RDMA
RDMA & NLMA's Joint Newsletter

Newsletter
AUGUST 2015

See Where We Work & Live on pages 13 and page 20.

The Artemisia was the First Immigrant Ship to arrive in Moreton Bay

The *Artemisia* is famous for being the first immigrant ship to arrive in Moreton Bay bringing the first assisted free settlers from England, she was a barquentine of 492 tons (558 tonnes) built at Sunderland in 1847 and owned by A. Ridley. Under the guidance of her Captain John Prest Ridley, the Artemisia arrived in Moreton Bay in December 1848. https://en.wikipedia.org/wiki/Artemisia_(ship) and John Oxley Library. Continued p13.

President's Report Dr Kimberley Bondeson

Winter is coming to an end, we have had chilly mornings and beautiful blue skies. This has also led to a decrease in the number of influenza cases that we are seeing. And yes, there is a varient of the Influenza A virus which is not covered by the current federally funded flu vaccine which has been the culprit, and caused problems for our patients.

To date, I have not yet seen it go through the nursing homes in the local area. Hopefully they will miss out this year.

Shortly, I will be travelling to New York for the AMAQ Annual Conference. We are leaving here in spring, and will be going to their autumn. The conference topic this year is "Strategies for a Healthy and Happy Life."

On this visit, we are going to make sure that we visit the site of the September 11 Twin Tower tragedy.

It will be an extremely interesting trip, and hopefully will give me exposure and knowledge of the way that the US Health Care System works, and its failures. This is particularly significant, in view of current Australian Health politics, which appears to be following the US lead in certain aspects, particularly Private Health Insurance.

I have received a reply from the AMAQ president, Dr Chris Zapalla to our letter concerning the proposed sale of Hunstanton.

He explains the series of circumstances which have led him and the board to their decision to go ahead with the sale. It is still a shame to see this iconic building go, but there is no doubt that Dr Zapalla is sincere in this decision.

I should also like to thank him for the time he took to talk at our last meeting, and answer questions about the proposed sale. (I still hope that no-one buys it....).

Kimberley Bondeson
President Redcliffe & District Local Medical Asssociation

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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RDMA 2015 MEETING DATES:

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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	24th
Wednesday	March	25th
Tuesday	April	28th
Thursday	May	28th
Tuesday	June	30th
Tuesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	26th
Tuesday	September	15th
Wednesday	October	28th
NETWORKING MEETING		
Friday	December	4th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 10 September 2015
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CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	10th
2	April	14th
3	June	9th
ANNUAL GENERAL MEETING - AGM		
4	August	11th
5	October	13th
6	December	8th

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CLASSIFIEDS remain FREE for current members. To place a classified please email: RDMAnews@gmail.com with the details. Classifieds will be published for a maximum of three placements. Classifieds are not to be used as advertisements.

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

Office of the Health Ombudsman, Task Substitution, Prescription Opioid Edidemic

Office Of The Health Ombudsman

The Office of the Health Ombudsman has issued its annual report. Go to http://www.oho.qld.gov.au/health-ombudsman-releases-annual-performance-report/.

The OHO managed 3109 complaints in its first year of operation (from over 8000 complaints). They managed some of this unexpected workload by referring minor complaints to AHPRA.

Doctors were disproportionately represented, being involved in about 60% of complaints.

Most complaints were about professional performance, but 14% of complaints were about communications – rudeness, failure to inform, failure to obtain duly informed consent.

The Ombudsman, Mr Atkinson-MacEwen said in his report:

- One of the new powers available to the Health Ombudsman is the ability to take immediate action to suspend or impose conditions on a practitioner's registration.
- My primary focus is protecting the health and safety of the public, and immediate action is an important way for me to do this.
- During the year I took immediate registration action against 10 health practitioners and issued 8 interim prohibition orders."

This extraordinary summary power is troubling for the profession, and one can only hope that future individuals who wield that power will use it wisely, and consult widely within the practitioner's peer group before exercising that power.

The OHO proposes to establish a database, which it says are to monitor trends. The AMAQ is concerned that the database might be used for other purposes in the future, and could be used to manipulate forces against our professional integrity and clinical independence.

Task Substitution Revisited

Since I took a personal role in the early days of recognition of the dangers of role substitution, and drew a very clear distinction between role substitution and task delegation, I feel some personal vindication in remarking that the problem continues to raise its Hydra-like head again and again.

Nurse endoscopists have recently come under the AMA microscope. 34 studies show that they are less cost effective than physician endoscopists (yes, trained-up GP's are actually better than trained-up nurses!). The studies remarked on the frequent need for re-examination by a real doctor, and that nurses are not trained to perform definitive treatment at the time of the initial exam. Current proposals for nurse endoscopists are limited to supervised practice in large tertiary hospitals. The current proposal includes an accreditation standard set by QH. Despite the research and continued P5

science, QHealth departments are being instructed to employ nurse endoscopists, not physician endoscopists.

PRESCRIPTION OPIOID EPIDEMIC

The 3rd annual Medico-Legal Conference will be held in Brisbane on 31st October. One of the topics on the agenda that really attracted my attention is the session immediately following lunch: "The Prescription Opioid Epidemic: a review of coronial findings and recommendations from around Australia in relation to doctor shopping and over-prescription of oxycodone and fentanyl."

