RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
February 2011

Centenary Lakes

See Centenary Lakes featuring in our Historical Pictorial in this edition page 3 and our regular Where We Work And Live segment on Page 20 .

RDMA President's Message ... Dr Wayne Herdy

AUSTRALIA'S GREATEST NATURAL DISASTER. The holiday period is traditionally a quiet time in medical politics. This year, the weather conspired to bend the tradition. As the floods swept through all three Eastern states, emergency services were stretched, the Army was called in, and now the media are as saturated with stories as the ground was saturated with water.

While we risk "flood fatigue" – just too much of the same disaster news and appeals for help – the medical profession should be gearing up for the aftermath.

We had enough to do with the immediate demands for treatments for mostly minor trauma. We are now seeing the first of the longer-term psychological sequelae, as the immediate adrenaline rush subsides into a realization of the recovery effort that we all face. Many have suffered immediate loss – of loved ones, of property, of employment. The grief response will present at doctors on a daily basis for months or even years to come. Despondency will set is as we all realize the enormity of what has happened and what we must do to repair our society.

As the months pass by, we will be reminded of the social determinants of health. The building industries will prosper, but only funded as far as an inadequate insurance industry will pay, or some can pay from their own resources. But underemployment will emerge as jobs are lost. Food will become scarce and, while Australians will not starve, prices will take higher quality food out of reach of the disadvantaged. Homelessness, or accommodation insecurity, will be commonplace. As unscrupulous landlords exploit rental prices, housing will be harder to afford. Australians will not be on the streets in their thousands, but if costs rise there will be less discretionary income to sustain our former lifestyles.

Doomsday is not here, but Australia will not return to its former economic and health freedoms for a long time. And primary carers will need to be watchful for their patients' unspoken needs more than ever before.

Wayne HERDY,

DATE CLAIMERS :

For all queries contact Tracey: (07) 3049 4429

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

2011 Dates:

Wednesday	February 23
Tuesday	March 29
Wednesday	April 27
Tuesday	May 31
Wednesday	June 22
Tuesday	July 26

Annual General Meeting

Wednesday	August 31
Tuesday	September 13
Wednesday	October 26

Year End Networking Function

Friday	November 25

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FEBRUARY NEWSLETTER 2011

The 31st JANUARY 2010 is the timeline for ALL contributions, advertisements and classifieds.

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

THIS NEWSLETTER

Thank you to the following members for their contibutions:

- Dr Natalie Ong's travel article 'Interesting Sights'
- Dr Peter Stephenson's article on "Grand Canyon'.
- IVF Caboolture's 'Miracle Baby'
- Dr Kimberley Bondeson's "Enduring Human Spirit"
- Dr Mal Mohanlal's "Post Traumatic Stress Disorder"

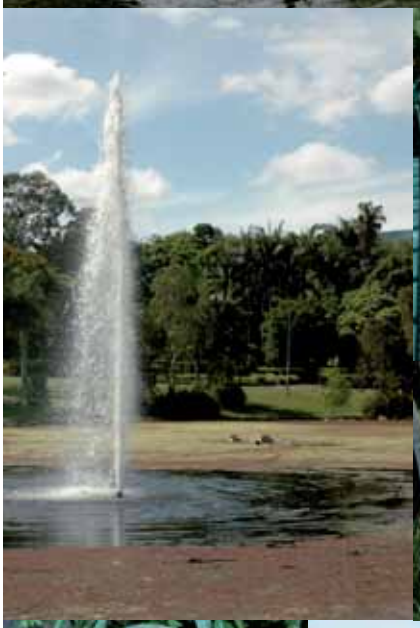
We eagerly look forward to reading and enjoying our members contibrutions in the next edition.

INSIDE THIS ISSUE:

Centenary Lakes

Centenary Lakes







POST TRAUMATIC STRESS SYNDROME

Mal Mohanlal,

Our Federal Government spends millions of dollars in trying to improve our mental health but its right hand does not know what its left hand is doing. In fact we have created a system which promotes mental illness rather than improving our mental health In the Courier Mail of 7 January 2011, Reserve Navy Commander Dr Doug McKenzie, a senior military doctor, is reported to have said that the post traumatic stress disorder (PTSD) epidemic was creating more illness than actually existed and was costing taxpayers millions of dollars. He describes it as a "mental illness gravy train". He estimated that up to 90 percent of recent mental illness pension claims could be false. He called for the Government to launch an independent inquiry into the PTSD "epidemic". Well good luck to you Dr McKenzie if you can bring about some positive changes in our hugely unmanageable bureaucratic government welfare system. But don't hold your breath. Not very long ago I pointed out to the Minister responsible for Workers' Compensation system in Queensland about how easy it was to exploit it. He pointed out that was the law and there was nothing he could do to change it. It seems that when anything becomes a law, it is immutable. The message therefore is clear. If our legal system allows exploitation of the system, one should not blame any individual for exploiting it. It is the law and there is no emotionalism, sentimentality, morality or ethics attached to it.

Here is a case of a good looking young woman with a bright future who was a victim of sexual assault in one of the southern capitals. She wanted a referral to see a psychologist. On asking why, she said she was required to submit regular reports to the authorities because she was claiming damages as a victim of crime. With a financial gain to be made, what do you think is her prognosis regarding her mental health? Can the psychologist help her? Now who is exploiting whom? The government bureaucrats who are trying to justify their existence with the administrative work or the lawyers who are making money from the legal process? Then in comes the medical profession with the government designed mental health care plan with its referral to a psychologist, all giving the impression that they are helping out the victim and at the same time making a buck out of it. Finally the pharmaceutical industry with the chemists also gets its share of the cut with any drugs prescribed by the doctors. In the mean time the "victim" of course is only interested to see a pot of gold at the end of the tunnel even though we know that it will be contaminated with mental radioactivity by the time she gets there. Clearly negative laws can only have a negative conditioning effect on the human mind and behavior. The result can only be negative. Unless governments are willing to look at such laws and changing them, I am afraid all we are doing is only shifting deck chairs on the Titanic when it comes to improving people's mental health. Please prepare for more mental illness in society as time goes by.

RBS Morgans Stockmarket Update

2011 will be a year for basic materials, financials and industrials. With near-term earnings risk modest and our outlook for continued earnings growth on a 12-month-forward basis relatively assured, we project the Australian equities market (ASX200) will reach 5600 points by the end of 2011. This implies around 17% upside to current market levels. We remain confident in the domestic economic outlook for 2011 and forecast 3.7% GDP growth. The resources boom remains firmly in place. The sheer volume of our Australian resources that our Asian counterparts consume, alongside a falling US dollar, hence higher commodity prices, means that Australia's terms of trade has reached its second highest level on record. Despite the fact that Australia has already been profiting from the proceeds of Chinese economic growth for a full decade, we remain confident that we will see continued demand for Australia's primary exports of iron ore and coal in the near to medium term.

The US situation, in addition to the prospect of further Australian interest rate rises next year, means that the Australian dollar will continue its northward trajectory. RBA rate tightening will feed through to the banking sector, which has already shown no hesitation in raising in parallel - or more. This is bad news for home owners but good news for bank shareholders. We therefore see scope for advancement in the Australian stockmarket. Portfolios will be best positioned by selective stock picking in the Basic Materials, Industrials and Financial sectors. The continued rebound of corporate earnings means current valuations continue to look cheap, reinforcing our constructive view on equities. This report is made without consideration of any specific client's investment objectives, financial situation or needs. Those acting upon such information without first consulting one of RBS Morgans investment advisors do so entirely at their own risk. It is recommended that any persons who wish to act upon this report consult with an RBS Morgans investment advisor before doing so.

