



*Immigration and Immigrant Ships : Moreton Bay Part III Story of the "The Ramsey"*  
[https://espace.library.uq.edu.au/view/UQ:241112/s18378366\\_1935\\_2\\_6\\_304](https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304)

See Where We Work & Live on page 20. The Queen of the Colonies Continues:

## President's Report Dr Kimberley Bondeson

It was an eventful Census evening this month. Computer glitches prevented millions from filling out the survey and undermined public confidence in the process. This computer system was designed by the now infamous IBM group, who were also responsible for the Queensland Health payroll debacle in which staff were overpaid and underpaid in 2013, and which cost approximately \$1.2 billion to fix. In some cases, some staff are still not paid correctly for this period, either being overpaid or underpaid.

Ongoing complications are occurring with IT problems affecting payments with the \$22 Billion National Disability Scheme, which aimed to complete and assess 430,000 individual case management plans, and has prevented service providers from receiving payments, and forcing them to bypass the computer systems and process payments manually.

E-Health is also an interesting topic, with some GP practices being able to upload a health summary, and some being unable to do so. Of note, one of the major public hospitals in Brisbane is still unable to access any E-Health summary's, even though the appropriate government department said they should have no problems with access. This confusion appears to be spreading, with no guarantee of any patients documents being private, and the Health Department having no way of actually checking what is being uploaded, and who is uploading it, let alone who is actually able to access the information that is uploaded.

One of the discussions during the recent election campaign, the "Medicare

Campaign" was that the Malcom Government was attempting to privatise Medicare, and doing this by outsourcing and updating Medicare payment system. It appears that technology has not been able to keep pace with "Grand Ambitions".




Another topic of ongoing importance which is still uncertain, is the future of the Medicare rebate freeze. With the Turnbull Government returned to power, the AMA is working hard towards getting the government to scrap the freeze, which is having adverse effects on health services across the board. General Practice, Pathology and Radiology are being affected badly, with many services which were previously being bulk billed now no longer being bulk billed.

On a more enjoyable note, the next AMAQ National Conference is in September 2016. It is being held in Delhi, India and yes, I will be attending.

Kimberley Bondeson  
RDMA President

**QML Pathology. | Redcliffe Laboratory**

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



**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.*

## RDMA Executive Contacts:

President:

Dr Kimberley Bondeson  
Ph: 3284 9777



Vice President & AMAQ Councillor:

Dr Wayne Herdy  
Ph: 5476 0111



Secretary:

Dr Ken Fry  
Ph: 3359 7879



Treasurer:

Dr Peter Stephenson  
Ph: 3886 6889



Meetings' Convener:

Mrs Margaret MacPherson  
Ph: 3049 4444



Newsletter Editor: Dr Wayne Herdy  
Ph: 5476 0111

Advertising information is on RDMA's website  
[www.redcliffedoctorsmedicalassociation.org/](http://www.redcliffedoctorsmedicalassociation.org/)

please contact Newsletter Publisher.  
Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)  
Mobile: 0408 714 984

## NLMA Executive Contacts:

President:

Dr Robert (Bob) Brown  
Ph: 3265 3111  
E: [drbbrown@bigpond.com](mailto:drbbrown@bigpond.com)



Vice President:

Dr Ken Fry  
Ph: 3359 7879  
E: [kmfry@bigpond.com](mailto:kmfry@bigpond.com)



Secretary:

Dr Ian Hadwin  
Ph: 3359 7879  
E: [hadmed@powerup.com.au](mailto:hadmed@powerup.com.au)



Treasurer:

Dr Graham McNally  
Ph: 3265 3111  
E: [gmcnally1@optushome.com.au](mailto:gmcnally1@optushome.com.au)



Meetings' Convener: TBC

Dr Graham McNally  
Ph: 3265 3111  
E: [gmcnally1@optushome.com.au](mailto:gmcnally1@optushome.com.au)



## RDMA 2016 MEETING DATES:

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

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Wednesday	May	25th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd



## RDMA NEWSLETTER DEADLINE

Advertising & Contribution **7 SEPTEMBER 2016**

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

W: [www.redcliffedoctorsmedicalassociation.org](http://www.redcliffedoctorsmedicalassociation.org)

## NLMA 2016 MEETING DATES tbc:

For all queries contact Graham McNally  
Meeting Convener: Phone: (07) 3121 4029  
Email: [gmcnally1@optushome.com.au](mailto:gmcnally1@optushome.com.au)

W: [www.northsidelocalmedical.wordpress.com](http://www.northsidelocalmedical.wordpress.com)

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th



# NEXT MEETING DATE 26TH JULY 2016

26.07.16 Dr Kimberley Bondeson, President Redcliffe & District Local Members Association introduced Vicki Goss and Kenton Thompson the Monserrat Day Hospital Sponsor Representatives for the night. Monserrat Day Hospital Sponsored the speaker for the night. Dr Daniel Timperley Topic: "The Role of the ENT Surgeon in Obstructive Sleep Apnoea".

Below Top Down:

1. Eugene Lim with RDMA President Kimberley Bondeson.
2. Paul Angel, Karina Borisova, Martin D'Arcy Evans.
3. Monserrat Representative: Nadine Carlson, Speaker Dr Daniel Timperley & Bran Singh
4. Elizabeth Hodge with Kimberley Bondeson



## Annual General Meeting

Redcliffe & District Medical Association Inc.

**DATE:** Wednesday 24th August

**TIME:** 7 for 7.30pm

**VENUE:** Regency 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: Nevro Medical Australia
  - 7.40pm Speaker: Dr Matthew Keys  
Topic: "An update on new pain therapies and the evidence"
  - 8.15pm
  - 8.40pm Main Meal, Question Time  
General Business, Dessert, Tea & Coffee
  - 8.45pm Annual General Meeting

**RSVP:** By Friday 19th August 2016

(e) [Margaret.macpherson@qml.com.au](mailto:Margaret.macpherson@qml.com.au) (t) (07) 3049 4444

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology PUB/MR/1330, version 1 (Jan-16)

[qml.com.au](http://qml.com.au)

**QML Pathology**

Specialists in Private Pathology since the 1920s



## INSIDE THIS ISSUE:

- P 01: RDMA Vice President's Report & Where We Work and Live**
- P 02: Date Claimers and Executive Team Contacts**
- P 03: RDMA's Next Meeting & Last Meeting**
- P 04: Contents and Classifieds**
- P 05: AMAQ Branch Councillor's – North Coast Area Report Dr Wayne Herdy**
- P 06: AMAQ Branch Councillor's – Greater Brisbane Area Report Dr Kimberley Bondeson**
- P 07: Dr Ken Fry's Bereavement Notice**
- P 08: AMAQ President's Report, Dr Chris Zappala**
- P 11: Motoring with Dr Clive Fraser**
- P 13: Tidbits and Natty Moments**
- P 14: GPLO Newsletter #3**
- P 15: Poole Group Finance**
- P 16: The Travel Article, C Ryan**
- P 17: Bible Codes Dr P Dupre**
- P 18: MEDIA: RURAL GP GRANTS & AMA FAMILY DOCTOR WEEK, 24-30 JULY 2016**
- P 19: Membership Subscription**
- P 20: Where We Work & Live**

Classified Advertisement  
**Doctor Wanted to Work Full or Part-time Hours for GP-Owned Medical Centre in Sandgate.**

**ATTRACTIVE PACKAGE.**

**For more information apply to Dr Geoff Harding at  
Email: [drgeoffh@bigpond.net.au](mailto:drgeoffh@bigpond.net.au)  
June-August 16**



## **Job Vacancy**

A full time or part time Family Doctor for the Narangba Family Medical Practice ([www.narangba-medical.com.au](http://www.narangba-medical.com.au)) as one of our doctors 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.