The conference brochure describes this presentation by a magistrate of the Office of the State Coroner: "Recognizing a prescription shopper may be difficult. This session will discuss recent coronial cases in relation to 'doctor shopping' and provide a unique insight into the warning signs and scenarios that practitioners should be wary of."

As a GP with a large practice in addiction medicine, this topic is close to my heart. Although I delude myself that I should be able to smell a doctor shopper when they walk in my door, I confess that I have been deceived at least as often as my colleagues. I have policies that all new patients seeking controlled substances must have photo ID, and their request will be vetted by routine phone calls to Medicines Regulation and Quality (MRQ is the current name of the old DDU) and to the Doctor Shoppers Hotline. Even those policies do not filter out every fraud.

What should be of wider interest to my audience is the awareness among coroners that addicts are increasingly dying from attempts to inject fentanyl from patches or oxycodone from the reformulated diversion-resistant formulation. All opioid prescribers must be aware of the increasing media over the past three years about the meteoric increase in prescriptions for oxycodone, (Hey, if a drug works, doctors are going to prescribe it, aren't they?). We are equally aware of the bleatings of some patients that the new formulation of OxyContin doesn't work so they are entitled to get the old formulation (even though it no longer exists). Addicts are very fond of getting scripts for their "oxy's". While I must avoid endorsement of any commercial product, I am increasingly fond of prescribing the oxycodone/naloxone combination (despite not getting any kickback from the manufacturer).

But whether we are looking at tamper-resistant (but not tamper-proof) patches or at agonist/antagonist combinations, we should never overlook two factors. The first factor is the ingenuity of creative chemists in the drug subculture and their inventiveness at diverting drugs from preparations designed to be diversion-resistant. The second factor is the endless stupidity of drug-dependant patients who are prepared to accept huge risks in injecting almost anything to satisfy their personal demons.

I welcome the Coroner's interest but only wish it could have been a co-presentation with a prescribing clinician

As always, the content of this column is drawn from AMA sources, but the opinions expressed herein remain those of your faithful correspondent,

Wayne Herdy.
AMAQ Branch Councillor

AUSTRALIAN MEDICAL ASSOC PRESIDENT
DR CHRIS ZAPPALA

MEMBERS' UPDATE

Dear Members,

As you likely saw in the media or via your regular AMA Queensland communication, 18-25 July marked Family Doctor Week, an initiative aimed at promoting the hard work, commitment and dedication of GPs across the country.

Over the last few years, we've seen a number of changes proposed or implemented that have the potential to undermine the role of general practice in Australia's healthcare system or erode financial viability.

Politically, the Medicare rebate freeze and now scrapped co-payment epitomise the shift to a system philosophy that undervalues general practice and ignores the efficient contribution it makes – worryingly this may reflect Government's expectation that General Practice is (and should be) significantly under their influence. Clinically, the increased delegation of Doctors' Duties to a Allied Health Professionals such as pharmacists, physiotherapists and nurses indicates an unfortunate (and often misguided) prioritisation of budgeting over medical outcomes.

This reallocation of duties is counterintuitive to everything we know about the importance of general practice. Not only is it the most cost-efficient part of our healthcare system, but there is significant evidence demonstrating better health outcomes for patients with a regular GP. Bureaucracy pontificates about chronic disease management but never really comes to terms with meaningful mechanisms that enable general practice and articulated community care to manage and prevent it.

This year's Family Doctor Week focused on the theme You and Your Family Doctor: the best partnership in health. Effective patient-centred care is about more than just a strong medical knowledge base - it's about building trusting and ongoing relationships with patients, a skill in which most general practitioners excel. We should all be comfortable with a high standard in this regard and expect no less from our colleagues – such excellence and collegiality will make us resilient, better able to repel borders when professional usurpers threaten and ultimately, better able to care for our patients and feel satisfied at the end of a busy but rewarding day at work.

In addition to better health outcomes, general practitioners contribute to a more cost-effective model of care, a fact AMA Queensland has been highlighting in our state-wide GP campaign. With the average hospital bill costing close to $5,000, almost $630 million could be saved from the Queensland health budget if we all visited our GP regularly and preventable admissions were recognised.

A recent report by the Australian Institute of Health and Welfare emphasises the need for ongoing and adequate investment in general practice. With approximately half of all Australians having a chronic disease, it's critical these patients are able to access the right services to keep them out of hospital. We must accept the burden of training, proficiency and maintaining high-quality evidence-based care. We can match this with a high expectation from Government to create a system that capitalises on this.

Strong general practice benefits every aspect of the health system. Fewer preventable hospital presentations means doctors in this setting have more time to dedicate to the patients who need it most. The hospital system is subsequently able to be more efficient with (hopefully) less re-presentations/re-admissions - which have become a contentious area for health insurance funds.

AMA Queensland continues to advocate on behalf of general practitioners as well as our broader membership base. In addition to working with Federal AMA to advocate against detrimental measures such as the MBS rebate freeze, general practice has been a pillar of our Health Vision and Election Platform.