MY EUROPEAN TRAVELS & INTERESTING SIGHTS 2010

Natalie Ong,

Panorama view from the top of Mt. Titlis in Swizerland.

A picture of a public urinal in Brussels - This was extremely odd because it is in full view of the public!

The London Daily Mail, which was from New Year's Day 2011. I thought it was interesting, as you can see, since the GPs there have depleted their flu vaccine stocks.

Whilst in Lucerne, Switzerland on the 5th of January 2011, I came across this newspaper demonstrating the truly immense nature of the Queensland floods. Although I was unable to read the German text, the picture told a thousand words.

The famous Mannequin Pis also in Brussels. Apparently, the boy has over 700 outfits which have all been donated to him by famous Belgian personalities.

AMA QUEENSLAND PRESIDENT
Dr Gino Pecoraro

Queensland Flood Crisis

It has been a particular privilege for me to lead the medical fraternity in Queensland during the recent flood crisis when so many of you reached out to support our colleagues and the public in their time of need.

We continue to receive calls and emails from members expressing their wish to help out in any way they can and AMA Queensland would like to thank you for your support.

We have seen members assist St John Ambulance at the evacuation centres all across Queensland over the last few weeks and have heard incredible stories of members in badly affected areas helping out colleagues by setting up temporary clinics to ensure that people continued to have access to general medical assistance.

AMA Queensland led the public health message during the flood crisis, encouraging the community in the post-flood cleanup and reconstruction to take care of their most precious asset – their health. These are stressful and emotional times as families are eager to return to their homes and begin rebuilding their lives, but in their urgency many have fallen ill in what is a toxic environment. We will continue to raise awareness both of the short-term physical impacts and also the long-term emotional and financial stress that many flood-affected families will face.

As you know you can access a large amount of information of the flood recovery process on our website (http://www.amaq.com.au/)including:
• Government assistance and services for patients;
• Government assistance for medical practices affected by flood damage;
• Exemptions and changes to MBS and PBS requirements in flood-affected areas;
• Information for patients on accessing essential pharmaceuticals during the floods;
• Mental health resource information for coping with trauma and grief; and
• Information for patients on how to stay healthy during the floods.

As some of our members begin to face the daunting task of cleaning up and rebuilding those devastated communities AMA Queensland is coordinating the matching of medical equipment need to medical equipment availability.

If you have equipment to offer either loan or donate on a short tem or rent basis please contact AMA Queensland and we will post this information on our website with the view of matching need to availability.

The Federal AMA and AMA Queensland will continue to be in regular contact with the Federal and State Health Departments, the relevant Chief Medical Officers and Medicare Australia to clarify questions and get advice for members.

We invite members to let us know if there are any issues we should pursue on your behalf as a result of the floods.

Dr Gino Pecoraro
President
AMA Queensland
Friday 28 January 2011

CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: RDMAnews@gmail.com with the details for further processing.

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

Members wishing to advertise are encouraged to take advantage of the Business Card or larger sized advertisement with the appropriate discount on offers.

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

Attendance at the Redcliffe & District Medical Association (RDMA) Meeting is **FREE** to current RDMA members.

Doctors are welcome to join on the night and be introduced to the members. **Membership application forms are in this edition and available at the sign-in table on the night.**

Meeting dates are in the date claimers on page 4
COST for non-members:
$30 for doctor, non-member

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GRAND CANYON DECEMBER 2010

Peter Stephenson,

Prologue: they say a picture is better than a thousand words so if you want more pictures to go with this article, become my facebook friend at facebook: http://www.facebook.com/index.php and I use PCS1@narangba-medical.com.au.

Planning.

My wife Gabrielle and I wanted to celebrate the end of her University career with an overseas trip last November 2010. She asked me where I would like to go and the top of my "bucket list" was the Grand Canyon in Arizona, USA. She came to the conclusion that it would only cost another two hundred dollars each for us to go round the world. This would enable us to re-visit England where her five siblings and their numerous nephew/niece progeny live, even though we were there in 2009 for my medical school's 35th. Year of graduation! Normally we go back every five years for that occurrence and I must say that revisiting the UK so soon made me feel that we had never left the last time! Very weird.

Bangkok.

For reasons I will not reveal, instead of going to the Grand Canyon first, we head off in the other direction to Bangkok. Last time we were there on the way to magnificent Phuket, I was not impressed and vowed never to go on another tuk-tuk, the small three wheeler taxi that stink their way through the crowded streets. Last time in Bangkok, every time we went on one, we ended up at a shop that we did not want to go to, to be pressurised into buying something. So what happened this time: déjà vu! We were conned into not entering the overhead rail system by a smooth-talking local who grabbed a tuk-tuk for us at a good price who instead of taking us to the shopping centre, took us to a jewellery shop where we were regaled with pleas to buy some ruby earrings that we could have bought here in Queensland at half the price. Somehow we resisted supporting the locals who were suffering from the tourist down-turn caused by the recent protesters.

Three Towers - Bangkok

However, it was not all bad in Bangkok as were in an excellent hotel beside the river called the Chatrium Towers. The hotel, made up of three towers, had its own Ferry that took you to the nearest overhead railway system that we used instead of tuk-tuks. I was mesmerised by the way the locals towed the huge barges up against the river flowing in full flood with up to five little tugs and coming back with empty ones dragged by one little tug. How the other four got back, I was not able to see as they alway seemed to be towing these huge barges. Perhaps there was a short-cut canal which was a real possibility? As with all Asian cities, our 5 star hotel was sited beside vacant ground that had shacks on it. Ours had a cleared area where volley-ball was expertly played with a make-shift net.


5 Barges and 3 Tugs

Brentwood Essex, UK.

After a few days of rest and shopping, we returned to the best bit of Bangkok: the airport. Instead of Thai Airways, we got onto Swissair to Zurich and then a smaller aircraft to London City Airport where we rented a small car. This took us to Brentwood, east of London which was a picture-postcard of autumn colours. This is where all the 5 siblings live and we immediately recommenced the eat-a-thon that occurred the year before. We were only staying 5 days and not only do we have to have a big get together of all five siblings and their spouses, we have to have meals with all the nephews and nieces so you see what I mean about an eat-a-thon. Great fun but I gained weight, despite walking the dogs as much as I could tolerate in the cold and wet Essex weather.

Autumn Colours in South Weald Park , Essex

We took a break from the eat-a-thon had an overnight and day-trip to London. We saw "Wicked" the latest musical that has good press but we were underwhelmed and came away without a tune that we would remember. Clever set though. Having stayed in a hotel in central London, the next day we were able to walk to the British Imperial War Museum as the rain had ceased pro tem. It was well worth visiting and reinforced the immense sadness of war, and at the same time the ingenuity of man and the bravery of soldiers. From that museum, we used one of the world famous black taxis to get from there to the British Museum. We had a bit of a tour of London sights as the direct route was impeded by road closures, but at least we did not end up a shop like in Bangkok!

