms (13-15m²)
- On-site pathology collection centre
- Modern facilities
- On-site free parking
- Ideal location within vibrant medical precinct
- Shared waiting room and professional reception team.

The opportunity you've been waiting for.

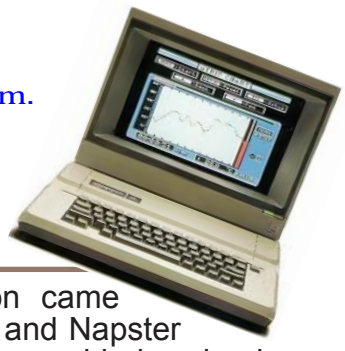
For more information, please contact Tracey Blackmur
P: 0438 855 321 E: Tracey.Blackmur@qml.com.au.

QML Pathology.
Specialists in Private Pathology since the 1920s

COMPUTERS & GADGETS

Email: apndx@hotmail.com.

with Doctor Daniel Mehanna



“Piracy On The Digital Seas”

Let me ask you a hypothetical question. If you were shopping and saw something you liked, and could afford, would you steal it? More than likely (I hope) the answer would be a resounding no!

But if you could get a copy of your favourite movie, for free, days before the cinema release, would you be as virtuous?

This was the dilemma facing millions around the world when a DVD quality version of the movie ‘The Expendables 3’ was leaked onto the internet weeks before its release into the cinema. Predictably, the movie was downloaded countless times all around the world. As you can imagine, the movie makers were furious and have taken legal action to halt its spread. The result has been that the movie has been a flop (which may also reflect the fact that the movie is not very good).

How about software? If you could get a copy of Microsoft Windows or anything else easily and anonymously over the internet would you? Or would you head down to the local computer shop and acquire it the old fashioned way.

Music? If you could download a whole album for free in less time than it takes to get into your car and start the engine and begin the journey to the music shop, would you also be tempted? A lot of people are.

But why is piracy so rampant? Is it solely because the movie/music/software industry simply can’t compete with “free”? Or is it a bit more complicated than that?

Could it be actually the fault of the content suppliers themselves? Admittedly, there will always be a group of people who, if given the choice of getting something for free, will. This group is usually determined and technically skilled and will always find a way. But most people, I believe, don’t fall into that category. Most people I think are happy to pay a fair price to get what they want in a fair time frame. This is the group of people that the content providers are failing and have pushed towards piracy.

Let’s look at music. In the good old days, we had to go to the record shop and buy the physical record. Usually only a few songs on the album were any good but you paid for the whole album. The records and CDs unfortunately had a limited lifespan due to scratches and wear and tear. Then the digital revolution came along and the MP3 format and Napster was born. Suddenly users could download what they wanted quickly and easily. Instead of embracing technology, the music industry fought tooth and nail against it, suing everyone and everything in the way of their outdated business structure. Suffice to say, it didn’t work. Illegal downloads took off. Finally, it took the foresight of Apple to bring the music industry dragging and screaming into the digital age. Apple set up the iTunes store and gave people an easy and simple method to legally acquire online content. The rest is history.

So how about the movie industry? With the advent of DVDs, you would have thought that the movie studies would have learnt from mistakes of the music industry. They didn’t. They added encryption so that DVDs could not be copied. As anyone who has bought a DVD knows, after a few weeks (especially with a child around) the DVD can be rendered useless due to scratches. Angered by this, the encryption was promptly broken by Jon Lech Johansen, also known as “DVD Jon”, a Norwegian programmer.

Not content with encryption, the industry also introduced DVD regional coding whereby a DVD manufactured for the American market could not be played on a DVD in Australia. More aggravation for honest consumers!

But, what about software too? The situation is little better. Although users can download content online (saving a trip to the local software shop), the content providers have failed to pass on the savings brought about by the absence of packaging to the consumers. Not only that, they unashamedly use regional pricing. This means that an identical copy of a program downloaded online will cost more in Australia than America! Just ask Microsoft and Adobe!

So what will the content providers do to tackle the problem of piracy? The risk is that they will revert to what they have done in the past, which is to sue users caught downloading content, and also put pressure on government to force the internet service providers to become the police of the internet.

The other more sensible alternative is to provide easily accessible content at a fair price in a timely manner to all consumers.