Our members are the ticking heart of AMA Queensland. I encourage you to raise any concerns, ideas or thoughts about how AMA Queensland can better serve you by contacting our team on 3872 2222 or membership@amaq.com.au.

I recommend you to read the next issue of Doctor Q as there are numerous issues discussed of significant concern to all doctors – it's an exciting and active time for us!

Sincerely,
Dr Chris Zappala, AMAQ President

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AMAQ BRANCH COUNCILLOR REPORT GREATER BRISBANE AREA

Dr KIMBERLEY BONDESON

Hospital Doctors Win, Medibank Contract Negotiations with Calvary

There has been a massive win for hospital doctors with the abolishment of the hated Queensland Health Hospital Contracts. This was announced by the State Health Minister Cameron Dick on 16/8/15.

Minister Dick announced a new three-year enterprise bargaining agreement with an annual 2.5% wage rise, improved professional development for doctors and a pro-rata vehicle allowance for part-time doctors.

A new award will be drafted, and then a certified agreement will be taken out to a ballot with members, and then back to the Industrial Relations Commission.

The final Enterprise Bargaining Agreement should be ready by the end of September, 2015. This is a full reversal of the contracts which has been introduced under great protest by the doctors, under the previous LNP government.

Another topic which is of great interest to us all is the current stance the private insurer, Medibank, is taking on it contract negotiations with private hospital group Calvary. Medibank has put out a list of 165 "Highly Preventable Adverse Events", and said that they would no longer cover these.

One of them is death resulting from childbirth. In fact, this would result in the family receiving an $8000 bill, which would not be covered by the private insurer. It would appear that the insurer wants "A System of Managed Care similar to the US-Style System".

Couple this with the Primary Health Care Advisory Group's discussion paper put to the Federal Health Minister, Susan Ley, which suggests several new funding models for General Practice, (which includes Capitation Payments), there is a strong push by government and non-government to change the way health care is funded in Australia. And it is not all good.

Any change to funding begins with a plan to try to control spending, and decrease costs. One of the main targets for this, is the way that Chronic Disease Management Items are funded, as these items have grown substantially in use during the last few years. The first step towards this has been the Medicare Patient Rebate Freeze, which is ongoing.

Kimberley Bondeson,
AMAQ Branch Councillor

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Wednesday 26th August**

Time: 7 for 7.30pm

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

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

Agenda:

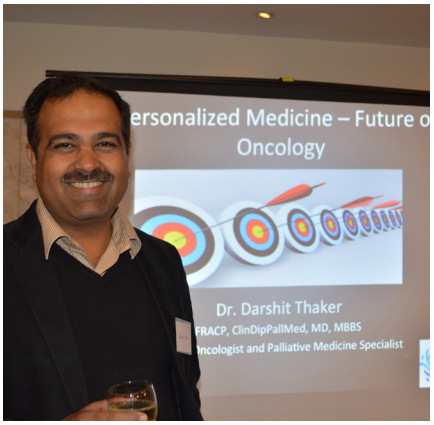
7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: Moreton Eye Group
7.40pm	Speaker: Dr Gurmit Uppal Topic: Novel/Current AMD treatments
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: Margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 21st August 2015

QML Pathology.

RDMA July Meeting 28.7.2015

Chair President Dr Kimberley Bondeson introduced the Sponsor for the night Monserrat Day Hospital represented by (clockwise from right) Nadine Carlson and Melanie Moodie. Speakers were Drs Darshit Thaker and & Kieron Bigby. Topics: Personalised Medicine - Future of Oncology First speaker Dr Darshit Thaker and Second Speaker Dr Kieron Bigby. New Members were Vikram Sembhi and Dugald Kenny. Guest Speaker was Dr Chris Kappala & Guest Richard Kidd.



Funnies

Q: What does a nosey pepper do?
A: Gets jalapeno business!

Q: What do you call a fake noodle?
A: An Impasta

Q: What do you call an alligator in a vest?
A: An Investigator

Q: What happens if you eat yeast and shoe polish?
A: Every morning you'll rise and shine!

Q: "What's the difference between a guitar and a fish?"
A: "You can't tuna fish."

Q: What do you call a pile of kittens
A: a meowntain

Q: What do you call a baby monkey?
A: A Chimp off the old block.

Q: Did you hear about the race between the lettuce and the tomato?
A: The lettuce was a "head" and the tomato was trying to "ketchup"!

Q: Did you hear about the hungry clock?
A: It went back four seconds.

Q: What do you call a boy who finally stood up to the bullies?
A: An ambulance.

Q: Why can't you give Elsa a balloon?
A: Because she will Let it go.

Q: What do you get from a pampered cow?
A: Spoiled milk.

Q: If Mississippi bought Virginia a New Jersey, what would Delaware?
A: Idaho... Alaska!

Q: Did you hear about that new broom?
A: It's sweeping the nation!

Q: What do you call an elephant that doesn't matter?
A: An irrelephant.

Q: What do lawyers wear to court?
A: Lawsuits!

Q: What gets wetter the more it dries?
A: A towel.

Q: Why did the belt get arrested?
A: He held up a pair of pants.

Q: What do you call a fat psychic?
A: A four chin teller.