Marrakech

Whenever we go overseas, we always do a side-trip. In 2009, it was Prague. 2010 was Marrakech, Morocco (pronounced Mor-roe-coe). We arrived there at 9:30pm and we were met at the airport by a driver who dropped us off in a deserted street to be greeted by a friendly member of staff from our Riad. (Ree-Add) which means courtyard home. To get to the Riad, we had to walk through multiple adobe alley ways, some with low ceilings and minimal signage. Once inside the Riad's solid oak door, we were in an absolute oasis. It was called the Trois Palmiers (three palm trees) and three palm trees were in the middle of the courtyard. Around the two storey courtyard that had a pool to keep it cool, were public rooms and some bedrooms. We were in one of the up stair, air-conditioned bedrooms which had a huge tiled bath. The roof was used as a breakfast area, as was the courtyard and had a great view of the old city. The Riad was owned by a French couple who lived elsewhere but their


Courtyard of the Riad

staff were excellent. Getting out of the Riad and finding our way around through the old city was nerve wracking but we never got lost.

The weather was very pleasant in Morocco after Essex and only chilly at night. While there, we explored the souks, rode camels and also rode quad bikes at breakneck speed through the desert. The quad-bike guide took us to a local family's home for a snack. Their adobe home had a courtyard too, but just one straggly tree. They were very welcoming to us and could not speak English and only a little French, but we got by without the guide who briefly deserted us!

On the penultimate day, we took a taxi to the High Atlas Mountains for a hike, and yes, we were taken to a shop; in fact he took us to two shops! One a carpet cooperative and the second a perfume shop. After a long time, Gabrielle found a carpet that she liked and beat the salesman down in price to ¼ of the asking price. I asked how heavy the carpet was and was told 9kg but by the time we weighed it back in the UK, it had increased to 16.5kg. We sent it home by post. At the second shop, we got away with just some rose oil. The taxi driver was quite a Moslem philosopher and spoke good English. He was very entertaining and was the icing on the cake of a very pleasant trip up a river valley beside restaurants with chairs sitting in the pebbly river bed. This little trip can be viewed on the web: http://www.a-trip.com/tracks/view/64289 courtesy of a little GPS gadget called i-gotu, a data-logger smaller than a match box!. A program marries your digital photos by time and date to where you were at that time and date.

Southampton, Hampshire, UK.

Back in the UK after 5 days in Marrakech, we moved to Lymington, near Southampton for a week in a timeshare resort that we had exchanged for one of ours. A very pleasant resort it was too, except we were charged $100.00 for the heating of the unit, something we were not expecting. The weather was cold and wet most of that week too, which would have accounted for that fee. Instead of only enjoying the resort's facility, we resumed the eat-a-thon with our rellies and good friends from that part of England.

New York

Back to Brentwood for another brief sojourn in the cold and wet that was ruining the brilliant autumn colours of the trees. We soon took off for New York via Zurich. Our abode there was a B&B near Central Park. Yes, NYC does have B&B's. We were on the third floor and at the back of a terrace building which had a miserable view of the apartments behind us. Weather was brilliant and autumn colours had not come to New York as it was so warm. We rented push-bikes and rode around Central Park on excellent paths, only to be told that they were pedestrian only paths by park officers. L L That really put a damper on our enjoyment, having to push more than pedal. (I think I will write to the Mayor of NYC about that!!) We broke the ride with lunch at the central park restaurant which was memorable as well.

We parked our bikes outside the Guggenheim Museum and enjoyed the visit but could not go into the Metropolitan Museum of Modern Art across the road because it was closed. Other days, we saw "The Lion King" (excellent!) and sat through "Wintuk", an Americanised Cirque du Soleil production (not so good). While in NYC, we had a pedal taxi ride that was direct, a yellow taxi ride, visited the Statue of Liberty and Ellis Island, the immigration centre of the USA for many years.

Alice in Wonderland

Prior to that, we went to the Sunday service of the Brooklyn Tabernacle that has a world famous choir. I was expecting an Afro-American music experience only to be disappointed as the pastor was Caucasian, as was most of the choir but the majority of the congregation were Afro-American. I asked the Afro-American lady sitting next to me why was she not in the choir as she had a good voice. She told me that she had tried out for it but was not "up to scratch"! We found New Yorkers to be very pleasant people but one bloke serving us in a take-away, was living up to their reputation but as soon as we mentioned that we were living in a B&B nearby, he became quite chatty! Even the garbage collector had a chat and a joke with us. Our baggage was on the side-walk, and it was getting in his way as we were waiting for the shuttle bus at 7am.

Gabrielle meets the Mad Hatter

Central Park - North East

Las Vegas, Nevada, USA.

On the shuttle bus was a lady from South Australia who knew a GP that I know from our GP emailing list. She made the trip to the JFK airport very short with her conversational skill. A 5hr flight then took us at last to our final destination when we landed in Las Vegas. Weather was brilliant and clear. Our room was on the 28th. Floor of the Bellagio Hotel Casino,and was in front of the world famous fountain. http://www.youtube.com/watch?v=cP0K6H2QK7A Every half an hour from 3pm to 8 pm and every 15 minutes till midnight there was a fountain and light show set to music coming out of the television. The noise like gunshots from the fountains could be heard through the double-glazing! Amazing stuff and must cost a fortune to maintain.

Bellagio Fountains

We twice pigged out on the Alaskan King Crab caught by those mad fisherman from the "Deadliest Catch" in the seafood buffet subsidised no doubt by the hundreds of gamblers in the casino. The crab leg meat was made easily available to us pigs by a neat stripping of one side of the leg. They must use a wood-plane-like machine and feed the legs into it. It was delicious and no wonder they risk their lives to get it for us!

The second night of our stay was taken up by the Cirque du Soleil show called "O" that was being held in our hotel, and it was just enthralling. I want to see it again. This was real Cirque du Soleil style that we have seen in Oz. It was water based and one minute it was a deep water pool where high divers were spearing into it from 10 metres and the next minute a solid stage! We did not gamble one cent while we looked in amazement at the huge variety of themed hotels in Las Vegas, and were pleased to leave.

Grand Canyon, Arizona, USA.

Our principal and final destination was reached on the 2nd December 2010 by a rented "Mustang convertible". We went via the Hoover Dam wall that was across the Colorado River, the

same river that formed the Grand Canyon. It was pitch black when we arrived at Grand Canyon so we could not see it but we woke before dawn courtesy of jet-lag. It was a very cold morning and clouds obscured the sunrise, but there was no rain. The canyon was far better than I had imagined and a truly gob-smacking experience. No matter how many times I looked at it, it was hard to come to terms with the immensity of it. We learnt that the south rim where we were, was 7000 feet above sea-level and the north rim 8000 feet above sea level, so no wonder we were at freezing point. It was obvious that in the past, it was all well under the sea for millions of years and that the canyon had been formed by erosion of the river to the 2350 feet above sea-level that it is today! It made me feel absolutely insignificant in the big picture of the planet that we are on.