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #113
Safe motoring,
doctorclivefraser@hotmail.com.

"Big Brother" GPS Log Book

Most of us would agree that cars have never been safer.

Anti-lock brakes, stability control, air-bags and crumple zones are saving lives every day of the year.

They are a piece of technology that don't require driver intervention and that's what makes them an essential piece of kit.

Whilst I've always been a fan of gadgets, I'm increasingly concerned about the distraction that some of them pose when people are driving with mobile phones being at the very top of my list.

I've lost count of the number of people I've seen driving towards me who aren't looking ahead at where they are going.

They all seem to be staring at their laps and I'd wager that somewhere within view there is a smart-phone involved.

Even more perturbing is the same scene as I glance up in my rear-view mirror of a driver staring down at their crotch.

I've lost count of the number of people I've seen who've been injured when struck from behind by a driver distracted by their phone. I know that the police routinely check the driver's mobile call history whenever they investigate any serious crash.

But there are great bits of technology that go about their work in the background and will never distract the driver.

One that I'm very impressed with is the GPS log book device.

It simply plugs into the cigarette lighter socket and uses global positioning to record a database of all the information related to where the vehicle has gone. Within that data is the maximum speed of the vehicle on the trip which might be handy for transport companies who don't want their drivers to exceed any speed limits.

It also is a useful way for learner drivers to keep their log book as well.

Stalkers will probably have a field day with this device and it might be useful for spousal surveillance or keeping an eye on the movements of teenagers.

But the most likely use of this technology is for producing an Australian Taxation office compliant log book of business-related travel.

The GPS device keeps track of where every trip started and stopped and via Google maps will also show which route was taken.

Once the data is downloaded via USB to a computer each journey can be coded as either personal (ie to or from work etc) or business-related (ie travel between surgeries, home visits, on-call etc).

At the end of three months the software compiles the business travel percentage as a function of the total distance travelled.

A colleague has extensively evaluated the device and so far the only glitch has been that it may not record the exact start location for a minute as it takes the device a short time to sync with enough satellites to work out where it is once the ignition is turned on. This did mean that in his log book his trips sometimes start from an address just down the road from where he lives.

Overall I think that the GPS log book will save doctors a lot of time and effort compared to the paper-based approach and that at $149 plus postage it's a tax-deductible bargain.

Anyone interested can check it out at www.gpslogbook.com.au.

Safe motoring,

Doctor Clive Fraser

PS The device is only $109 plus postage if ordered via your accountant.

REDCLIFFE PENINSULAR DIABETIES SUPPORT GROUP

The Redcliffe Diabetes Group meet monthly in the meeting room in the Redcliffe Library between 10am and 12pm on the 1st Tuesday of every month.

They have monthly meetings, with a guest speaker who gives an education session on diabetes. Many of the members of the Diabetes Group, are also members of the Cardiovascular Group, which has been going for 20 years.

Patients are welcome to just turn up.

REDCLIFFE & DISTRICT DIABETES SUPPORT GROUP

Monthly Meetings
First Tuesday Each Month
10am – 12pm
Redcliffe Library Room
475 Oxley Avenue, Redcliffe

Ample Parking Available
Bus Stops in Oxley Avenue & Anzac Avenue, Redcliffe

"Diabetes Health"
Guest Speakers

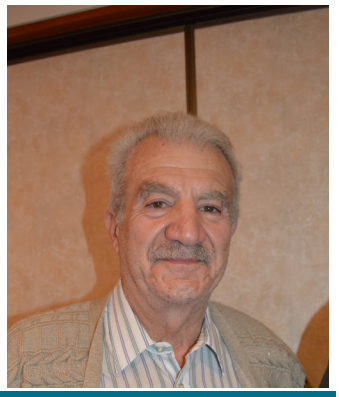
$2.00 Entry (includes morning tea)
Optional Raffle
ALL WELCOME

Supported by Redcliffe & District Local Medical Association (RDMA) AND QML Pathology Redcliffe

RDMA July Meeting 30.07.2014 Sponsor: Moreton Eye

Group. Chair President Dr Kimberley Bondeson Speakers: Dr Graham Hay-Smith Topic: Modern Cateract Surgery: The art of the possibile and the promise of the impossible.