Q: What do you call a computer floating in the ocean?
A: A Dell Rolling in the Deep.

Q: What did Bacon say to Tomato?
A: Lettuce get together!

Q: What do you call a computer that sings?
A: A-Dell

Q: Did you hear about the shampoo shortage in Jamaica?
A: It's dread-full.

Q: What is it called when a cat wins a dog show?
A: A CAT-HAS-TROPHY!

Q: How do you make a tissue dance?
A: Put a little boogey in it!

Q: What is heavy forward but not backward?
A: Ton.

Q: What do you call a gangsta snowman?
A: Froze-T

Q: What did the femur say to the patella?
A: I kneed you.

Q: What do you get if you cross a cat with a dark horse?
A: Kitty Perry

Q: Why did the picture go to jail?
A: Because it was framed.

Q: What do you call a three-footed aardvark?
A: a yardvark!

Q: What do you get when you cross fish and an elephant?
A: Swimming trunks.

Q: Where do bees go to the bathroom?
A: At the BP station!

Q: Who earns a living driving their customers away?
A: A taxi driver.

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"Extended Warranties"

Extended Warranties – Don't Bother!

In 2007 the US housing bubble burst and precipitated an economic phenomenon that became known as the Global Financial Crisis. Fearing a recession, the Australian government embarked on a program of economic stimulus in February 2009. There was the ill-fated Home Insulation Program which caused the death of four installers and many more house fires. There was also a very generous Small Business Tax Break which gave businesses a 50% tax deduction for assets on top of normal depreciation allowances.

Environmentally, I know I should have gone with the home insulation, but I didn't like the thought of cowboys climbing around in my roof and messing up my wiring. So I did my bit for the Australian economy and bought a new car. It was not made in Korea so it didn't come with a five or seven year warranty. I would be covered for three years which curiously coincides with the parliamentary electoral cycle.

I've never been a fan of extended warranties which are very lucrative for retailers and often are sold with a 100% mark-up. But that 50% ATO tax deduction persuaded me to spend another $1500 and I extended my manufacturer warranty by another three years, matching the Koreans. It's now 2015 and that extended warranty is about to end.

I've had my car closely inspected for oil leaks and broken bushes and have found nothing to repair, other than the radio which has developed a gremlin. Seems like after 40 minutes the sound starts breaking up and becomes inaudible. The most affected station has no ads and full coverage of the cricket so this is a problem which just has to be fixed. At this point I called the insurance company who under-wrote the policy and they reassured me that my radio was covered by their warranty and all that I would need to do is take my car to a local dealer. I would have no problems getting my car repaired, or so I thought.

Trouble began when the dealership service advisor told me that their dealership only honoured their own extended warranty and that all of the services would have to be done at their dealership. True about their policy, not true about mine.

Next problem was that he wanted me to sign a form charging myself $130 for them to take a look at my car. I protested that it was a warranty issue and that I was covered. There was no retreat on their part. As a psychiatrist I'm well accustomed to dealing with insightless individuals so I remained calm.

Besides, the problem with the radio was intermittent and it wasn't even misbehaving at the dealership. The battle lines were drawn over whether I would pay them any money up front, but we called a truce when a more senior service advisor suggested that I should start by replacing the aerial.

The roof mounted antenna was swapped in 60 seconds up the road, but this didn't correct my problem. I had the presence of mind to collect some tangible evidence by recording the distorted sound on my phone which led to an immediate retreat by the dealership who now without even sitting in my car was offering to replace my radio ($1300 for parts plus fitting).

They would need to sight my service book (again for the second time) and, oh, I would need to show them every receipt for every service since 2009. I did remind them that my problem was with the radio and not with the motor or gearbox, but they were insistent as they rightly pointed out that was a condition of my policy which I had not read. Undaunted, I retrieved every skerrick of information they requested with just the right amount of cockroach poo on each page to prove that they were all originals.

So was the extended warranty exercise worth it? No way!

PS My car radio sells for $50 on eBay.

Safe motoring, Doctor Clive Fraser

Grommets And Swimming- What Does The Research Say?

by Associate Professor Dr David McIntosh

It has been a point of discussion and contention since grommets were ever invented- can I still go swimming?

The advice of years gone by is that swimming, and water exposure in general, is to be regarded as something of great concern and best avoided whilst grommets are in place. But is there any science to back that up?

In 1983 (yes 30 years ago), a research paper assessed how high the water pressure needed to be for water to penetrate through the internal diameter of a standard sized grommet. The conclusion- the pressure would have to be so high, that it was unlikely for water to pass through a grommet if swimming was constrained to being on the surface. Even with diving down, it was thought unlikely that there would be water penetration. A clinical audit of 43 children published in 1987 agreed, stating that swimming had no effect on potential ear discharge.

In 1993, a review was conducted, looking back at the 25 years of research that had taken place until that time point. The comments made at the time that bath water may cause some irritation. This makes sense as the surface tension of water is decreased by soaps. However, when it came to swimming, the conclusions were far from a concern: “Not a single paper comparing swimmers with non-swimmers shows an increased rate of otorrhoea in those patients who swam; to the contrary, rates of otorrhoea were repeatedly higher in those patients who did not swim. The evidence suggests that swimming without ear protection can be safely permitted for children with grommets.” Extraordinarily, when compared to the ideology of avoiding swimming, the research showed is was a better option!

