



Gayundah Wreck

See Gayundah Wreck and surrounds featuring in our Historical Pictorial in this edition page 3 and the history of the Gayundah Wreck page 9 and our regular Where We Live And Work segment page 20



RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT

We are heading into an election. A State election that all the polls say will lead to a change in government. This is a time to be extracting promises from your local candidate about what you want to happen in YOUR local area.

In the catchment area of RDMA, our needs vary from site to site.

Redcliffe's needs focus on the hospital. We all have our pet gripes. Possibly the major aspect of hospital function that needs to change is the transmission of discharge information to the usual treating doctor.

The needs in the Burpengary- Morayfield- Caboolture area are most acute in provision of community-based resources. Indigenous health is poorly serviced. This is partly because the number of indigenous residents in census statistics appears to be much smaller than the numbers actually living in the area and, as a consequence, resources allocated on the basis of census data are disproportionate to the real need. The other area that is outstandingly poorly serviced is drug and alcohol rehabilitation, with no established resident ATODS facility.



The needs of the Bribie community are focused on transport logistics. Last year, a truck lightly nudged a siderail on the Bribie Bridge, closing the bridge for some hours. This isolated the entire island for the purposes of road-based medical transport either way, and highlighted the need for an enhanced level of out-of-hospital support (such as increased numbers of resident paramedics). The one bridge granting access to the island was built when the population was tiny and Caboolture hospital was not even a dream –it is nearing a half-century of faithful service to an ever-increasing community and definitely showing signs of age.

Between now and the 24th March, you have an unequalled chance to lobby your local candidate for what you think your community needs.

Wayne HERDY,
RDMA PRESIDENT



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

QML Pathology. | Redcliffe Laboratory

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

DATE CLAIMERS:

For all queries contact Margaret MacPherson Meeting
Convener: Phone: (07) 3049 4429

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

2012 Dates:

NEXT MEETING

Tuesday February 21

Wednesday March 28

Tuesday April 24

Wednesday May 30

Tuesday June 19

Tuesday July 24

Annual General Meeting
Wednesday August 29

Tuesday September 18

Wednesday October 24

Year End Networking Function

Friday November 30

MARCH NEWSLETTER 2012

The **17th MARCH 2012** is the **timeline** for ALL
contributions, advertisements and classifieds.

Please email the RDMA Publisher at

RDMAnews@gmail.com

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

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Gayundah Wreck

GAYUNDAH



AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT *Dr Richard Kidd*

Achievements And Challenges

As we enter 2012, AMA Queensland has endeavoured to set the agenda for the State election scheduled for 24 March, presenting health front and centre in the political debate. Already AMA Queensland has provoked candidates to think hard about health through our *Time for Answers* campaign launched at the end of 2011.

The momentum generated from this campaign will continue into 2012 as we release our priority issues policy document in late February. Through the election campaign and beyond, AMA Queensland will endeavour to hold parliamentarians and the winning party accountable for Health policy decisions and their impact on doctors and their patients.

I am proud of AMA Queensland's efforts in many arenas such as; advocating for clinicians to hold central roles on hospital boards and at every level of health services, ensuring clinical decisions are made by clinicians, not bureaucrats; and holding Queensland Health to account as they seek to cut costs in ways that impact on our members' careers, training opportunities and patient safety. We have lead the charge against the roll out of Acute Primary Care Clinics that risk the viability of general practice, particularly in rural Queensland, and expose our members who are Queensland Health employees to the risk of Medicare / PSR disciplinary process. We continue to shine a spotlight on the increasing obstacles and frustrations patients and their doctors face when seeking public outpatient appointments. Only after AMA Queensland shamed and questioned the legality of the Queensland Health bureaucratic practices, did the Minister for Health guarantee no category one or two patient would again be rejected from a public hospital. This fight continues as we raise the profile for patients who continue to be rejected from public hospital outpatient clinics, such as some 2000 children with ENT referrals from the Logan region.

The launch of our Suicide Watch campaign was a huge success in 2011 and our video clip posted on YouTube received more than 2,700 views online. This campaign was generously supported by AMAQ Foundation.

I am also pleased to advise that a Visiting Medical Officers



Agreement has been won with Queensland Health. For more information about our campaigns or the latest update

on the progress VMO Agreement please contact AMA Queensland on (07) 3872 2222.

In other news, AMA Queensland has partnered with the Australian Salaried Medical Officers' Federation of Queensland (ASMOFQ), formerly known as SDQ. ASMOFQ is the sole doctor's-only union in Queensland focusing on doctor's pay and conditions. Negotiations have now commenced for the new Medical Officers Certified Agreement (MOCA) and ASMOFQ will be one of the key negotiators. To ensure members have a seat at the negotiating table, AMA Queensland membership automatically provides you with membership to ASMOFQ. Don't let someone else determine your pay, conditions and job security!

I look forward to the challenges of the next six months confident AMA Queensland will continue to bring to light and fight any process, policy decision or budget cut that adversely affects doctors or the care of their patients.