LEFT: Makula Kiyinge New Member, Kirsty McKenzie, Janiec Vieiro.
CLOCKWISE; Philip Dupre & Andrew Houston.
New Member; Farid Bittar
Group: Andrew Butler, Ray Collins with Speaker Graham Hay-Smith, Geoff Talbot and Sille MacBride.
Threesome: Nancy Chi, Pravin Kasan, Alex Chi



REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

ANNUAL GENERAL MEETING

Date: Tuesday 26th August 2013

Time: 7 for 7.30pm

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

Cost: Financial members - FREE, Doctors in training - 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 Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: MSD Pharmaceuticals
7.40pm	Speaker: Dr Anita Sharma Topic: 2014/15 RACGP General Practice Management of Type 2 Diabetes – A Review
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee
8.45pm	AGM

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 22nd August 2014

QML Pathology.

Poole Group
GENERAL INSURANCE BROKERS

Cyber Crime

…WE HAVE A POLICY ON THIS

Computer security may not be a high priority for many businesses but this thinking could have disastrous consequences.

Every day, virtually all companies in Australia handle electronic data containing sensitive information about their clients as well as corporate information about their own company.
All are faced with real liabilities if data falls into the wrong hands or enters the public domain accidently or fraudulently.

Cyber crime has many faces and is the growing scourge of commerce worldwide.
From hackers who seize and hold your data for ransom to denial of service attacks; inadvertent or negligent breaches of client data; websites not being accessible, leading to loss of reputation… the outcomes of a cyber security incident can have a significant impact on the finances and reputation of a business.

In the USA some of the largest companies in the world have lost millions of dollars as the result of cyber crime. In recent months, threats to Australian businesses have come from many directions with hackers shutting down computers and blackmailing companies for the safe return of their data. The Australian Institute of Criminology (AIC) reports Australian businesses are feeling the pain of cyber crime. The estimated cost to businesses per annum is more than $600 million and rising.

No company is immune to Cyber Risks!
Even more concerning is the report highlight that these cyber attacks are not restricted to any industry or size of enterprise. All companies, large or small are targets for cyber criminals.

Using the Internet, email and any business network system exposes you to hacking, fraud, viruses and information misuse. Expensive lawsuits, lost business opportunities and damage
to your network and reputation can cost you more than you think.

The reality is that the World Wide Web has no boundaries and as business models evolve through the use of new technologies, so must traditional insurance programs and risk management practices.

Many businesses operate under the belief that their existing insurance policies are enough to cover their data security and privacy exposures. This is not the case.

Fortunately, Australian insurance companies are at the forefront of making good the damage of cyber threats. And although stopping the hackers and other criminals in their tracks is not within their capability, they are able to provide the next best thing… picking up the financial pieces of damaged businesses following a cyber attack event.

Cyber attack insurance. What can be covered?
Cyber Risk cover can protect you for claims arising from your use of the Internet, email, intranet, extranet or your website.

Cover includes but is not limited to:
- Breach of privacy
- Damage to your network or website
- Transmission of a virus
- Third Party Liability
- Cyber Extortion

For more information and a quotation for your business, contact Jennine Sellers at Poole General Insurance Brokers on 0754379900 or email jsellers@poolegroup.com.au

JAPAN Highlights

By Cheryl Ryan

Japan is a lovely amalgamation of culture, ethnicity, and modernity. The long established beautiful shrines, huge skyscrapers, breathtaking Japanese gardens, warm hospitality, scrumptious cuisine and exuberant nightlife makes Japan a not-to-be missed destination for vacationers across the globe.

To experience Japan's essence, following are the not-to-be missed destinations:

Tokyo, where modernity meets ethnicity
With Japan's top attractions located in the capital city, Tokyo becomes the must-visit place on your itinerary. Tokyo is famous for its shrines, gardens, amazing city views, food and lots more!

From the famous Tsukiji fish market, palaces and the business center in the central Tokyo to the Studio park, Tokyo sky tree, Museums, Ryogoku, Sumida Aquarium, Tokyo tower and temples spreading in all directions, you have plenty to get the real flavor of Japan and its culture!

The Ueno Zoo remains extremely popular and the Ueno Park has plenty of attractions too!