**Contact:** Dr Peter C. Stephenson,  
**Email:** [PCS1@narangba-medical.com.au](mailto: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



## **QML Pathology Specialist Centre**

First Floor 10 Endeavour Boulevard North Lakes

- Spacious, fully furnished consulting rooms (13-15m<sup>2</sup>)
- 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](mailto:Tracey.Blackmur@qml.com.au)

**QML Pathology.**

Specialists in Private Pathology since the 1920s

# AMAQ BRANCH COUNCILLOR REPORT

## DR WAYNE HERDY, NORTH COAST COUNCILLOR



### ASYLUM SEEKERS, AMAQ CONFERENCE AND VARIETY BASH DONATIONS - LAST CHANCE

#### ASYLUM SEEKERS.

A recent AMA media release reads as follows: "The AMA has called for an independent statutory body to investigate and report on health and living conditions for asylum seekers, following damning reports of abuse, trauma, and self-harm on Nauru.

"These disturbing reports echo long-held concerns by the AMA about the lack of proper physical and mental health care being provided to people in immigration detention, especially children," AMA President Dr Michael Gannon said.

"The AMA has called for all children to be removed from detention facilities and placed into the community, where they can be properly cared for. Doctors must be able to speak out on these issues without fear of retribution or prosecution."

The AMA wants a transparent, national statutory body of clinical experts, independent of Government, with the power to investigate and report to the Parliament on the health and welfare of asylum seekers and refugees in Australia and in offshore detention."

I am ambivalent about asylum seekers.

Like many, I am persuaded that many are law-breakers, seeking to enter our country through a back door, an illegal entry. I am reminded that John Howard offered a speech in which he said that Australia is a generous country, but we and we alone will decide who crosses our borders and stays on our shores. I am troubled that asylum-seekers cost the taxpayer more in benefits than are available to those among us who are native-born and homeless.

However, doctors are an altruistic profession. Doctors do not tolerate suffering. And it is the suffering of children that we most abhor, even if their suffering is the result of their parents' choosing. Doctors do not remain silent when we see injustice. And it is an injustice to wait for many years to have an administrative application processed.

I am troubled than many of the vocal arguments, from the asylum-seekers themselves or from well-meaning do-gooders, are based more

in fiction than in fact. We cannot defend a doctor-based organization which advocates for refugees but whose basic premises lie in mistruths. What happened to evidence-based decision-making? Which brings us to the essence of the AMA media release. None of us know the truth about asylum-seekers and the conditions under which they live. An independent enquiry, unbiased and transparent, is what can bring us closest to the truth. Veritas liberabit vos. (The truth shall set you free – John 8:32.)

#### AMAQ CONFERENCE

September sees the annual conference run by AMA Queensland. This year, we are going to India, a country that has a medical tradition that rivals Western medicine in its antiquity and complexity.

The theme this year is Research – turning it into reality. As always, the conference combines an academic programme with opportunities for sight-seeing, and a chance to look deeper into the health system of another country and another culture.

The 2016 conference takes a bold new step – half of the conference is in one city (New Delhi) and the other half in another city some distance away (Jaipur, the site of the Taj Mahal). Ask me next month how 120-plus participants took to the extra travelling and relocation.

The AMAQ is never a budget affair. At least it is tax deductible. But the participants seem to always include a large proportion of return visitors, so the organizers must be doing something right.

#### VARIETY BASH

Having this column printed in our Newsletter is a privilege granted to me which I try to always use for good and never for any personal advantage. I am stepping aside from that principle to ask my readers to review the notice that has been in every Newsletter for months about my participation in the Variety Bash.

This is a fund-raiser for a kids' charity, one of the few charities that actually delivers donated money to where it is intended to go. It should be a lot of fun for me, but **Continued on Page 10**

# AMAQ BRANCH COUNCILLOR REPORT

## DR KIMBERLEY BONDESON, GREATER BRISBANE AREA



### DOCTORS SERVICES, AGED CARE REGULATIONS & SKILLED OCCUPATIONS LISTINGS

MBAQ, Queensland Doctors Health Program and Doctors Health Advisory Services of Queensland are available to help doctors in need. Each group operates independently, but on certain occasions refer doctors to each other's services. An example of this is when a doctor is in financial, and mental/emotional difficulties, the MBAQ may initially be approached for financial assistance, and then refer the doctor in need onto the Queensland Doctors Health Program or the Doctors Health Advisory Service.

New regulations in aged care have recently come into effect from 1st July 2016. These new regulations have reversed the previous rulings, where when an elderly person enters an aged care facility, they were not required to sell their home. This had been resulting in "fire sales" of family homes, in order to fund entry and payments into residential aged care facilities.

From 1st July, 2016, this ruling was reversed. This is again resulting in the need for families to urgently sell their aged one's family home in order to afford a nursing home bed.

An example of this is as follows:

An elderly aged pensioner owns her home, which is worth approximately \$300,000. She breaks a hip, and requires full time care. As her home is classified as an asset, she is required to pay \$150,000 as an upfront fee to the nursing home. The remainder of the \$300,000 (\$150,000) is also required to be paid to the nursing home for costs of her future care, which will only cover her for the next 10 years. This pensioner is aged 72yo. So, at the age of 82yo, her children will be expected to pay from their pockets the "gap" between what her government aged pension pays, and what it actually costs for her to be in the nursing home.

In the meantime, until her house is sold, her family are paying the following:

- ▶ Daily fee \$48.00 – standard fee.
- ▶ Residential Aged Deposit (RAD) \$75.00 a day (means tested, based on the value of her \$300,000 home)
- ▶ Means Test \$5.00 daily
- ▶ A total of \$128.00 a day. Her 2 adult children, who are retired, are currently paying this, until the home is sold.

Then, once the nursing home has received the \$150,000 deposit, and taken the balance of \$150,000 to cover the RAD, then the RAD of \$75.00 a day and means test of \$5.00 a day is no longer needed to be paid.

On the Redcliffe Peninsular, Nursing Homes are refusing to allow families to even look at their facilities, unless they put in an application, which gives the potential residents full financial details.

There are no government funded beds available on the Redcliffe Peninsular at this present time, only beds that require this means tested Residential Aged Deposit. According to my patient, anyone who does not have the ability to pay a Residential Aged Deposit, will have to look elsewhere, away from family and friends. No wonder the hospitals are struggling with nursing home placements.