Our accommodation was in a very basic motel/hotel in the Grand Canyon Village but it was clean and warm. Our room was situated only 20 metres from the edge of the canyon and so we watched our second sunrise from the comfort of our room and had breakfast. As the sun moved across the sky, the colours of the canyon changed by the hour and my photos just do not do it justice. I had a mule ride but it was not into the canyon as we did not have time. The mule ride was through the forest on the canyon rim, and went to a viewing site on the rim and back. My mule's name was "Junkie"; he definitely was NOT using the drug "speed"! L Going into the canyon is an overnight experience and I would like to do it next time from the North Rim

Grand Canyon

Grand Canyon Facts

A Mad Tourist Tempting Fate

The two days at the canyon passed in a flash and before we knew it, we were back on the road in the Mustang with the top down going back to Las Vegas for the night, before the long flight across the Pacific and home.

So, if you have not been to the Grand Canyon, you just have to put it on your "bucket list". It is still on mine, still at the very top!

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #77

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

Change Your Oil "Can I have a check up Doc"

My New Year's resolution for 2011 is to take better care of myself. For most doctors that usually means more exercise and less hours in the surgery, and getting those circulating lipids under control. Cars aren't that different and regular maintenance can prevent expensive repairs. Whilst most people make do with an annual medical check-up I've decided to take my car to the doctor twice as often as the service book says. You see the service intervals for modern cars have been pushed out to 15,000 kilometres which conveniently coincides with the average distance we travel each year. An oil change every 15,000 kilometres is based on the ability of modern oils to remain within specification over that period, maintaining lubrication and the life of your engine.

On paper that all seems fine, but manufacturers aren't really interested in prolonging the life of geriatric vehicles which might easily do 250,000 kilometres or more if they are well looked after. One of the greatest enemies of engines and engine oil are deposits which are by-products of the internal combustion engine. Those by-products include soot which is abrasive and clogs the tiny lubrication channels inside your engine just in the same way that platelet aggregation and atherosclerotic plaque clogs blood vessels. Just like the fundoscope's view of the retina some indication of what the inside of your engine looks like can be simply gained by un-screwing the oil filler cap and taking a look. Lots of charred carbon coating internals isn't a good sign. And even though your oil may be capable of surviving 15,000 kilometres of use modern engines can consume some oil meaning that we should all be ready to add a top-up along the way. But beware that the recommended oil for many modern cars may only be available from the dealer and may not be on the shelf of your favourite bulk-billing discount auto store.

Engine oil glossary

SAE 5W-30, *SAE:* US Society of Automotive Engineers.

Viscosity: A measure of an oil's resistance to flow.

5W: Viscosity at 0°F (-17.8°C).

30: Viscosity at 210°F (99°C) which is an engine's operating temperature.

Practice point: 15,000 kilometre service intervals are recommended for "normal' driving conditions. Frequent stop-start driving requires more frequent oil changes. Remember that engines are expensive and oil is cheap.

LETTER TO THE EDITOR

Dr John Feltoe, (retired GP) Everton Park, 4053 johnfeltoe@optusnet.com.au
RETIRED DOCTORS: Prof. Frank Johnson, (retired physician) Runaway Bay, 4216 freljohnson@futureweb.com.au
Dr Fred Schubert, (retired radiologist),Taringa, 4068 f.schubert@ozemail.com.au

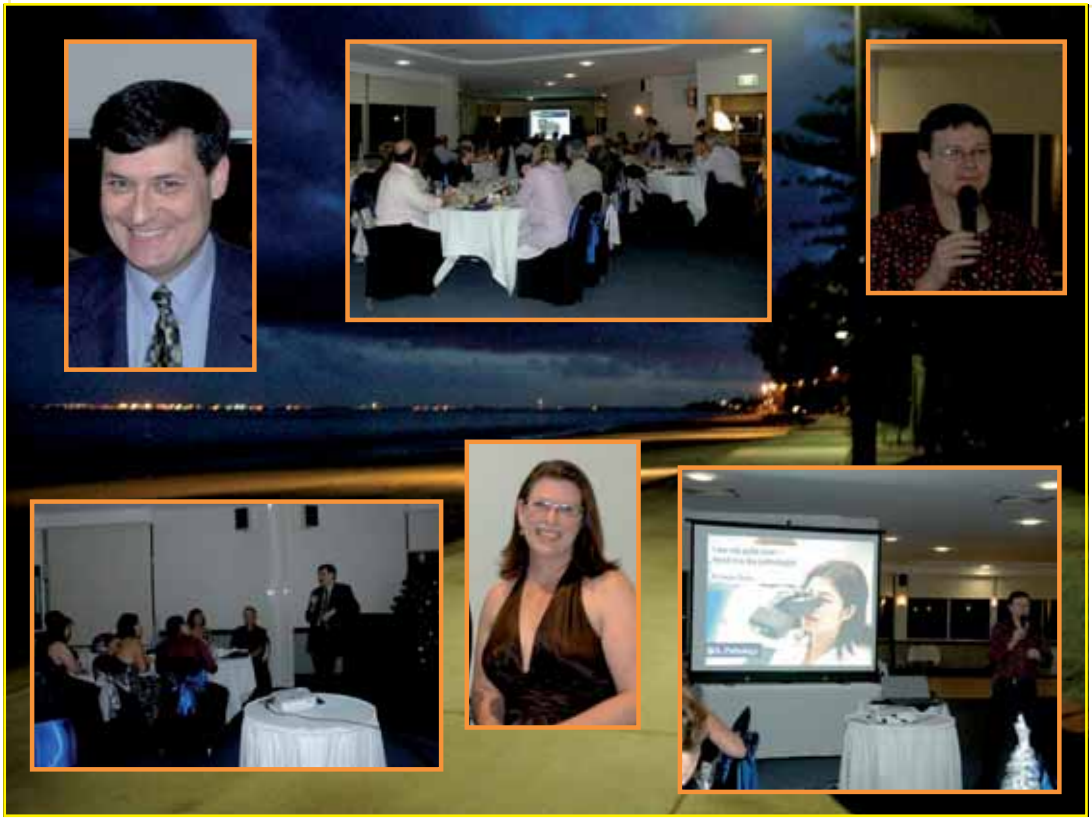
Dear Editor,

Many in the medical profession are too far from retirement to be aware of what awaits them when they inevitably hang up the stethoscope. However, given the inevitability of retirement for all of us, it is surprising that the national debate occurring right now over the role of retired doctors is not receiving more attention. In the past, as long as registration with their relevant state or territory medical board was maintained, retired doctors retained the right to use the title 'Doctor', and to write repeat prescriptions and referrals. However, in 2009, when the Council of Australian Governments (COAG) announced the National Registration and Accreditation Scheme, it proposed to remove these rights entirely. This was not a new reform.