A research paper in 1994 advocated for swimming, showing that the cause of discharging grommets was URTIs, and that the rate of otorhoea was the same in swimmers versus non swimmers.

In a more recent study, a group of children with grommets was sent out to have a swim for 1 hour, without ear plugs. Their ears were than immediately assessed, to see if the grommets were even wet. In most instances there was no water at all on the grommet. In a good number, there wasn’t even water in the ear canal.

So what can we learn? The short answer is that in many aspects of clinical medicine, we are perpetuating knowledge without being critical as to the basis of such knowledge. Not only can kids swim with grommets, they can mostly do so without ear plugs, etc, as long as the water is clean.

This is not the only example of flawed management approaches to paediatric ENT. For example, there needs to be a change in approach to children that snore. It is not normal, and can not be left to observation.

By changing our mindset, and appreciating that as things change, so too must our opinions. The growing speciality of paediatric ENT is much like other surgical specialities that are subspecialising. Just as there are orthopaedic surgeons that do knees, not shoulders, or general surgeons that do colorectal but not breast, paediatric ENT surgeons subspecialise in the leading management options for kids. In a country like Australia, it is important to have kids learning to swim. That’s why we use the grommets suited for this activity. And the science is supporting this paradigm shift.

- Swimming and grommets. Marks NJ, et al. J R Soc Med. 1983. 76(1):23-6.
- Three-year follow-up (1983-1986) of children undergoing bilateral grommet insertion in Sheffield. Wight RG, et al. Clin Otolaryngol Allied Sci. 1987. 12(5):371-5.
- Grommets, swimming and otorrhoea--a review. Pringle MB. J Laryngol Otol. 1993 Mar;107(3):190-4.
- Swimming and grommets. Cohen HA, et al. J Fam Pract. 1994. Jan;38(1):30-2.

About the author: Associate Professor David McIntosh is a fully qualified ENT surgeon that subspecialises in paediatrics, upper airway obstruction, and sinus disease. He holds a PhD in the healing process of sinus surgery. He visits North Lakes Day Hospital and also operates at this facility. Referral is by fax: 0754510300.

Artemisia, the First Immigrant Ship to arrive in Moreton Bay

Free settlers for Moreton Bay

The Moreton Bay Settlement established in 1824 as a place of secondary punishment for convicts sentenced by the colonial courts in New South Wales and the newly separated colony of Van Diemen's Land was opened to free settlement in 1842. Four years later North Brisbane had 483 European settlers, South Brisbane 346 and Ipswich (formerly known as Limestone) 103. A great labour shortage had developed requiring manual workers, shepherds, tradesmen and domestics were needed by the pastoralists and by those living within the towns.

Deck of the Artemisia, emigrants on board, by Frederick Smyth from the Illustrated London News, 12 August 1848 p 96

The Reverend Dr John Dunmore Lang visited the district in 1845 after having sponsored German missionaries to the Moreton Bay settlement in 1835. He decided to travel to Britain in 1846 to recruit free settlers for Cooksland, the name he gave to north-eastern Australia. However after Lang had antagonised both the colonial and imperial authorities during his mission to England it spurred the government to organise its own emigrant efforts.

The Land and Emigration Commissioners were charged with British emigration and in a report dated 1 August 1848 to Under Secretary Merivale, the commissioners advised that they had received recent, urgent representations on behalf of New South Wales for emigrant vessels to ports other than Sydney and Melbourne. They advertised for vessels for Moreton Bay and Twofold Bay and chose the Artemisia for Moreton Bay.

The Artemisia's Captain

The Captain John Prest Ridley commanded Artemisia on her first voyage to Moreton Bay and on other voyages. The upper deck of the Artemisia was fitted out for the wealthier passengers. In 1859 Captain Ridley died at a young age in Mauritius aged 47 on 6 June, he had moved on from being Artemisia's captain and was in command of the Adamant.

Emigration arrangements

On 12 August 1848 the Artemisia was inspected by The "Illustrated London News" reporting the following arrangements prevailing at the time: "We should first explain that it is not as generally known as it should be, that the Government gives free passage (including food), to New South Wales and South Australia, to agricultural labourers, shepherds, female domestic and farm servants, and dairy maids; also, to a few blacksmiths, wheelwrights, carpenters, and other country mechanics. The vessels are first-class, and proceed every month to Sydney and Port Philip, in New South Wales, and to Port Adelaide, in South Australia. The ships sail from London and Plymouth, where depots are fitted up for the emigrants".

"The conditions may be learned from The Colonisation Circular, issued by her Majesty's Colonial Land and Emigration Commissioners, so that we need not here enter into the details. Emigrants must be of good character, and recommended for sobriety and industry. Each must provide himself with clothing and, on being accepted, must pay £1 10 shillings for every child under 14, as security that he will come forward and embark". "During the voyage they are placed under the exclusive superintendence of the surgeon, not only as their doctor, but as their sole superintendent and, on their arrival, a Government Agent gives advice as to wages, and places where they will get work. No repayment is required" (Illustrated London News, 12 August 1848 p 96).Artemisia's departure from London was scheduled for the Saturday, July 27th.