The family members who have the Power of Attorney for the aged relative, have to sign a guarantee that they will personally cover the patients residential aged care facility fee if they live longer than 10 years, potentially \$80.00 a day until their relative dies.

This raises interesting questions. What happens if the family members who are guarantor for their elderly relative themselves require nursing home care, and own a home themselves? Will they be forced to:

1. Sell their own home to pay for ongoing nursing home care for their elderly parent.
2. Sell their own home to pay for their own nursing home admission/care?

It is an interesting concept, that any generation who owns their home, will be forced to sell it to pay for aged relatives in nursing homes. It will simply discourage people from owning their own homes.

Other news in the media is concerning recent Department of Health proposals that 41 medical occupations, including GPs, surgeons, anaesthetists and resident medical officers be removed from the Skilled Occupations List – in order to close this immigration pathway for overseas trained doctors.

Queensland has the highest number of Overseas **Continued on Page 13**

## **DR KEN FRY**

### **Bereavement Notice**

*OUR LIVES WERE ENRICHED BY HIS WISDOM,  
SUPPORT AND GUIDANCE.*

Vice President Northside Local Medical Association and Secretary Redcliffe & District's Local Medical Association. Passed away at the Wesley Hospital 20/08/2016. Funeral Arrangements will be released once available.

#### **Dr Bob Brown's Tribute:**

It is with great sadness that the Northside Local Medical Association acknowledges the passing of our great stalwart and friend Dr Ken Fry in the past few days. Since my involvement with the local Medical Associations since the 1980's, Ken had been a great supporter and committee member for both the NLMA and RDMA. He willingly gave of his time and expertise with good humour and perspicacity. The Northside LMA sends its sympathy to Margaret and all Ken's family and friends. May he rest in peace.

Dr Bob Brown, President NLMA

#### **Dr Kimberley Bondeson's Tribute:**

It is with great sadness I learnt of Ken's passing. His frequent communiques and missives, wit and eloquent language will be sadly missed. He managed, in the years I knew him, to give sharp accurate comments and exposed more political processes and language to describe these processes than anyone else I have ever met. The RDMA LMA sends its deepest sympathy to Margaret and all Ken's family and friends.

Dr Kimberley Bondeson, President RDMA

#### **Dr Wayne Herdy's tribute:**

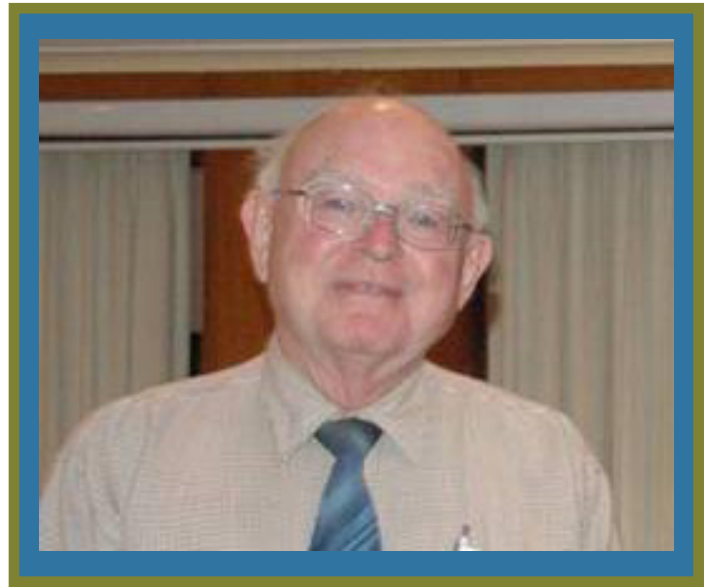
I am very sorry to hear of Ken's passing and the sad loss to his wife Margaret and Ken's family and friends. He will be sadly missed as a true friend and he was a valued RDMA member and a strong & supportive educator. He volunteered hours of his time to serve on the LMA committees over the years with selfless devotion.

Drs R Neilson, M Mohanlal, B Chan and P Marendy were the founders of Redcliffe & District Local Medical Association (RDMA). They had their meetings in the Physiotherapy Department at Redcliffe hospital. Dr Ken Fry joined within 6 months of their first meeting, along with his wife Margaret. Ken was the Obstetrician at Redcliffe Hospital at the time. RDMA was set up to become part of the AMA, as an offshoot of the doctors' reform society, as there were difficulties with the government. RDMA's district included Bald Hills, Nudgee, Redcliffe, Caboolture and Bribe Island. Meetings were often held at Strathpine.

Dr Wayne Herdy, Vice President RDMA

#### **Dr Peter Stephenson's Tribute:**

I have been a serving member of RDMA since 1977 and whilst also being a close friend of Ken.



He was always there at each RDMA Meeting giving his support and wisdom to its members. I wish to express my sincerest condolences to his wife Margaret and Ken's family and friends for their loss. Ken will be sorely missed at RDMA.  
Dr Peter Stephenson, Treasurer RDMA

Dr Ken Fry, after graduating from the University of Queensland in 1960, started work at the Royal Brisbane Hospital and later moved to the Royal Women's Hospital, Melbourne. His training in Obstetrics and Gynecology continued in Walton Hospital, Liverpool, UK after gaining Membership of the Royal College of Obstetricians and Gynecologists, London. Returning to Australia in 1970 he established a Private Practice on Wickham Terrace, Brisbane, and later was appointed to a VMO position at the Royal Women's Hospital. During that time he was the Royal Women's Hospital representative on the Postgraduate Education Committee at the Royal Brisbane Hospital.

In 1998, he was appointed as a Senior Examiner in the Australian medical Council, a position he held until recently. On retiring from private and public practice in 2000, he has been employed in a relieving position at the Royal Women's Hospital, and since 2002 has been a tutoring second year students in the Graduate Medical Course of Queensland University.

A longstanding member of both the Northside Local Medical Association and the Redcliffe and District Medical Association, he has served as chairman, secretary and treasurer in the former and continues to be a committee member, while in the latter he was serving currently as secretary over the last 3 years.

He was committed to continuing medical education and to this end he was a regular attendee at the associations' monthly meetings. In this way, he made contact with the members and participated in question time discussions.

# AUSTRALIAN MEDICAL ASSOC PRESIDENT DR CHRIS ZAPPALA



## MEMBER'S UPDATES

Dear Members,  
AMA Queensland remains concerned about the ongoing shift towards task substitution in medicine. In particular, recent events within public hospital maternity units have demonstrated why obstetrician-led care is so critical. Child delivery is an exciting and sometimes challenging time for many families, but expectant mothers take comfort that they can rely on Australia's highly-trained medical workforce for good outcomes, often unaware that, in the public system, they may not encounter an obstetrician at all. Is this 2016 or 1916?