State medical boards have at various times in the past decade attempted to erode the traditional rights of retired doctors. Their successes varied from state to state depending on the strength of opposition by retired doctors through organisations such as the AMA.As a part of these new reforms, all medical practitioners who retire after 1 July 2010 will not have the limited practice rights of their predecessors. The basis for this new policy is the MBA's belief that retired doctors pose a risk to patients and the public. However, the MBA and its past state-based registration bodies are unable to demonstrate the supposed systemic danger retired doctors present to the public. Advocates on behalf of retired practitioners have always believed they should not undertake clinical management of patients. Retired doctors and their family members should have their own general practitioner and rely on that doctor to diagnose and prescribe. As fewer doctors choose to work full-time, the contribution of retired practitioners to the medical workforce remains important. It is foolish to believe that upon retirement a medical practitioner immediately loses the ability to safely practise medicine. Under the guise of relieving pressure on our health system, nurse practitioners have been given the power to write referrals and to prescribe. There continues to be a push for pharmacists dispensing medication on demand. The belief that the expertise and experience of nurse practitioners and pharmacists to write prescriptions and referrals is greater than that of a doctor whose life has been spent practising medicine surely cannot stand up to critical scrutiny. As the medical work force continues to shrink as its largest demographic moves into retirement, the MBA and Health Ministers have failed to show any imagination of the possible ways retired doctors could be engaged to contribute to the health system. The current policy of exclusion serves only to alienate and disenfranchise an entire generation of doctors. There needs to be a special category of registration of retired doctors with criteria appropriate to the very limited nature of their practice. The current category of "Limited Practice – Special Need" is quite inappropriate. Doctors throughout Australia who disapprove of the current situation should write to the Chair of the Medical Board of Australia, their State Health Minister, as well as the Federal Health Minister, Opposition Health spokesmen and local Federal and State Members of Parliament requesting that COAG reconsiders the situation after consultation with the medical profession rather than with bureaucrats. The profession has always expected the highest standards of medical practice by its members.For us and many other colleagues, the decision to retire from practice was difficult. However, our limited practice has helped us to feel connected to the medical profession and to retain a sense of belonging to what was and still is a large part of our lives. We fear this connection will be lost for all doctors who must confront retirement in the future unless a more reasonable decision is made.

RDMA NETWORK MEETING 25/11/10

Clockwise from top left corner: New Member Dr Donna O'Sullivan, Executive Director of Redcliffe Hospital with RDMA President Dr Wayne Herdy. Dr Kimberley Bondeson RDMA Vice President and Dr Wayne Herdy RDMA President flank Special Guest AMAQ President Dr Gino Pecoraro. Dr Wayne Herdy addressing the members at the Network Meeting held at Sails on Sutton Beach on Redcliffe's waterfront. Meeting Convenor Ms Tracey Jewell and Sponsor Ms Tracey Blackmur Branch Manager QML Pathology Redcliffe



MID CENTRE:

1. Sponsor of the evening, Ms Tracey Blackmur Branch Manager QML Pathology, Redcliffe.

2. Members enjoying the Network Meeting.

LEFT HAND SIDE

3. Guest Speaker Dr Gino Pecoraro, AMAQ President.

4. Dr Pecoraro addressing RDMA members.

RIGHT HAND SIDE

5. Guest Speaker Dr Jason Stone, Consultant Histopathologist, QML Pathology.

EXECUTIVE DIRECTOR REDCLIFFE HOSPITAL

Metro North Health Service District

Donna O'Sullivan

Twenty six interns commenced their year of training at Redcliffe Hospital in mid January. They have arrived from all four Queensland universities – UQ, Griffith, JCU and Bond, plus one interstate intern from the University of Wollongong in NSW.

Training for the interns began on January 17, with a week's orientation, learning the ropes of Redcliffe Hospital life, but the real stuff began a week later, when they hit the wards to begin their professional life in medicine. Here the preparatory years of study mesh with the realities of daily patient contact. Our interns will now receive unstinting support on their journey of learning from the diligent medical education team.

Redcliffe Hospital has been established as an intern training facility for well many years. The numbers have been gradually increasing with the most recent increase being from 14 in 2009, to 20 in 2010 to the 26 in 2011. It is envisaged the numbers will plateau out at around 28 in 2012. .

So what makes Redcliffe Hospital an attractive place for interns? Redcliffe Hospital's close link to its communities is well established, but the size and culture of the facility also play a part in the choice by interns seeking the best hospital for their training needs.

Surveys and anecdotal information gathered from previous cohorts seem to indicate three main areas of desirability for Redcliffe Hospital as a training facility. Regional status and the smaller size of Redcliffe Hospital means that the interns have greater access to more "hands-on" work with patients. This is a valuable asset for those wishing to quickly develop their patient management skills be they procedural or assessment.

Interns also speak of the warm and relaxed feel to the environment of the hospital, where there are fewer barriers between senior medical staff and interns who enjoy a friendly professional relationship with their seniors.

Salubrious daily working conditions, plus free workplace parking and the ability to choose when to take a holiday are extra attractions. Many tertiary hospitals in the state prescribe the recreation leave dates for interns without consultation. Added to the beautiful peninsula location, Redcliffe Hospital seems to tick the boxes on many fronts.

At the end of 2011, the interns will choose their next step on the career pathway. Around one third will choose to enter General Practice training (very rarely completed on the Peninsula), approximately another third will locate to another hospital facility to begin training for a Specialty and just under a third will choose to stay at Redcliffe Hospital to test the waters of their areas of clinical interest. On average, 75 to 80% of interns are retained at Redcliffe Hospital.

We congratulate our interns of 2011 on their achievements so far and wish them well in their endeavours as they work with the staff of Redcliffe Hospital to Make a Difference.
Cheers: Donna

AMAQ & FEDERAL COUNCILLOR REPORT

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

HEALTH REFORMS.

Medicare Locals have come one step closer to reality. The boundaries have finally been set in stone. The government is yet to announce which will be the first 15 to commence operation on 1st July, but it is safe to make a few predictions. Brisbane North is certainly well placed to be favoured as an early starter.

The governance structures remain speculative. Any body that wants to be a Medicare Local is free to suggest a governance structure, because it seems that the government has only general concepts and no firm views. The roles and functions also remain speculative.

A few concepts are fairly clear. The Medicare Locals will not be supercharged Divisions of General Practice. They will have local responsibility and responsivity. They will have population health as an underlying function.

Beyond that, there will be two determinants: the funding body will ultimately dictate functions, and the budgets allocated will determine what can actually be done.With only a few months until the first Medical Locals emerge from the ashes, there are many unanswered questions. Watch this space.

PRODUCTIVITY COMMISSION INTERIM REPORT.

My readers will be unsurprised that I have focussed on my pet area, aged care, and especially the interim report by the Productivity Commission on its enquiry into the future of aged care in Australia. The final report and recommendations are due mid year. The report concentrates on funding and accommodation. There were a few surprises.

It was no surprise that there is a strong support for the principle of user pays – publicly-funded aged accommodation for the baby boomers is an impossible task for any Western government (the Chinese legislated to force families to care for their aged relatives, an absolutist solution that cannot be tenable in a Western democracy, at least not if a government expects to be re-elected).

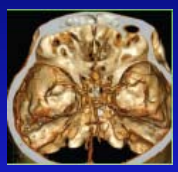
What came as a little surprise was the philosophy that the wealthier should be able to purchase a higher quality product, a philosophy that will not sit well with the socialist doctrines of a Labour government.

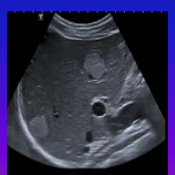
The general thrust is to encourage more private money directed towards self-funded aged care. This is unavoidable, but the AMA will be watching closely to monitor that the extra money – if it materialises – will be directed to direct care and not find itself directed into the bottom line of shareholders results.

What was disappointing – although perhaps unsurprising – was the lack of interest in making recommendations about clinical care. It seems to come as a mystery to the Productivity Commission that nursing homes are staffed by nurses. It seems even more foreign to their thinking that doctors and pharmacists and other health practitioners have an integral role in whatever it is that nursing homes do (besides provide brick and mortar accommodation). There will be a round of public consultations before the final report is written. Your AMA will be there in numbers to ensure that the message is heard loud and clear, that aged care is about clinical care.