Kyoto, abundance of everything!
Kyoto is one of the largest cities in Japan, situated in the centre of the island of Honshu atop a natural water table. This ancient city has many incomparable attractions out of which the Golden Pavilion stands apart, whose picturesque structure is actually covered with gold, included as a World Cultural Heritage in 1994.

There are about 1600 Buddhist temples and 400 Shinto shrines in Kyoto, besides palaces and gardens from the past, making it one of the best preserved cities of Japan. Some of the popular temples are – Ryoan-ji with its famous rock garden, Kiyomizu-dera made of wood on the slopes of the mountain, the Golden Pavilion, and Ginkaku-ji or Temple of the Silver Pavilion. There are two palaces in this city – Kyoto Imperial Palace and Sento Imperial Palace both of which served as homes for the Imperial Family of yesteryears.

Okinawa, water, food, and sun bathing
The word Okinawa means rope in the open sea. A series of tiny islands form a kind of a rope in the sea, connecting Japan with Taiwan. Okinawa consists of 49 islands habited by people and more than 100 unoccupied islands. For a memorable and action-packed holiday, a visit to Okinawa is highly recommended. With a temperate sub-tropical climatic condition, the weather often remains congenial for merrymaking, sun bathing, and diving.
We have developed the Itinerary keeping the top attractions in Japan to help you taste true Japanese flavor!

- **The must do – Visiting Tokyo**

Our experts take you to the capital city of Tokyo, for obvious reasons! Tokyo Imperial Palace, Dome city, Tokyo Tower, and Tokyo Skytree are the highlights. We also take you on a Tokyo water bus as an alternative transport to make you enjoy a different world altogether!

- **Enjoy the abundant Kyoto city**

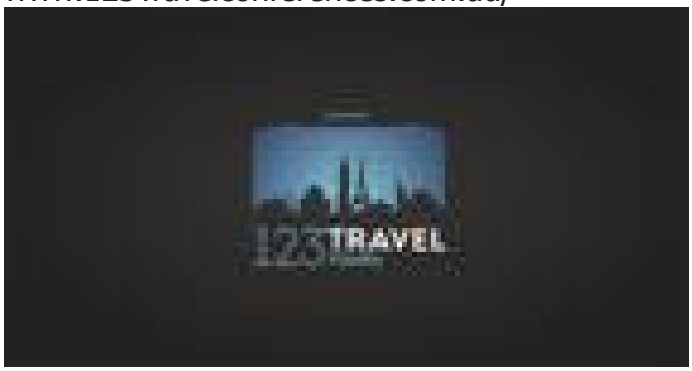
Our experts take you to the famous temples of the city and to the two imperial palaces. Also, this includes your visit to the special locality for the traditional geishas, known as Pontocho and Gion.

- **Time to relax and enjoy the most at Okinawa**

We take you to the beautiful and serene city, Okinawa that has plenty of Sun glazed beaches and marine sports. So, the water babies can have all the fun at Okinawa! And, there is no dearth of breathtaking sights for the ones who love to admire nature and serenity!

Book this enjoyable holiday to Japan and get to experience the true Japan!

www.123Travelconferences.com.au/



SNAPSHOT FROM THE PAST New Cancer Drugs Explained

REDAMA Newsletter from Series 4 No 12 July 1992, page 8

Explanation of new cancer drugs

By Dr GEOFFREY BEADLE

SEVERAL new additions to the oncologic pharmacopoeia have generated interest in the media and, hence among the public recently.

Patients with malignancies (and their relatives) may have specific questions or express interest in agents like ZOFRAN (ondansetron), NEUPOGEN (granulocyte colony stimulating factor, GCF), or Taxol.

A summary of the role of these drugs will be described in this and subsequent issues of Redama Report.

ZOFRAN (Ondansetron) is a "designer" anti emetic for nausea and vomiting, due to cytotoxic chemotherapy and radiation therapy.

Ondansetron was designed to block 5HT receptors, specifically those of sub-type 3 (5HT 3) receptors.

This mechanism of action contrasts with the anti emetic action of high dose Metaclopramide which is medicated by a central 5HT receptor blockade, not by dopamine blockade, as for conventional doses.

Whereas the side effects of high dose Metaclopramide (mediated via dopamine antagonism) frequently limit its use.

Ondensetron has virtually no cholinergic of dopaminergic effects.

As a result, antiemetic activity is good while sedation is rare and oculogyric crises do not occur.