The recent inquiry into maternity services at Rockhampton Base Hospital highlighted a range of deficiencies in the public hospital model of maternity care. Unlike private hospitals, public hospital maternity units are led by midwives, with obstetrician review often only happening at the request of a midwife, if at all. The perception of 'low-risk' pregnancies being possibly appropriately handled by midwives alone is contradicted the evidence which suggests outcomes can be worse in this group.

The midwife-led model of care experiences higher rates of adverse outcomes than traditional obstetrician-led care, with the perinatal and neonatal mortality rates both being significantly lower in private hospitals than public hospitals; as well as the rates of third- and fourth-degree perineal tears being far less frequent when the obstetrician leads care.

While doctors dutifully espouse the virtues of multi-disciplinary care, the nursing/midwifery lobby has maintained their indignation at being potentially excluded or seen as any less than the obstetrician, while simultaneously manipulating exactly the opposite such that mothers and neonates now endure inferior outcomes in Queensland public hospitals at the hands of midwifery-led care. Queensland Health's own data for some years has highlighted the difference between public and private maternity services. The Australian Commission for Safety and Quality in Health Care is becoming interested in birth trauma and perineal tears as two of the 18 preventable hospital complications upon which they will focus their efforts. In the wake of the Rockhampton Base Hospital maternity services review and, with the threat of greater transparency in maternal/neonatal outcomes

in public hospitals, we might finally see some long overdue reform that restores the involvement and leadership of the obstetrician in maternal/neonate care.

In light of the evidence, AMA Queensland is calling for an improved multidisciplinary approach to maternity services that restores the involvement and leadership of the obstetrician. Australia's midwives make up a significant and necessary portion of our medical workforce, but they are not a replacement for obstetricians, who are the only health care professional trained to deal with all complications of pregnancy and delivery. We should never be afraid to say this.

It is an absolute nonsense to point to increased obstetric procedures and management as a negative in 'low-risk' obstetric models of care. That is like saying more endoscopies whenever there is a gastroenterologist about, or more coronary artery stents inserted whenever there is a cardiologist, are somehow a bad thing – when we full well know they improve survival and reduce morbidity, just as the obstetrician does. It's exactly this ridiculous, myopic logic, often sprouted by those who should know better, that has led us to shamefully inferior outcomes for public mothers and their newborns.

Increased obstetric review, antenatally, during hospital admission and periodically throughout labour, is essential to ensuring labouring mothers receive the best quality care and that any complications or risks can be addressed early by a highly-trained obstetrician in consultation with the midwife. Furthermore, we need to ensure our medical workforce can keep pace, by increasing the number of senior salaried and visiting medical officer consultant obstetricians to provide the depth and mix of expertise and experience required to run successful maternity services units.

The public hospital system's reliance on midwife-led care is just one example of the increasing number of care models and initiatives that seek to substitute the role of doctors, sacrificing safe, high-quality outcomes in the process. Recently, discussion has emerged about allowing physiotherapists to prescribe Schedule 8 opiate drugs. This is a risky proposition for drugs with a high potential for dependence. Whilst physiotherapists play a crucial role in rehabilitation, pain management and improving mobility, **Continued on Page 13**



# Excellence in Cancer Care Across South East Queensland

Our clinics are built with patient outcomes, comfort and atmosphere in mind. Our Day Spa environment makes people feel welcome, calm and nurtured. The manner in which we care for them eases the experience and provides a high level of dignity and excellence that all people deserve.

## Providing treatment for blood disorders and cancer:

- Chemotherapy
- Iron Infusions
- Bisphosphonate Infusions
- Supportive intravenous therapy
- Blood Transfusions
- Blood product support
- Patient education and support
- Supportive Allied health services  
Dietician, Exercise and Massage

## Meet Our Team



**Dr John Reardon**  
Medical Oncologist/  
Clinical Haematologist  
\*SC



**Dr Hong Shue**  
Medical Oncologist  
\*SC



**Dr Sorab Shavaksha**  
Clinical Haematologist  
\*SC



**Jesse Goldfinch**  
Exercise Physiologist  
\*SC



**Dr Rosanne Middleton**  
Clinical Health Psychologist  
\*SC



**Dr Peter Davidson**  
Consultant Haematologist  
\*NL



**Dr Kieron Bigby**  
Medical Oncologist  
\*NL



**Sarah Higgins**  
Dietician/  
Nutritionist  
\*SC



**Dr Darshit Thaker**  
Medical Oncologist  
Palliative Medicine Specialist  
\*NL



**Dr Lydia Pitcher**  
Haematologist/  
Oncologist  
Paediatric Haematologist  
\*SC



**Tania Shaw**  
Oncology Massage Therapist  
\*SC



**Dr Raluca Fleser**  
Clinical and Laboratory Haematologist  
\*NL



**Dr Geoff Hawson**  
Medical Oncologist  
Clinical Haematologist  
Palliative Care Physician  
\*NL

Be Our Guest



Sunshine Coast Haematology and Oncology Clinic is delighted to be supported by the McGrath Foundation through the provision of the McGrath Breast Care Nurse, who is available to help community members and their families through breast cancer by providing free advice, support and care when it's needed most.

**North Lakes Haematology & Oncology Clinic**  
Tel: (07) 3833 6755 | [www.nlhoc.com.au](http://www.nlhoc.com.au)  
7 Endeavour Bvd, North Lakes Q 4509 (next to OzCare)

**Sunshine Coast Haematology and Oncology Clinic**  
Ph: 07 5479 0000 | [www.schoc.com.au](http://www.schoc.com.au)  
10 King Street, Buderim, 4556

**2016**  
*Dusty Swags to Chequered Flags*  
**VARIETY BASH**

**VARIETY BASH RALLY WITH DR WAYNE HERDY**

*Warwick to Bathurst*  
**FRIDAY 30TH SEPTEMBER - SUNDAY 9TH OCTOBER, 2016**

<https://2016varietybash.everydayhero.com/au/wayne> (Donations listed)

## DR WAYNE HERDY, NORTH COAST COUNCILLOR REPORT CONTINUED FROM PAGE 5

the fun has a serious intent, and I pay all my own costs. If every one of my readers were to donate \$100, the proceeds of one or two consultations (tax deductible), I would easily reach my publicised target.

And there would be another country town out the back of Bourke where every kid has a laptop to take to school, or another kid would get some of the special help that just doesn't come easy when you live out in the real bush.

This is the last month that my readers can make a donation before the Bash sets off in a cloud of dust and ancient machinery noises. Just go to the Variety website published in the flyer printed above in this Newsletter, and show somebody that you actually care about our disadvantaged native-born kids too.

As always, the opinions expressed herein are those of your humble correspondent.

Wayne Herdy.