Unaccompanied child migrants

During the Illustrated London News inspection, the then Lord Ashley arrived on board, and made a tour of the vessel. His visit was occasioned by berthing on the lower decks of Artemisia seven boys and two girls from his Ragged Schools at Westminster witnessed as the first batch of abandoned children to be

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PRIMARY HEALTH CARE DISCUSSION PAPER – GOOD IDEAS MUST BE SUPPORTED BY STRONG NEW INVESTMENT AND GOVERNMENT COMMITMENT

In welcoming the Primary Health Care Advisory Group's Discussion Paper, *Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care*, the AMA warns that important reforms cannot succeed without significant new investment in general practice and genuine Government support for Australia's hardworking GPs.

AMA President, Professor Brian Owler, said today that the AMA, the medical profession, and patients are looking to this Review to make a real difference to the level of support that is provided to primary care, particularly general practice.

"The discussion paper highlights a number of challenges facing the health system, and recognises that a strong primary health care system is the key to the future sustainability of the health system," Professor Owler said.

"There have been several primary care reviews in recent years that have recognised the critical role of general practice, but there has not been sufficient commitment to deliver genuine and lasting reform to build general practice.

"We now have a chance to make a real difference.

"The discussion paper outlines a range of areas for potential reform, some of which the AMA has long supported, including GP-led team-based care, the improved use of technology, care coordinators, and a greater role for private health insurers.

"The discussion paper also challenges the profession to consider new payment models, and this is something that will require ongoing discussion.

"What is missing from the discussion paper is an explicit statement that we need to better fund and resource general practice if we are to meet the health challenges of the future.

"The final outcome from this Review must be more than simply re-allocating existing funding.

"The reality that the Review must take into account is that general practice has been under attack, and a more positive Government attitude to general practice, and primary care and prevention more broadly, is urgently needed.

"General practice has been the target of regular Budget cuts that undermine the viability of practices, and threaten the long term sustainability and quality of GP services.

"The freeze on Medicare patient rebates is the prize example. It is causing great harm to GPs, their practices, and their patients.

"If the Government is genuine about improving how we care for patients with chronic and complex disease in primary care, greater investment and genuine commitment to positive reform is needed," Professor Owler said.

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4 August 2015

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Do You Want Your Beneficiaries To Pay Tax On Death?

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

This strategy is all about increasing the tax free portion of a member's superannuation balance.

Depending on your circumstances and if you meet the condition of release (eg permanent retirement after attaining preservation age 55) you withdraw a lump sum from your Super Fund. Then redirect it back into your super account as a non-concessional component (tax free component). The purpose is to replace the funds from a taxable component to a tax free component. This is best done after the age of 60 when this lump sum is not included in your own taxable income.
So how does this benefit the family?

1. Increase estate planning benefits by maximising the tax free component of a member's superannuation benefits. This results in a significant tax saving for members whose superannuation death benefit will be paid to non-dependant (adult children) for tax purposes.
2. Minimise tax payable on super pension payments for members under age 60. Members who commence an income stream prior to age 60 will have the taxable component of the pension payment taxed at their marginal tax rate (generally with a 15% tax offset applying). In contrast, any tax free component of the pension payment will be received tax free. The re-contribution strategy reduces any tax payable by increasing the tax-free proportion of the income stream.

The best time to carry out this strategy is immediately before an income stream pension is commenced. This is because the tax free and taxable components are fixed at the start. So if an income stream is commenced with 100% tax free components then all future pension payments, lump sum withdrawals and the death benefit paid from the income stream will also be 100% tax free.
This death benefits tax strategy is best explained in an example:
John is 60 and has permanently retired. He has $400K in superannuation benefits (100% taxable) in accumulation phase which he intends to use to commence an account based pension (ABP). He is widowed and has an adult non-dependent daughter to whom he intends to leave all of his superannuation in the event of his death. Assume John dies 10 years later, leaving behind an ABP valued
at $500,000. The table below shows the benefit to John's daughter had he cashed out and re-contributed his entire $400,000 super balance immediately before commencing his ABP.

CASHOUT RE-CONTRIBUTION VS NO CASHOUT RE-CONTRIBUTION

	No cash out re-contribution	Cash out re-contribution
Gross death benefit	$500,000	$500,000
Taxable component	$500,000	Nil
Tax free component	Nil	$500,000
Death benefit tax @ 16.5% including Medicare levy	$82,500	Nil
Net death benefit to daughter	$427,500	$500,000

Assumption: the super fund does not pay anti-detriment payment and John has not used any of his non-concessional cap or triggered the bring forward provision in the year he
commences the pension. (Source: FirstTech Strategic Update Feb 15).

In this case study, by implementing the cash out and re-contribution strategy John's daughter is able to save $82,500 of death benefit tax on his ABP when it's paid to his daughter.
Of course no situation is the same and by structuring your superannuation in the most tax effective way will save you and your family tax in the future. It is always best to get some good advice to see if this strategy applies to your personal circumstances.