The major side effects of Zofran are constipation and headaches.

Ondansetron is not an effective anti emetic for common causes of nausea such as infectious gastroenteritis, motion sickness, vasovagal episodes, vertebrobasilar disease and labyrinthitis.

In patients where sub-acute bowel obstruction is a possible cause of nausea and vomiting, Ondansetron may aggravate symptoms because of its propensity to cause constipation.

Oran Ondansetron prescribed in a regular dose for any longer than 24 hours should be given a stool softener such as Coloxyl with Senna.

Ondansetron should not be considered the first choice anti emetic just because a patient has cancer.

Its approved indication (authority required) is the management of nausea and vomiting, associated with cytotoxic drug and radiation treatments.

For cancer patients not receiving chemotherapy or radiotherapy, who have disease-related nausea and vomiting, major tranquillisers such as Haloperidol, Droperidol, Fluphenazine and to a lesser extent Chlorpromazine or Promethazine should be considered if simple Metopclopramide or Prochlorperazine prove ineffective.

Finally, Ondansetron shou' be prescribed, with t knowledge that this is a very expensive drug.

FAMILY MEDICINE PROGRAMME OFFERS OPPORTUNITIES FOR GRADUATES

By Dr ALEX CHI Area Co-ordinator

THE Family Medicine Programme is Australia's programme of postgraduate training for General Practitioners, which commenced in 1973.

It is conducted by the Royal Australian College of General Practitioners (RACGP), which is responsible for standards in general practice.

It is the only comprehensive, formal programme in Australia for training for general practice.

The Programme is supported by a grant from the Commonwealth Department of Community Services and Health, through its Community Health Programme.

The College and its Family Medicine Programme are committed to:

- The provision of high quality primary, comprehensive, continuing health care to the community by competent and caring general practitioners.
- The high quality training for all who wish to pursue a career in general practice.
- The concept of life-long, self-directed learning, where the individual doctor takes responsibility for assessing his/her performance, and with the help of the college, for planning his/her own postgraduate and continuing education.

Concern for the welfare and education of its doctors in training is central to the FMP philosophy.

From 1990, doctors enrolling as first year FMP trainees will complete a three year, more intensive programme, rather the four year programme offered in the past.

DOCTORS interested in finding out more of what FMP has to offer, what's involved in becoming a GP supervisor or how to have a practice accredited, should contact Dr Alex Chi at (07) 284 5098.

The extra elective year of hospital or general practice time is now optional.

The new programme involves:

- One year post-intern hospital training
- Two GP terms
- Eighteen months in GP, six months of which may be in a "special skills" training post.

The trainees are required to complete six months in accredited teaching practices.

Most trainees have two three month terms in different practices, in which the teacher is a member of the practice who has been accredited by the RACGP.

This teacher, the 'GP supervisor', is an experienced general practitioner whose job is to:

- Help the trainee decide what he/she wants to learn in the practice.
- Introduce the trainee to the practice and assist when necessary.
- Supervise the trainee's work.
- Help the trainee improve consulting skills by the use of direct observation.
- Review cases and discuss problems.
- Asses the trainee's performance.

In the Northern Suburbs region, there are 13 FMP trainees in the area at pr sent.

Educational activities include:

- Clinical meetings at the Redcliffe Hospital each Thursday lunch time, which trainees are encouraged to attend.
- Weekly training sessions and weekly half day release training programmes a Milton office of FMP.
- A satellite broadcast on the first Monday of each month, from 7.30 to 8.30pm is available at the Carseldine Campus o TAFE but it mainly aimed at doctors i country and regional areas.

BOTT SEEKS OUR VOTES

REDCLIFFE District doctors are being urged to vote for West Australian doctor, Roly Bott for the position of Federal AMA General Practice Representative.

He has been nominated by Dr David Brand.

Dr Bott, having been actively involved in the political profession since 1984 was elected to represent his WA council in 1985 and later became President during the 1991/1992 period.

He has recently retired but has continued to serve as the Immediate Past President for the council.

Redcliffe & District Medical Association Inc.