## Qscan Redcliffe

Your local medical imaging practice with a specialist radiologist onsite

A modern clinic offering state of the art diagnostic imaging and providing unrivalled patient care, safety and comfort



Digital X-ray



Ultrasound



Computed Tomography



Dental Imaging & OPG



Bone Mineral Densitometry



Magnetic Resonance Imaging



Interventional Radiology



Nuclear Medicine

Qscan Redcliffe | 6 Silvyn Street, Redcliffe Q 4020  
 P 07 3357 0922 F 07 3283 4277  
 Mon-Thurs 7:00am - 10:00pm  
 Fri 7:00am - 6:00pm / Sat 8:00am - 4:00pm  
 Sun 8:30am - 4:00pm (MRI Only)  
 qscan.com.au

**Bulk Billing Available**

# MEDICAL MOTORING WITH DOCTOR CLIVE FRASER

## “Girls Just Want To Have Fun”

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



Women in sport. Once every four years a host city puts on the biggest show on Earth. This year the world has seen the 2016 Rio Olympics come and go. As usual these games were not free of controversy with doubts about security, venue preparedness, mosquito-borne diseases, systemic doping scandals and even a stoush about the reporting of female athletes.

It seems that women in sport may find that journalistic reporting will focus too heavily on what they wear and how they look rather than on their performance as athletes. All of this in a town which hosts an annual Carnival where many female participants are baring more flesh than an Olympic swimmer. Closer to home I've just been to a much smaller show in Brisbane called "The Ekka", hosted for the 139th time by the Royal National Agricultural and Industrial Association.

I love going to "The Ekka". There are no metal detectors and no security on the gate and where else in a big city do you get to see wood chopping, so many animals, so much embroidery and so many elaborately iced cakes. I remember as a child seeing a man shot out of a cannon in the arena (see below) and every year forever there was the Holden Precision Driving Team. Monaros and then Commodores would race around the track barely touching, because they were. In later years one extra vehicle would circuit on two wheels, but please don't try to do this at home.

The Ekka was also a place where innovations would be show-cased. This year they had a Tesla Model S. Apparently, there are 115 other Model S's on the road in Queensland, but I haven't seen one and I certainly haven't heard one yet. While \$111,196 will get you a basic Tesla Model S 60, the variant on display at The Ekka was the P90D for \$245,387 fully optioned. For that money you get the \$15,000 Ludicrous Speed Upgrade which is exactly what it says. This vehicle will take the occupants from 0-100km/h in 3.3 seconds. That's less time that it takes to say our Prime Minister's name.



So a trip to The Ekka is always memorable. But for me the best memory from the 2016 Brisbane Exhibition was seeing 21 year old Renee Gracie in the Hot Wheels V8 Commodore ute drifting around the speedway track. Readers will remember that in 2015 Ms Gracie and fellow driver Simona de Silvestro were an all-girl team at the Bathurst 1000. 29 other women had run the race previously, but at only 20 years of age Ms Gracie was pushing the boundaries of both age and gender. Less memorable was David Reynold's sexist comment which earned him a \$25,000 fine and for which he quickly and unreservedly apologised.

Ms Gracie did have the misfortune of running into a concrete barrier during the 2015 race, but the all-girl team never gave up and they did finish the race. Sure they qualified second slowest (3.5 seconds off the pace) and finished last, but none of that matters because they beat the sceptics, including Dick Johnson who said they were only a "million to one" chance of actually finishing the race. Ms Gracie retorted that, "Dick Johnson hasn't finished heaps of races so he can't talk".

Well done Renee! Simona and you were both winners in my mind. Thank you also so much for staying back at The Ekka to sign autographs for your legion of female (and male fans), including yours truly. An enduring memory for me will be how much inspiration you gave to so many young girls who were at The Ekka that night.

Safe driving, Doctor Clive Fraser

PS Arena: Early 17th century: from Latin harena, arena 'sand, sand-strewn place of combat'. Roman amphitheatres, used for staging gladiatorial combats and other violent spectacles, were strewn with sand to soak up the blood spilled by the wounded and dead combatants. The word for 'sand' in Latin was harena or arena, and after a time this came to be applied to the whole amphitheatre. Source: [www.oxforddictionaries.com](http://www.oxforddictionaries.com)



# Comprehensive Cancer Care at North Lakes

Medical oncology, haematology and radiation oncology delivered by an integrated team

Australia’s first private Integrated Cancer Centre is now open within the new North Lakes Health Precinct. The centre delivers exceptional cancer care from diagnosis to treatment, be it chemotherapy, radiation therapy or both, in combination with an onsite pharmacy service. Our friendly and professional staff understand the individual needs of our patients and support them through every step of their treatment.

### About the centre:

- One team dedicated to exceptional cancer care
- The latest cutting-edge radiation therapy technology that spares healthy tissue through a focused dose of radiation
- 15 chair oncology day hospital providing comprehensive treatments for all cancers and blood conditions
- Iron infusions
- Onsite pharmacy with expert oncology pharmacists
- State-of-the-art, stand-alone centre eliminates the need to travel to inner city
- Supportive, nurturing environment for patients
- Responsive service
- Holistic approach to cancer care
- Free on-site parking

### Experienced team of doctors:



**Dr Jason Butler**  
Clinical Haematologist



**Dr Robert Hensen**  
Clinical and Laboratory Haematologist



**Dr Michelle Jalilian**  
Radiation Oncologist



**Dr Haamid Jan**  
Medical Oncologist



**Dr Ashish Misra**  
Clinical Haemato-Oncologist and Bone Marrow Transplantation



**Dr Manoja Palliyaguru**  
Radiation Oncologist



**Prof Andrew Perkins**  
Clinical Haematologist and Medical Oncologist



**Dr Jason Restall**  
Clinical Haematologist and Haematopathologist

To refer a patient please contact us on:  
P 07 3453 0000 | F 07 3453 0001  
E [admin.northlakes@iconcore.com.au](mailto:admin.northlakes@iconcore.com.au)

9 McLennan Court, North Lakes  
[iconcancercare.com.au](http://iconcancercare.com.au)  
[radiationoncologycentres.com.au](http://radiationoncologycentres.com.au)

## DR KIMBERLEY BONDESON, COUNCILLOR REPORT CONTINUED FROM PAGE 6

Trained Doctors of any state. It is also the only State or Territory in Queensland which refuses to allow local hospitals to employ and pay any local doctors to fill in any capacity, on a casual or part-time basis, positions which are currently filled by overseas trained doctors.

For example, in Harvey Bay, a competent local GP will not be employed to cover a weekend shift at the local emergency department.

The Department of Health recommended that Resident Medical Officers, who staff hospitals, and surgeons were recommended to be removed from the Skilled Occupation Lists but this request was refused. Immigration Minister, Peter Dutton, has not explained why.

This is despite the fact that Australia now has an oversupply of its own medical graduates.

Sincerely,  
Kimberley Bondeson

## DR CHRIS ZAPPALA, AMAQ PRESIDENT REPORT CONTINUED FROM PAGE 8

they do not have the clinical background necessary to prescribe and appropriately manage the use of S8 medication. This is not a criticism. We desperately need good physiotherapists to help with chronic musculoskeletal disorders, but leave the doctoring to the doctor, and physiotherapists to do their own job well. If a patient's injury or condition is severe enough to require S8 drugs, then it is also severe enough to require review by a medical practitioner.