The opinions stated herein remain those of your correspondent,

Wayne HERDY.





LETTER TO THE EDITOR.

Natalie Ong,

AUSTRALIA'S INTERN OVERLOAD

Today, a friend sent (well, facebooked) me a link from a newspaper article, describing how little Singapore plans 'fully exploit' the dire truth that Australian hospitals will not be able to cater for foreign medical students due to the sheer magnitude of graduating interns in coming years.[1]

This particular topic has entered many a conversation with fellow students who are international, who feel as though they have been short-changed for the mountainous fees they pay to attend an Australian university. The number of graduating medical students will reach its peak in 2012, with 2920 domestic and 517 international students expected to graduate from Australian medical schools. This is an increase of 60 per cent and 22 per cent respectively from 2008's figures.[2] It is when 2012 hits that the Australian Medical Students' Association doubts that any hospital in Australia's six states and two territories will be capable of offering internships to any international students. In the past decade alone, Australia has nearly doubled its number of medical schools, with 10 medical schools in 2000 and 19 in 2011.[3]

As The Australian reported in 2009[2], however, restricting internship places due to "lack of training funding and resources" is, in fact, detrimental to Australia's chronic health workforce shortages. It makes little sense to spend precious funds training overseas doctors to work here in years to come, when years have already been spent training these foreign medical students in the Australian way of medicine. Being a domestic final-year student this year, it is difficult to understand the financial, psychosocial and simply logical concerns that foreign students are facing, particularly those of the year of 2012 graduation variety.

Links:

1. Hui, PC., 27 January 2011, "Australia's foreign med interns welcome here", Retrieved on 27 January 2011 from: http://www.straitstimes.com/BreakingNews/Singapore/Story/STIStory_628769.html

2. Ryan, S. 28 August 2009, "Internships edge foreign doctors out", Retrieved on 27 January 2011 from: **http://www.theaustralian.com.au/news/** internships-edge-foreign-doctors-out/story-e6frg6no-1225766935236

3. Australian Medical Student Association Publications – Panacea, Winter 2009, "The Big Issues: Increasing Student Numbers" p.32.

LOCAL CLINIC welcomes first baby born from revolutionary treatment 30/11/10

This month proud parents Natalie Foster and Bronwyn Maher celebrated the birth of a beautiful baby girl, as a result of a break through treatment received at local fertility centre, IVF Caboolture. Miracle baby, Piper Rose Foster, is the result of a new treatment known as vitrification and warming and is the first successful birth of this kind on the Sunshine Coast. Natalie and Bronwyn, who wanted a child for over ten years, had been trying to fall pregnant since 2008, experimenting with numerous treatments without any success.

Piper Rose

When doctors at IVF Caboolture recommended the couple try vitrification and warming to assist the process, Natalie and Bronwyn were eager to try the treatment and a positive pregnancy was announced in February this year. When Natalie found out she and Bronwyn were going to be parents, they were thrilled their hard work and decision to try a new treatment had been rewarded. "We were absolutely elated when we found out we were pregnant, we couldn't believe it had finally happened after several attempts and when we found out we were in Melbourne celebrating Bronwyn's birthday, so it was a lovely birthday present," Natalie says happily.

Vitrification and warming is a new process in Frozen Embryo Transfer (FET), which is overcoming the problems of ice formation and temperature sensitivity when embryos are slowly frozen for fertility treatment. This new snap-freeze technique is new to the Sunshine Coast and is already proving to have exceptional results, preserving embryos without loss in quality or developmental potential. Scientific Director Ashley Stevenson of IVF Sunshine Coast believes the birth will be the first of many. "Achieving the Coast's first successful birth utilising vitrification and warming is a huge success, not only for IVF Caboolture, but for hopeful parents looking for alternative treatments to start their families," he says.

Piper Rose at 5 weeks

"The IVF Caboolture and Sunshine Coast teams were fantastic, it was a very supportive and caring environment, which ultimately led to the birth of a beautiful baby," Natalie says of the staff. Natalie and Bronwyn, both teachers, are enjoying having Piper home and spending time with the newest addition to their family and will tell Piper how unique her birth is when she's old enough.

"We'll definitely be telling Piper how special she is every day, but she probably won't fully understand the significance of this until she has children of her own!" Natalie adds.

For interviews or photos contact Courtney Aspland on 0431 123 470 or pr@thecreativecollective.com.au

THE ENDURING HUMAN SPIRIT IN THE AFTERMATH OF MOTHER NATURE'S FORCE.

Kimberley Bondeson,

Hello everyone, and welcome to 2011. What an incredible beginning to the New Year! Two things have been demonstrated - the force of Mother Nature, and the enduring, positive spirit of our friends and neighbours, whether we know them or not. I am sure everyone who lives in Queensland has a story to tell, if not that they themselves were affected by the recent floods, a friend, family member or neighbour, but the impact the cleanup has had on everyone. Whether you were able to help yourselves, or like me, send your husband off to join the "mud army", and as a volunteer helped by cooking at one of the evacuation centers and again by putting myself on 'standby' as a general practitioner if needed.

Or course I packed his lunch and water bottle for him each day, and on the first day he promptly forgot it and ended up eating some of the sandwiches prepared by other volunteers. The stories he came home with were very sad, but the spirit of companionship and support which he experienced and shared with me were very emotional. He kept telling me we were so lucky to have a lovely home, and I still had my practice. His brother lost his home, (while he was away) and my husband waded through thigh deep water to see what was happening, and then got in and stripped the house, cleaned up the mud and tore the walls out to allow the home to dry (he had some help from other volunteers).We can be proud to be Queenslanders, this flooding has truly shown a marvelous supportive spirit of every single person who lives here, whether they were personally affected or not.

I have had, as I am sure many local doctors have had, families who have not been affected, young mums with children, coming in and asking what they can do. At the time, on the news support staff were asking for undergarments - so one of my families collected several sets, and organized for it to be given to a nearby local evacuation center. Another young mother, donated her daughters toys and unopened birthday presents to some of the evacuation families.Of course, within our own profession, many doctors have lost their homes and their practices - the AMAQ is organizing for any assistance that we can give to help restart, and continue with caring for their patients under difficult circumstances. I would encourage any doctor who is not a part of the AMA family to become involved, your colleagues and their patients may need you.

Let us hope that this is truly a 100 year event - and work towards better "flood-proofing" the city of Brisbane and many of the Queensland and other towns in Australia that are affected. The Brisbane River is a beautiful place to live, and like many local Queensland graduates (University of Queensland), I would have loved to have owned and lived in a house on the Brisbane River. If I was to do that now, I would certainly be building a flood resistant house. One of my close friends, who is Irish, tells me that her family has a home in Ireland that has been in the family for 200 years. She says that it is flooded yearly. The home is in a valley that is surrounded by 4 rivers. When they know that the floods are coming, they move all the furniture into a storage shed. After the flood, which she assures me is icy cold water, the stone home then simply has to be cleaned out, and only the carpets replaced. There are two issues which I feel should be addressed at a government level to prevent this from happening in the future.
1. Look at the dams surrounding the Brisbane area - how can they be improved upon to prevent this again?
2. The definition of a flood that some insurance companies are using to exclude residents, home owners and businesses insurance policies.