Good investing

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Kirk Jarrott - Partner Telephone me on 07 54379900 if you would like to discuss.

Las Vegas - The City That Never Sleeps

By Cheryl Ryan

The City of Las Vegas is all about the stuff that wild dreams are made of! This is one resort town that never ceases to enthral your spirit with its buzzing, highly contagious energy, and riveting excitement. It is synonymous to 24-hour casinos, scintillating nightlife, fine dining, museums, visual and performing arts centres, and shopping. From historical, educational and inspirational to mind-numbingly crazy, adrenaline-kicking and downright badass- Las Vegas has it all! No wonder it is famously touted as 'The Entertainment Capital of The World'.

Las Vegas in all its nocturnal glory

The hyper-energetic nightlife of Vegas does not wind up at the break of dawn but goes on and on 24x7x365. Pool clubs, ritzy bars, night clubs, adult entertainment clubs, casinos for the lady-luck chasing gambler, and much more, this city lives life on the high lane and that too in utmost flamboyance.

Fun beyond Casinos

- Driving through the scenic Red Rock Canyon on luxury cars like Ferrari, Lamborghini or Audi is any auto enthusiast's dream.
- Head to the Bodies…The Exhibition for a unique educational visual treat of whole-body as well as partial-body specimens and innumerable organs.
- Bellagio Gallery of Fine Art houses a delightful, eclectic collection of art and articles from different parts of the world as well as surreal bronze statues by the famous Richard MacDonald.
- Ethel M Chocolate Factory – where all those delectable chocolates come from - is one attraction even the adults can't say no to!
- Madame Tussauds Wax Museum presents a stunning army of impeccable wax figures of the world's most renowned personalities.
- Las Vegas offers tons of museums pertaining to history, nature, culture, and innovation. Natural history Museum, Mob Museum, Marjorie Barrick Museum, Lost City Museum, National Atomic Testing Museum, Nevada State Railroad Museum, Titanic- the Artefact Exhibition and Pinball Hall of Fame are but

mere handful of Vegas' prized possessions.

What have we planned for you?.....

A comprehensive itinerary has been developed to include all the exciting attractions of the enchanting Las Vegas.

- Limo tour of the Las Vegas Strip and visit to the Wynn Las Vegas Casino for adults.
- Ride on the High Roller – the largest observation wheel in the world at The LINQ.
- Trip to the Auto Collections at The LINQ displaying hundreds of heart-pounding, adrenaline-pumping muscle cars, racing cars, and many more.
- Adventurous activities like indoor skydiving, Sky Combat Ace tour, special opportunity to experience the thrill of driving a NASCAR race car on a real race track- Las Vegas Motor Speedway, and trip to the Adventuredome.
- Tour of Ethel M Chocolate Factory, the Botanical Cactus Gardens and the P3 Studio at the Cosmopolitan.
- Guided tours to the Grand Canyon, Zion National Park, Lake Mead, the Valley of Fire and the Hot Springs. Trip to the Sobe Ice Arena upon demand.
- Visit to Madame Tussauds Wax Museum and shows at Cirque du Soleil.

Hurry! Come to Las Vegas and get lost in this land of wonder and no-holds-barred entertainment! Great deals on flights at the moment. If you are looking for a tour then consider America's National Parks & Northern California in July 2016 with me. Cheryl Ryan, 123Travel Shop 5/56 Burnett Street Buderim

Redcliffe & District Medical Association Inc.

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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.

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AMA

Medibank Private Out Of Touch With Reality Of Quality In Health Care.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Professor Brian Owler, said today that an article in The Australian newspape by Medibank Private Managing Director, George Savvides, shows yet again that Australia's biggest private health insurer is out of touch with the realities of quality in health care. Professor Owler said that Mr Savvides claims that Medibank Private wants to work on improving quality and minimising preventable complications in hospitals "in partnership with others", but the insurer's recent behaviour has been quite the opposite "Medibank Private has been operating in a vacuum," Professor Owler said. "In his article today, Mr Savvides seems to have confused 'mistakes' with 'known complications'.

The healthcare industry accepts that health insurers should not have to pay for mistakes such as wrong site surgery, but hospitals and health professionals are managing known complications, such as infections in patients who are undergoing chemotherapy and who are known to be susceptible. "These are things that are unavoidable despite all the checks and balances that are designed to minimise them.

"Instead of working collaboratively with hospitals and doctors to improve quality and eliminate waste, Medibank Private has been using aggressive behaviour with private hospitals in negotiations over new contracts to get out of paying benefits for their members. "They are ignoring the fact that doctors work on improving the quality of health care every hour of every day of their working lives. That is our job. That is our vocation.

"It is unfortunate that other insurers, including Bupa and NIB, have come out in support of Medibank Private's inappropriate behaviour." Professor Owler said that Medibank Private's actions ignore the fact that quality standards for hospitals are set and assessed independently by accreditation agencies like the Australian Council on Healthcare Standards. "The key word here is 'independently'," Professor Owler said. "This accreditation system is governed by the Australian Commission on Safety and Quality in Healthcare, and is under constant review and improvement. "Medibank Private is dismissing this long-accepted process, and is now demanding hospitals to adhere to safety and quality measures that have been arbitrarily selected by Medibank Private. "Medibank Private has used administrative hospital datasets to select these measures, which is in direct contrast to the advice from the Commission.