A collaborative health system with a clear distribution of duties based on training and experience is in the best interest of all health professionals, including medical practitioners, midwives and physiotherapists. It mitigates risk and maximises outcomes. There will be much more discussion in this area and I look forward to providing you with updates.

Sincerely,  
Dr Chris Zappala, AMA Queensland President

## Interesting Tidbits NATTY MOMENTS:



**Q** There are three houses, one is red, one is blue and one is white. If the red house is to the left of the house in the middle and the blue house is to the right to the house in the middle, where is the white house?

**A.** In Washington DC

**Q.** A man gets an egg and a rocket kit. The man builds the rocket and puts the egg inside it. Then the man stands back and launches the rocket. The rocket suddenly blew up. The egg was not damaged. How, come?

**A.** The man took the egg out of his pocket before he launched it.

**Q.** You are driving a bus. Six people get on, two people get off, then ten people get on and five people get off, then eight people get on and four more people get off. What colour were the bus driver's eyes?

**A.** Whatever colour your eyes are because you are driving the bus.

**Q.** A man lives in a small house with

## Brain Teasers

**a farm as his back garden and has a river beside his house. On the other side of the river is a shop. One day he visited the shop. he bought a chicken and Fox for his farm and bought a bag of corn to feed the chicken on. The man can only take one thing and himself across in the boat. Without killing any animals or letting another animal eat an item or animal, how will the man get across?**



**A.** Bring the Chicken across. Then bring the Fox across. Take the Chicken back across. Bring the Corn across, then bring the Chicken across.

**Q.** A peacock laid an egg on the top of a hill. One side of the hill is rocky, the other side is smooth. which way would the egg roll safely to the ground?

**A.** Neither because a peacock doesn't lay the eggs. A peahen does

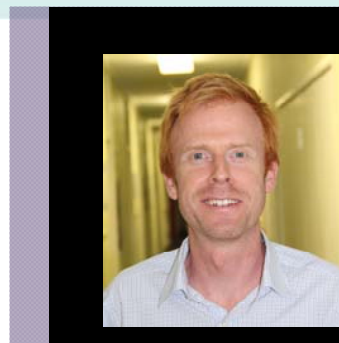
**Q.** Which is heavier: a tonne of gold or a ton of feathers?

**A.** They both weigh the same, a tonne.

# What's new at Redcliffe Hospital

## GPLO Liaison Officer Update

Dr James Collins                      Issue 3 – August 2016



### 1. Would you like to receive pathology results electronically in discharge summaries?

If your practice is interested in receiving discharge summaries (DS) from the Metro North public hospitals in a more desirable format electronically *with pathology results included* and you currently use: **Medical Director version 3.16, Genie v8.8.6 or Zedmed,**

please contact the Discharge Summary Group via email [EDSTV-Corro@health.qld.gov.au](mailto:EDSTV-Corro@health.qld.gov.au) to have your practice set-up or to ask for more information.

If you are using an older version of software, you will need to speak to your vendor about updating to the latest version. Queensland Health is also working with Best Practice to enable the capability.

Your practice will need to allocate a little time to assist with testing, verifying content and data validation

If your practice management software is not listed above, and you are interested in receiving DS in this CDA format, please contact your practice management vendor to discuss their plans for supporting CDA.

### 2. Meet hospital specialists at the GP education evening – 30th August 2016 at 6pm - “Orthopaedics Challenges in Primary Care: Shoulder and knee”

The first GP education evening from Redcliffe Hospital specialists will be held at North Lakes Health Precinct, 9 Endeavour Boulevard, North Lakes.

This free event includes QICPD points and will include dinner. It will be an opportunity for GPs to network with orthopaedic specialists & physiotherapists from Redcliffe Hospital and also meet your GP colleagues from the area. You will also be able to ask questions and provide feedback to the hospital and learn about new services available in the Metro North region. The evening will focus on knee and shoulder conditions.

If you would like more information or to RSVP for the event please email: [Mary.Garner@brisbanenorthphn.org.au](mailto:Mary.Garner@brisbanenorthphn.org.au) by 22<sup>nd</sup> August.

### 3. Useful GP referral resources: [www.health.qld.gov.au/metronorth/refer](http://www.health.qld.gov.au/metronorth/refer)

The Metro North Hospital & Health Service referrals web page is a useful resource for GPs. It includes outpatient referral guidelines for GPs and useful contact numbers.

Another useful web site is [www.brisbanenorthphn.org.au/page/health-professionals](http://www.brisbanenorthphn.org.au/page/health-professionals) which provides details of programs the Brisbane North Primary Health Network offers to general practice and your patients.

### 4. Electronic transmission of emergency department discharge summaries

The Redcliffe Hospital emergency department has started a trial of sending discharge summaries electronically to GPs via Medical Objects or Health Link to your practice rather than via fax. We hope this will be easier for you to receive these in a more convenient format based on your feedback.

If you have any feedback or would prefer to receive this newsletter via email please let me know at [mngplo@health.qld.gov.au](mailto:mngplo@health.qld.gov.au)



## **Do you have your fixed business costs covered?**

The majority of medical professionals are aware of the importance of Income Protection (IP) and have the relevant policy in force, however; there is only a small portion that have their fixed business costs covered.

Business Expense Insurance (BEX) is a policy designed to replace up to 100% of eligible fixed business expenses such as rent, medical leasing equipment, interest on business loans, administration staff, medical professional fees etc.

The policy works similar to IP in that it provides a monthly benefit to cover ongoing costs, however with IP you are insuring up to 75% of your gross income and with BEX you are insuring up to 100% of eligible fixed costs. You are able to have both policies and in the event of a claim they do not offset each other.

BEX policies are generally a lot cheaper compared to IP policies but that is because the benefit period is shorter and there is generally less bells and whistles in the policy. The waiting periods are similar in that you can have 14, 30, 60 and sometimes 90 day waiting period options but with all BEX policies they will only pay for up to 12 months benefit for any one ongoing claim. This is opposed to IP policies where you can have up to "age 70" benefit periods. The theory behind only being covered for 12 months is due to the fact that from a practical sense after 12 months you would either be well enough to go back to work or you would sell/exit the business as an ongoing concern. Also, a lot of fixed business expenses are worked on a 12 month basis hence the policy is designed to cover them for this period.

If you are self-employed or in an arrangement where you are responsible for a percentage of fixed ongoing service fees, it is important to consider BEX so that in the event of a claim you are not using your IP benefit to try and cover your personal living needs in addition to ongoing business needs.

The majority of retail insurers offer BEX cover but not all of them meet our recommendations from a product, definition and features perspective. One of the biggest issues with some BEX policies is that some insurers include a sneaky clause which offsets any ongoing profit to the monthly benefit. Hence, if you have a practice with other doctors and there is an ongoing profit, this profit can reduce your monthly benefit. These policies do not meet our recommended list and being a medical professional you also need a flexible policy that covers both total and partial disability along with specific wording relating to blood borne diseases.

BEX policies are tax deductible like IP but they should generally be paid and claimed by the operating business entity. From a structuring perspective BEX cannot be held or paid from a superannuation environment.