I can remember when I was at high school and the teacher explaining what insurance meant, and where it came from. If I remember rightly, there were 14 boats delivering their goods across a river. Occasionally one boat did not make it, due to rough weather or other reasons that they could not control. So all the boat owners paid into a fund - the idea being that if one boat did not make it, then the fund would pay the family or the boat owner the money that they would normally have made, and allowed them to replace the boat that was lost. This gave all the boat owners reassurance that if their trip failed, then they and their families would be okay. It gave each boat owner the courage to make the sometimes dangerous trip across the river..

Interesting Tidbits

Continued on page 17:

NATTY MOMENTS:

5 THINGS YOU PROBABLY NEVER KNEW YOUR **MOBILE PHONE COULD DO**

There are a few things that can be done in times of grave emergencies. Your mobile phone can actually be a life saver or an emergency tool for survival. Check out the things that you can do with it:

FIRST Emergency

The Emergency Number worldwide for Mobile is 112. If you find yourself out of the coverage area of your mobile; network and there is an emergency, dial 112and the mobile will search any existing network to establish the emergency number for you, and interestingly this number112 can be dialled even if the keypad is locked. Try it out.

SECOND Have you locked your keys in the car?

Does your car have remote keyless entry? This may come in handy someday. Good reason to own a cell phone: If you lock your keys in the car and the spare keys are at home, call someone at home on their mobile phone from your cell phone.

Hold your cell phone about a foot from your car door and have the person at your home press the unlock button, holding it near the mobile phone on their end. Your car will unlock. Saves someone from having to drive your keys to you. Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other 'remote' for your car, you can unlock the doors (or the boot).

THIRD Hidden Battery Power

Imagine your mobile battery is very low. To activate, press the

Lillian van Litsenburg MP
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Redcliffe has mushrooming chronic disease and lifestyle issues that can be managed effectively by an active lifestyle.

The State Government is keen to promote an active and healthy lifestyle for Queenslanders because we have amongst the longest life expectancy in the world but the quality of life Queenslanders have is important to us.

The huge increase in chronic and lifestyle disease is also impacting heavily on our health system.

It is important that we start to take responsibility for staying healthy in small every day ways that can make huge differences in our own health outcomes

The vital indicators to healthy longevity that are under your control are an active lifestyle, healthy eating and maintaining good social and recreational connections.

As we mature it is sometimes necessary to tone our bodies in ways that doesn't happen by going for a walk.

Going to a gym or aqua aerobics can also be fun and you can go with friends or meet new friends there.

The newly opened Dolphins leagues Club Health Precinct offers broad opportunities for Redcliffe people to get active and healthy in a broad number of ways for a very competitive rate.

Membership includes full use of the newly completed gymnasium and the pool complex which caters for hydrotherapy and social and recreational swimming.

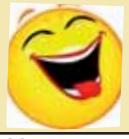
There are also allied health professionals based upstairs to support your on going good health It's good to see that people are also taking the time to share coffee with friends within the precinct.

Picture: Lillian and electorate office staff gettingactive at Dolphins Health Precinct.

This may not be the answer for everyone but I would encourage everyone to get out and get active whether it's a stroll along our beautiful beaches, joining a sports or recreation club. It will reap benefits in the way you feel and will give you more energy to do the things you want to in your lives.

My regular exercise plan enables me to get through a challenging job and I encourage my staff to get out and get healthy too.

Interesting Tidbits



NATTY MOMENTS: Continued from page 16

keys*3370# Your mobile will restart with this reserve and the instrument will show a 50% increase in battery. This reserve will get charged when you charge your mobile next time.

FOURTH How to disable a STOLEN mobile phone?
To check your Mobile phone's serial number, key in the following digits on your phone: * # 0 6 # A 15 digit code will appear on the screen. This number is unique to your handset.

Write it down and keep it somewhere safe. When your phone get stolen, you can phone your service provider and give them this code. They will then be able to block your handset so even if the thief changes theSIMcard,your phone will be totally useless. You probably won't get your phone back,but at least you know that whoever stole it can't use/sell it either. If everybody does this, there would be no point in people stealing mobile phones.

FIFTH ATM - PIN Number Reversal - Good to Know
f you should ever be forced by a robber to withdraw money from an ATM machine, you can notify the police by entering your PIN # in reverse. For example, if your pin number is 1234, then you would put in 4321. The ATM system recognizes that your PIN number is backwards from the ATM card you placed in the machine. The machine will still give you the money you requested, but unknown to the robber, the police will be immediately dispatched to the location.

(NOTE: The Editor takes no responsibility for the statements in this article and have not verified if the aforementioned statements are accurate).

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LEAD CLINICIAN GROUPS DISCUSSION PAPER AN INSULT TO CLINICIANS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Andrew Pesce, said today that the Government's proposed Lead Clinician Groups are doomed to fail if arrangements set out in a recently-circulated discussion paper are to proceed.

Dr Pesce said the fact that the discussion paper - Lead Clinicians Groups: enhancing clinical engagement in Australia's health system - was circulated to stakeholder groups after business hours on the eve of Australia Day suggests there is some nervousness within the Government and the bureaucracy about the proposed arrangements.

"The discussion paper is an insult to clinicians. It proposes that doctors' input to decision making would be limited to clinical practice issues, not overall hospital and health service management," Dr Pesce said.

"This is contrary to the intended clinician role announced by former Prime Minister Rudd in a speech to the AMA National Conference in May last year.

"Mr Rudd said that Lead Clinician Groups would also guide Local Hospital Networks in 'service planning and the most efficient allocation of clinical services …' and 'developing innovative solutions that best address the needs of local communities'.

"The paper sets out ways to suppress and limit clinician engagement in decision making, not enhance it – it is a plan for lead clinicians not to lead.

"It appears that all the advice from the AMA and other medical groups has been completely ignored.
"As recently as just prior to Christmas, we were telling the Government that one of the most serious deficiencies in the management of hospitals is that important decisions are made by bureaucrats far away from where health care is actually delivered.

"We have been conveying this very simple message right throughout the health reform process in private meetings and public forums.

"Doctors need to be involved in decisions made at the local hospital level about resource allocation, service planning and provision, and patient care.

"This way, we can make a significant contribution to better management of health costs while ensuring we retain appropriate quality patient care.

"We need to have transparent and accountable processes for doctors to have a say on how their hospitals are run.

"Specifically, doctors should be involved in decision-making about funding for infrastructure, staffing and training within their hospital to ensure it is allocated efficiently and equitably.

"But the discussion paper falls well short of proposing a mechanism for ensuring that doctors have a meaningful say in how health care is delivered in their local community.

"The Government is not delivering on its promise to ensure that there is a structured, transparent process for local doctors to provide advice to Local Hospital Networks on service delivery - and for that advice to be acted upon."

Dr Pesce said the AMA raised concerns when there were warning signs in the National Health and Hospitals Network Agreement signed by Governments last year.

"The Agreement made it clear that Governing Councils of Local Hospital Networks would not be required to include local doctors, and we suggested that should be changed," Dr Pesce said. "Now we have a discussion paper that is basically a plan for the Lead Clinician Groups to fail."

28 January 2011
CONTACT: John Flannery 02 6270 5477 / 0419 494 761

REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION INC.