ABN 88 637 858 491
Email: rdma@lists.internode.on.net
Web: www.rdma.org.au

PRESIDENT	VICE PRESIDENT	SECRETARY	TREASURER	ADDRESS
Dr Kimberley Bondeson	Dr Wayne Herdy	Dr Ken Fry	Dr Peter Stephenson	PO Box 223
(07) 3284 9777	0418 880 067	0419 762 225	(07) 3886 6889	Redcliffe
				(07) 3049 4429

NOMINATIONS FOR EXECUTIVE COMMITTEE

I hereby nominate for the position of President/Vice President/ Secretary/Treasurer for the year .....

These positions will be declared vacant at the Annual General Meeting and are open to all financial members of the association and must be nominated and seconded by another financial member.

Position nominated:- .....

Nominee:.....

Nominee signature :- .....

Nominated by:.....

Nominator signature:-.....

Seconded by:.....

Seconder signature:- .....

Completed forms must be in the hands of the association convenor prior to the commencement of the Annual General Meeting.

Australian Medical Association Limited
42 Macquarie Street, Barton ACT 2600:
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 MODEL PROTECTS VULNERABLE PATIENTS FROM COPAYMENT PAIN"

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, A/Prof Brian Owler, today called on the Government to dump its seriously flawed GP co-payments proposal and adopt the AMA model, which exempts the most vulnerable patients from extra cost burdens for their health care.

A/Prof Owler said the AMA has vigorously opposed the Government's proposal since Budget night and has worked to produce an alternative model that is fairer and more equitable.

"The AMA has produced a health policy, not an economic policy," A/Prof Owler said.

"Our model is based on the realities of day-to-day medical practice, and our objective is to provide higher quality primary care for all Australians.

"The AMA co-payment model protects vulnerable patients in the community, values general practice to encourage quality care and support prevention and chronic disease management, and it also sends a price signal for non-concession patients.

"We propose a minimum $6.15 co-payment (which aligns with the current bulk billing incentive) that applies to all patients, but the Government will pay the co-payment for concession card holders and patients under 16 years of age.

"Under our model, there will be no cut to the Medicare patient rebate, and there is an incentive for general practices to collect the co-payment.

"The AMA has long supported well-designed and well-intentioned co-payments, and that is what we are releasing today.

"Co-payments already exist. About 20 per cent of GP visits currently attract a co-payment.

"The AMA co-payment model allows GPs the opportunity to spend more time with their patients, provide preventive health care and chronic disease management, and place a value on the essential service they provide.

"It maximises the benefits of high quality primary care in general practice, keeping people well, and keeping people out of more expensive hospital care.

"We are confident that our co-payment model will stimulate robust debate in the community, in the political arena, and in the health sector, and remind the Government of the unfairness, inequity, and electoral unpopularity of its Budget co-payment proposals," A/Prof Owler said.

A guide to the AMA model is attached.

24 July 2014

CONTACT:
John Flannery
02 6270 5477 / 0419 494 761

Sanja Novakovic
02 6270 5478 / 0427 209 753

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly: Newsletters, Topical Educational Meetings, 3 Course Cuisine,

CPD Points & Attendance Certificate Available

Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. 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.

Annual subscription is $100.00. Doctors-in-training and retired doctors are invited to join at no cost. This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email: GJS2@Narangba-Medical.com.au.

ABN 88 637 858 491

1. **One Member (July to June: $100; Oct.-June: $75; Jan-June: $50.00; April-June: $25.00)**
2. **Two Family Members ($25 Discount each) ($150 pro rata)** (Please supply details for both members)
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. **PREFERRED INTERNET BANKING**
2. **PAYMENT BY DEPOSIT SLIP**: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. **ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it 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 Work And Live

Caboolture Historic Village

http://www.historicalvillage.com.au/index.html#

CABOOLTURE Historical Village

The Caboolture Historical Village rests on 4 hectares of land north of Caboolture's town centre on the old Bruce Highway. Preserving our local heritage started with the formation of the Caboolture Historical Society in 1959 and has grown since then. The first building arrived 20 years later with the old Caboolture Shire Council chambers and after a lot of hard work and effort the village grew to over 70 buildings. Visitors walk through the newly upgraded visitors centre and step out into a village of yesteryear. The village style manicured grounds and the beautifully maintained buildings house yesteryear memorabilia. You can pleasantly while away a few hours reminiscing as you wander the corridors of the past.

OVER 50 BUILDINGS of HISTORICAL REFERENCE