If you would like any further information or would like to arrange a quote please contact Hayden White and Poole Group Accountants & Investment Advisers on 07 5437 9900 or [hwhite@poolegroup.com.au](mailto:hwhite@poolegroup.com.au)

***This is general advice as each individual situation may vary so please call us to discuss.***

# Cruising in Europe

By Cheryl Ryan

The slow chug of cruises along the rivers while you relax on the top deck of the ship, under the blue sky is an ideal way to enjoy the mesmerizing landscape of Europe.

The breathtaking views offered by these cruises which are nothing but floating hotels, that journey between destinations over the ripples of its gorgeous waterways can be topped by few things in life. I

It comes with all modern amenities of a hotel like restaurants, fitness facilities, bars, spas, lounges, internet access, and comfy staterooms. European cruises will satisfy everyone from first-time vacationers to experienced cruisers.

Cruising along the enchanting Europe beyond the coastlines:

- ▶ The fabled backdrop of Europe speckled with castles, villages and vineyards,
- ▶ along its famous rivers: Rhine and Danube, has been an artistic inspiration to many.
- ▶ Thanks to the large ground that needs to be covered, plenty of cruises sail across the region with stops at various ports for you to enjoy your personal sightseeing.
- ▶ The season beginning March through December is best for exploring the splendid towns of Europe, learning about the contemporary culture, history as well as the Continent's best rivers.

1. Western Mediterranean Cruise: It takes you along Italy's west coast with pit-stops at Rome and Florence, the wine countries of France and Spain, and Lisbon in Portugal. Hold your breath for Europe's finest landmarks, churches, museums, and cathedrals.

2. Eastern Mediterranean Cruise: You will get to cherish the culture, beauty, history as well as adventure of the Greek Isles, the Turkish ports like Istanbul, Kusadasi and Izmir, Venice in Italy and Croatia's Hvar and Dubrovnik.

3. British Isles and Western Europe: Sail to the beautiful Belgium, Dublin, Amsterdam, Hamburg, Edinburgh and Normandy/ Paris on these cruises.

- ▶ They embark from London (Harwich, Southampton, Dover and Tower Bridge).



- ▶ They also call on ports from other regions, like the Northern Europe and the Western Mediterranean.
- ▶ So unpack once, and let it take you from one exotic destination to the other.

#### 4. Baltic & Northern Europe Cruise:

- ▶ This includes two markedly different types of itineraries in Northern Europe.
- ▶ The first is Viking exploration with trips to Norway's west coast, the gateway to the Norwegian fjords and ports in Greenland, Iceland and the Faroes.
- ▶ The second is art, culture and history connoisseurs' delight with trips to the Baltic area including, ports of Copenhagen, Stockholm, St. Petersburg and Oslo.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions on cruises in Europe.

- ▶ A Western Mediterranean cruise, which includes stops in Spain, Barcelona and Monaco, as well as Italy
- ▶ An Eastern Mediterranean cruise which includes Italy, Croatia and Greece, Turkey and Israel
- ▶ A Baltic Sea voyage will take you to Scandinavian countries, the gateway to the Norwegian fjords, and Russia
- ▶ The British Isles Cruise will take you to the castles of London, Scotland and England. A trip to the Canary Islands will also be arranged.

[www.123Travelconferences.com.au](http://www.123Travelconferences.com.au)





# BIBLE CODES by DR PHILIP DUPRE,

The Bible claims to be the inspired word of God. What proof is there of this? God has placed his seal of authenticity within the text of the Bible using multiple hidden codes and scientific truths that only make sense in the light of recent discoveries.

God gave specific instructions to Moses with regard to sanitation, sterilisation of contaminated objects and quarantine of diseased people. He prohibited the consumption of certain fats and the meat of certain “unclean” animals. Only recently have these laws been shown to be medically sound.

Circumcision was to be performed on the eighth day in a newborn which we now know corresponds to the highest levels of prothrombin in the blood, thus reducing the risk of haemorrhage.

The computer has been able to unlock multiple hidden codes, especially in the field of equidistant letter sequences.

God’s special number is seven, and its multiples are also significant. If you count every 49th letter in the Hebrew text of Genesis from the first “T”, it spells TORH, Hebrew for the Pentateuch, the first five books of the Old Testament.

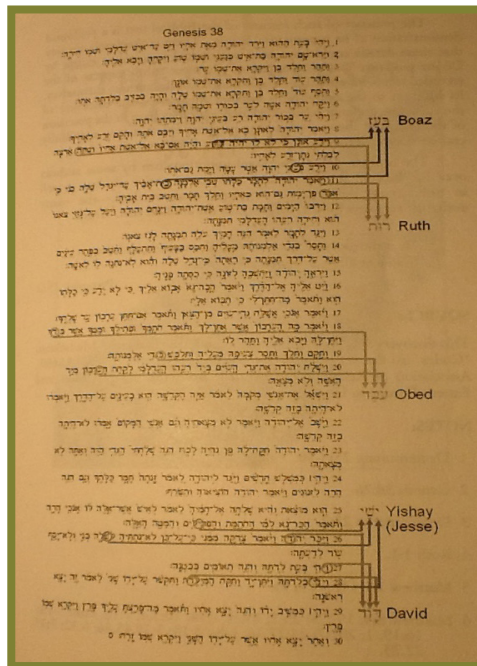
Strangely, the second book, Exodus, does exactly the same. The fourth and fifth books, Numbers and Deuteronomy, each spell it in reverse order, HROT. In the third and central book, Leviticus, every seventh letter spells out YHWH, the Hebrew spelling of Jehovah. The encoded suggestion is perhaps that in the opening sentences of the Bible, God has placed Himself at the centre of His Word.

A further message is within the letters TORH. The shape of each Hebrew letter is derived from a picture representation. Thus “T” represents a cross, “O” represents a nail, “R” represents man and “H” the spirit of God.

Our salvation through Christ is also hinted at in Adam’s genealogy where each name has a meaning.

ADAM	means	MAN
SETH	means	APPOINTED
ENOSH	means	MORTAL
KENAN	means	SORROW
MAHALALEL	means	THE BLESSED GOD
JARED	means	SHALL COME DOWN
ENOCH	means	TEACHING
METHUSALAH	means	HIS DEATH SHALL
BRING		
LAMECH	means	THE DESPAIRING
NOAH	means	REST OR COMFORT

In the table of Hebrew text, the genealogy of David was encoded in Genesis chapter 38 which refers to part of his family line. Every 49th letter spells out his ancestry in chronological order. This was written hundreds of years previously.



In the New Testament, the book of Matthew was originally written in Greek. There are 42 words that occur only in this gospel, containing 126 letters (each multiples of 7). Mark, the second book, carries the same pattern, multiples of 7 for words and letters that do not appear in the other New Testament writings. Coincidence? Perhaps. But, the writings of all the other authors of

the New Testament; Luke, John, Paul, James, Peter and Jude, all have this distinctive numerical pattern. This must be God’s stamp of authenticity on His Word.