The objects for which the Association is established are:

(1) THE PROMOTION OF THE MEDICAL EDUCATION OF THE MEMBERS, AND OF THE LOCAL COMMUNITY.
(2) PROMOTION OF THE MEDICO-POLITICAL INTERESTS OF THE MEMBERS, PATIENTS, AND THE LOCAL COMMUNITY.
(3) LIAISON WITH OTHER MEDICAL REPRESENTATIVE BODIES.
(4) THE PROMOTION OF QUALITY MEDICAL SERVICES.
(5) PROMOTION OF AN ENVIRONMENT TO FACILITATE AND ENCOURAGE SOCIAL INTERACTION BETWEEN ASSOCIATION MEMBERS.

We are here to

(1) TEACH AND LEARN
(2) BE INFORMED ON MEDICAL POLITICAL ISSUES AT ALL LEVELS
(3) LOBBY ON LOCAL POLITICAL ISSUES
(4) WORK WITH OTHER DOCTORS' GROUPS
(5) WORK FOR THE BENEFIT OF OUR PATIENTS
(6) NETWORK AND HAVE A GOOD TIME TOGETHER.

MEMBERSHIP APPLICATION AND RENEWAL FORM

MEMBERSHIP SUBSCRIPTION FOR THE PERIOD: 1ST JULY 2010 TO 30TH JUNE 2011

The Redcliffe and District Local Medical Association Inc. invites you to join our Association.

YOUR MEMBERSHIP GETS YOU

- FREE ENTRY TO OUR MONTHLY MEETINGS (10 MEETINGS A YEAR)
- MONTHLY NEWSLETTER (AT LEAST 10 ISSUES A YEAR)
- FREE ENTRY TO OUR END-OF-YEAR NETWORKING MEETING.
- THE ONLY LOCAL CONVOCATION FOR GENERAL PRACTITIONERS AND SPECIALISTS TO SOCIALIZE AND TO DISCUSS LOCAL AND NATIONAL MEDICO-POLITICAL ISSUES.

Subscription rates:

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Students and Doctors-In-Training	Complimentary
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WE PREFER PAYMENT OF YOUR SUBSCRIPTIONS BY INTERNET BANKING. IT SAVES YOU WRITING CHEQUES AND SAVES US HAVING TO BANK THEM. YOU WILL RECEIVE YOUR RECEIPT BY EMAIL IF YOU SUPPLY YOUR EMAIL ADDRESS TO THE TREASURER ON GJS2@NARANGBA-MEDICAL.COM.AU.

REDCLIFFE AND DISTRICT LOCAL MEDICAL ASSOCIATION Inc

ABN 88 637 858 491

I hereby apply for membership of the Redcliffe and District Local Medical Association, and agree to abide by the Rules of the Association.

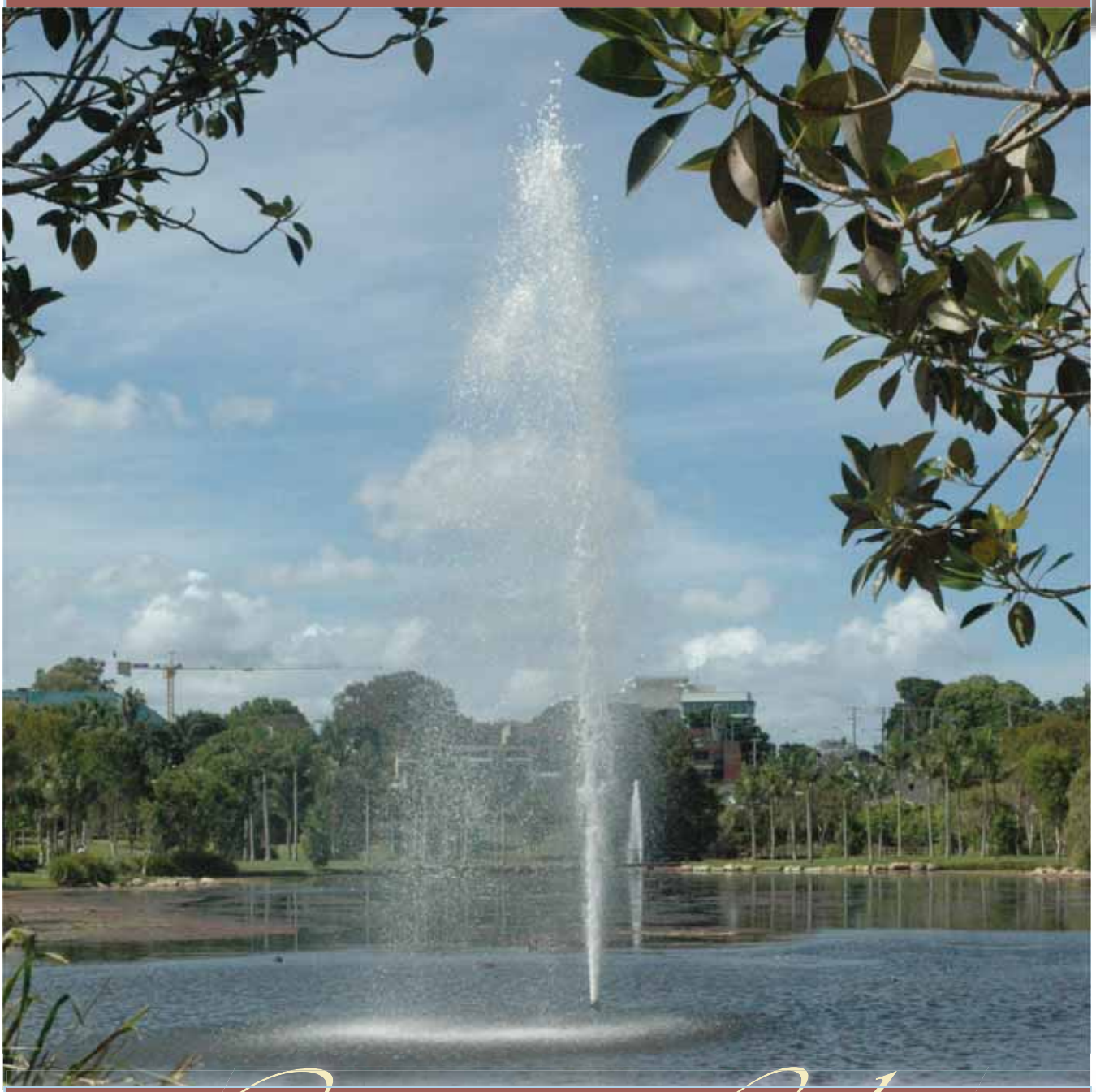
Signed:	
Doctor:	
(First Name)	(Surname)
Email Address:	
Practice Address	**Postcode**
Phone	**Fax**
Please tick the appropriate box: "I do ☐ / do not ☐ give consent for my name and practice address to be included in the Association's website."	

Membership fee enclosed, or

PREFERABLY Paid by: Internet Banking (Remember to place your name on the deposit i.e: Dr. F. Bloggs RDMA) Account: BSB 064 122 Account: No: 0090 2422 Redcliffe & District Local Medical Association/ Date and Bank Paid

Please complete this form and return to: Redcliffe & District Local Medical Association Inc. P O Box 223 Redcliffe 4020 OR c/-QML or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work



Centenary Lakes