"As administrative hospital datasets are not tested for clinical validity, accuracy or reliability, they should only be used as a screening tool to flag possible areas of concern for further investigation, and to inform safety improvement initiatives. "The Commission says this information should be provided to clinicians for review and to inform improvements in patient care as part of the accreditation arrangement but Medibank Private has not consulted the medical profession on the requirements it is putting on hospitals."In fact, when the AMA asked Medibank Private for a copy of its 165 highly preventable complications they were negotiating with Calvary Health, they were not forthcoming."The recent activity by Medibank Private to devalue private health insurance for its members is coupled with cold calls to members to downgrade their cover.

"This means that people would no longer be covered for things they would be expected to be covered, such as hip and knee replacements, neurosurgery to remove tumours, and cataract surgery. "The AMA recommends that Medibank Private members call their fund to find out exactly what they are covered for, and whether or not the fund has existing contracts with their local hospitals. "Policy holders need to understand their personal situation in the event that they need hospital treatment in the future."

The flow on consequences of Medibank Private's actions are:

- private hospitals may no longer accept the more complex, therefore higher risk, cases, which means these people will have to rely on the public hospital system for their care;
- patient out-of-pocket costs will increase substantially, and those who can't afford those costs will also have to rely on the public hospital system for their care; and
- patients will be kept in hospital for longer to avoid readmissions that won't be covered

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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available

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.

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 speakers are most welcome. Annual subscription is $120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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: $120.00; Oct to June: $90.00; Jan to June; $60.00; April - June: $30.00)
2. Two Family Members ($20.00 Discount each) ($200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr _____

(First Name) *(Surname)*

Email Address: _____

2. Dr _____

(First Name) *(Surname)*

Email Address: _____

Practice Address: *Postcode:*

Phone: *Fax:*

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1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 23 Redcliffe 4020

2) Or Emailing to GJS2@Narangba-Medical.com.au


Artemisia from illustration by Frederick Smyth in the Illustrated London News, 12 August 1848

Artemisia was the first immigrant ship to arrive in Moreton Bay bringing the first assisted English free settlers

sent to the colonies. Another 150 London children were awaiting this same fate. The eldest of the boys had been taken from "the street in a wretched condition, almost without clothing" and was being "sent out at the private expense of a Lady and two gentlemen"(Illustrated London News, 12 August 1848 p 96).

First leg, London to Plymouth

In accordance to the Lloyd's Register on 27 July 1848 the Artemisia previously berthed in the East India Dock, London sailed to Plymouth with 209 passengers on board. At Plymouth, another 31 passenger embarked to bring the complement to 240 and once on board, the

Class	Males	Females	Persons
Married couples (42)	42	42	84
Male children	32	–	32
Male infants (under 12 months)	4	–	4
Females (between 1 and 14)	–	23	23
Female infants	–	4	4
Single men	42	–	42
Single women	–	20	20
Total	120	89	**209**

passengers came under the care of Dr. George K. Barton, the medical superintendent. On the 15 August 1848 Artemisia set sail for Moreton Bay from Plymouth.

Launceston, then off Sydney Heads

Since October 1848 the Sydney Morning Herald had carried reports of the Plymouth departure and expected arrival of the Artemisia. It was not until the 15 November 1848, that the Hobart Courier reported the Artemisia was in the port of Launceston "loading for Moreton Bay."] On 13 December 1848, the Sydney Morning Herald reprinted the report from the Illustrated London News from 12 August and carried a report on the arrival off Sydney Heads of the Artemisia.

Mr Gibson, signaled for a pilot and set out to guide Artemisia into Port Jackson and upon getting on board, he was informed by the captain, who was ill in bed from a disease of the liver, that it was not his intention to come into this port. The captain wished Mr Gibson to proceed in the vessel to Moreton Bay, as he had no chart of the place himself, and nor did his chief officer know anything of the coast. Mr. Gibson declined this invitation and advised the captain to allow him to take the vessel into harbour where the captain would be able to obtain a competent person to do the duty he wished.

Resolutely Captain Riddle did not fall in with Mr. Gibson's suggestion. The latter quit the vessel, had a narrow escape of losing his own life and his boat's crew as on boarding his boat and entering the heads, a gale commenced from the southward. His men were unable to pull against it and on two or three occasions they were almost buried in the sea. Fortunately, after a great deal of exertion, they were enabled to run up North Harbour, where they encamped for the night, returning to Watson's Bay, the next morning. The only recompense Mr. Gibson received from Captain Ridley was £2 for his efforts.

With the assistance from the strong southerly gale of Saturday night, the Artemisia, was a considerable way towards her destination to Moreton Bay. She spoke no vesssels on her passage to connect with the colonies. During the voyage three deaths and four births occurred. On 13 December 1848, "Artemisia" claiming her place in history as the First Immigrant Ship to arrive in Cape Moreton Bay bringing free settlers from England. Once unloaded and the crew rested the "Artemisia" set sail for Sydney on the 5 January 1849 where she loaded wool for her return voyage back to London.