There are thousands of these encrypted codes throughout the Bible to validate its divine inspiration.

A control series was run using the Koran and Tolstoy’s War and Peace but no hidden codes or patterns were uncovered.

If the Bible truly is the Word of God, it would be prudent for each one of us to search out what God has to say regarding His provision for our eternal destiny. The third chapter of the gospel of John is perhaps the best starting point.

Bibliography: Dr Chuck Missler, Koinonia House 2004 Cosmic Codes

CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.



## RURAL GP GRANTS MUST BE RESHAPED AMA FAMILY DOCTOR WEEK, 24-30 JULY 2016

Your Family Doctor: Invaluable to your health  
As part of Family Doctor Week, the AMA is today calling on the Government to work with profession as it reshapes Rural and Regional Teaching Infrastructure Grants to allow more rural family doctors to invest in the future of their practices.

The grants of up to \$300,000 each, which were announced in the 2014 Federal Budget, were supposed to assist rural general practitioners to provide additional consultation rooms, and space for teaching medical students and supervising GP registrars.

But AMA President, Dr Michael Gannon, said the restrictive requirements limited GPs to expanding their existing premises, potentially ruling out more affordable options such as refitting a building that had previously been used for another purpose.

“Our hard-working rural and regional GPs are the epitome of the family doctor, providing care in many cases for the entire family in one practice,” Dr Gannon said.

“In addition to providing high quality primary care services, they also – in many cases – provide procedural and emergency services at local hospitals, as well as doing their bit to train the next generation of GPs.

“There is much that the Government can do to support these family doctors to meet the complex health needs of people in rural and remote communities.

“In particular, if rural practices are properly funded to improve their available infrastructure, they can expand the services they provide to patients, and enhance their capacity to take on medical students, trainees, and registrars.

“The last round of infrastructure grants has been acknowledged as a failure and in the last Budget the Government committed to redesigning the program.

“Not only were there problems in the program design and implementation, but ongoing uncertainty over funding for general

practice services including the Governments Medicare rebate freeze clearly discouraged practices from participating.

“Previously, GP infrastructure grants have helped to deliver real results for rural communities, with local practices taking up the opportunity to improve patient access, and to enhance their teaching capacity.

“The implementation of changes to the program must do more than tinker at the edges.

“The Federal Election result shows that people are genuinely concerned about the ongoing affordability of their health care, and the Government must show that it has listened to those concerns.

“The Government needs to invest in rural health by providing a further 425 grants of up to \$500,000, and by scrapping the requirement of matching funding.

“It also needs to reverse the Medicare patient rebate freeze and lift future indexation of patient rebates to levels that cover the true cost of providing high quality health services.”

AMA Family Doctor Week is a celebration of the central role played by local GPs in delivering high quality primary health care across Australia.

The theme of Family Doctor Week, 24-30 July 2016, is ‘Your Family Doctor: Invaluable to your health’.

As part of Family Doctor Week, the AMA has released a video showcasing the important relationship family doctors have with their patients. To view the video, visit <https://www.youtube.com/watch?v=iVsy1lbpINA&feature=youtu.be>

CONTACT:

Kirsty Waterford  
02 6270 5464 / 0427 209 753

John Flannery  
02 6270 5477 / 0419 494 761

Follow the AMA, President, Australian Medicine on Twitter [@ama\\_media](https://twitter.com), [@amapresident](https://twitter.com), [@amaausmed](https://twitter.com), [@AMAGenPractice](https://twitter.com)

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

# 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 educational 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](mailto: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:

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

**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](mailto:GJS2@Narangba-Medical.com.au)**

## Where We Work and Live

### *Immigration and Immigrant Ships* Continued: *Moreton Bay Part III Story of the "The Ramsey"* [https://espace.library.uq.edu.au/view/UQ:241112/s18378366\\_1935\\_2\\_6\\_304](https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304)

#### **The "Ramsey."**

Although only about one-third the tonnage of some of the immigrant ships which came out to Moreton Bay about the same time, the "Ramsey" probably brought out a larger aggregation of new settlers to Queensland than any other sailing ship. Approximately, 5,000 persons came out to this State in her, and nothing serious went wrong on any of her outward voyages.

The "Ramsey," which was built of iron at Ramsey, Isle of Man, in 1863, was of a most unusual type. Indeed the Brisbane "Courier," commenting on her first arrival on January 25, 1869, referred to her as "the most extraordinary vessel that has ever entered this port." She has been described by someone who knew her well as "sitting on the water like a soda water bottle with a pointed end." It is believed that she was originally built for the transport of oil in bulk, but she could not have been used more than once for that purpose.

On the occasion of her first visit to Brisbane her hull was badly in need of cleaning. There was no dry dock in Brisbane in those days, so the "Ramsey" was laid aground on a sandbank abreast of Lytton to enable her bottom to be scrubbed and painted. The operation called for the greatest care and skill. The harbour authorities carefully sounded the place before she was careened there—it was a fine sandy bank. The "Ramsey" was moored with four anchors, one from each quarter, so that she could be shifted about at high tide as required. The experiment was a complete success and, a week or so later, the barque "Deeapolis" was dealt with in the same way.

The "Ramsey" first arrived in Moreton Bay in January, 1869, under Captain J. W. Weeks, then made two voyages under Captain E. Hunt and one under Captain S. S. Adey, Captain George Cater, her best-known commander, took charge in 1874, and made nine successive voyages with her to Brisbane. His last arrival in Queensland as master of the "Ramsey" was on December 26, 1882. On that occasion the "Ramsey" had a longer stay

in the Brisbane River probably than any other vessel in the history of the port—extending over nearly ten months.

In the meantime Captain Cater had resigned his command and his chief officer, D. E. Langton, had been promoted to the vacancy. Captain Cater, who then made his home in Brisbane, was well known afterwards as an officer in the A.S.N. Coy's service, and also practised in Brisbane as a marine surveyor for some time. Two of his daughters are still living at Taringa.

#### **Disaster Came Early.**

At 7.20 p.m. on October 28, 1883, the "Ramsey," with a wool freight for London, cleared Cape Moreton, Captain Langton being in command. At 9.30 p.m. on October 31, in fine weather and with all sail set, she struck a horseshoe-shaped reef and all efforts to get her off were unavailing. Her position becoming worse, it was decided to abandon her.

A boat containing the chief officer and nine others landed a few days later on the coast near Tweed Heads, but the captain, the second mate and the rest of the crew were never again heard of. My subject has been by no means exhausted, I have mentioned but a comparative few of the immigrant ships which came out in the fifties, sixties and seventies, and there are at least as many more about which interesting tales might be told. There was another "boom" in immigration in the eighties, after the Queensland Government had entered into a contract with the British India and Queensland Agency Coy. for the bringing out of new settlers by steamships via Torres Straits.

The effect of this was that large numbers of new colonists were landed by the steamers at Northern and Central Queensland ports as well as at Brisbane.

This is the end of the series perhaps at some future time an opportunity to carry this story further may arise.