Dr Richard Kidd

	WORKPLACE RELATIONS TRAINING	BRISBANE SOUTH
	1 Practice procedures and policies	BRISBANE NORTH
	2 2012 workplace health and safety laws overhaul	SUNSHINE COAST
	3 Why are unfair dismissal claims increasing?	GOLD COAST
		TOOWOOMBA
		IPSWICH
		BUNDABERG
		ROCKHAMPTON
		MACKAY
		TOWNSVILLE
		CAIRNS

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A Traveller's Tale Poem by Vern Heazlewood



Autumn in Taynton



Bibury in the Cotwolds



Hiking Path near Taynton



Lower Slaughter

SEASONS OF TAYNTON, WEST OXFORDSHIRE

Dr. Vern Heazlewood

Overwhelmed by clinical
tasks,

How can the restless break
free?

Trade mediocrity's empty
casks

Taste the new vintage 'C'est
la vie!

Blending research with
relaxation

Garnished with seasonal
change,

A sabbatical worth
contemplation

Living in the Cotswolds
range.



Spring Rapeseed Blossoms



Taynton Spring Blossoms



Taynton Spring Time



Walking into Burford



Wisteria Cottage in Summer at Taynton

RDMA Meeting Dates for 2012

2012 Meeting Dates:

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 21

Wednesday March 28

Tuesday April 24

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Tuesday June 19

Tuesday July 24

Annual General Meeting

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Tuesday September 18

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Friday November 30

For all queries contact Margaret MacPherson Meeting Convener: Phone: (07) 3049 4429

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Tuesday 21st February 2012

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: Novartis Pharmaceuticals
7.40pm	Speaker: Dr Sam Kim Topic: New Treatment – COPD Management
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: Tracey.Blackmur@qml.com.au t: 3049 4444
by Thursday 16th February

 **QML Pathology.**

AMAQ & FEDERAL BRANCH COUNCILLOR REPORT
North Coast area representative, AMAQ Branch Council,
Queensland Area Representative, AMA Federal Council.
Dr Wayne Herdy



Pending Election Offers Directional Change Opportunity

AMA COUNCILLORS REPORT

At a State level, we are looking forward to an election. Without supposing to anticipate the will of the people, it is widely expected that Queensland will see a change in government.

If this is the outcome, then a new Health Minister and a new set of policies will provide the opportunity for a change in direction. The role of the AMAQ will be to guide a new government – of whichever colour – in steering that change in direction.

The election – or specifically the pre-election promises then can be extracted from the parties and their candidates – it is an opportunity for the medical profession to shape the future.

Local Medical Associations have been invited to raise local issues, and the AMAQ has already formulated a set of issues that will base our contribution to the campaign process.

At a Federal level, the political speculation around leadership of the ruling party is fuelling parallel speculation around the possible impact on health policy. That speculation has somewhat overshadowed the appointment of a new Federal Health Minister, Tanya Plibersek, and the possible impact this would have on medical practice.

The previous Minister was widely perceived as having a gender and anti-GP bias – early in her career and the AMA dubbed her “the Minister for nurses”. The new Minister has not brought similar biases into her role, and has indicated a higher level of willingness to engage more equitably with peak bodies.

The new Minister did score early brownie points with a win (against the AMA position) with regard to

private health insurance. This outcome was the product of long negotiations which preceded her appointment, but her personal victory comprised in recruiting the crucial and decisive vote of one of the independent MP’s.

The former Director of the Peer Services Review Committee raised a media flurry over the past few months by declaring that doctors engaged in large-scale Medicare fraud.

The AMA was quick to hose down the media interest with a blanket denial, but the public was left with a renewal of a long-standing suspicion that the medical profession is riddled with crooks.

As a former officer of a prominent and powerful government body, and especially an officer whose separation from that body was mired in personal controversy, that former Director should have remained silent.

Unfounded accusations might make interesting but scurrilous newspaper reading, but it is unfortunate that a respected and trusted profession should have its reputation slurred for the personal satisfaction of a disgruntled ex-servant.

Wayne HERDY



REDAMA Report

Official publication of
the Redcliffe and
Districts Local Medical
Association

Issue No 10
February, 1990
Free to the Medical Profession

L.M.A. APPLAUDS SWIFT ACTION BY NEW MEMBER

**Speaker
adds a
touch of
humour**

Swift action by the new Labor member for Redcliffe, Roy Hollis, in undertaking a cost-finding mission at the Redcliffe Hospital, has been applauded by the Redcliffe and Districts Local Medical Association.

But the president, Dr Kerry Garske, says the LMA will not ease the pressure on the State Government to improve serious bed shortages at the hospital, simply because the new member has made the first moves.

The LMA has called on Mr Hollis to organise a visit to the hospital by the new Health Minister, Ken McElligott as soon as possible.

And, he says, the LMA will seek permission for a delegation from the executive to meet the Minister while he is here, to put forward many of the problems encountered by the medical profession and patients, as a result of the hospital's shortcomings.

PROPOSALS

Dr Garske has publicly repeated the LMA'S determination to see the Government implement changes and improvements recommended in the hospital's annual report.

"I will also be making sure proposals are not simply studied, and then pigeon-holed, as they have been in the past," he said.

Mr Hollis, who defeated the former Liberal member, Terry White, at the December 2 State election has inspected hospital facilities, and agreed there is a shortage of acute hospital beds, as well as a severe shortage of staff.

He said his campaign in support of greater funding for Redcliffe hospital dated back

to the 1979 by-election.

Mr Hollis said that since then there had been more than a ten year decline in hospital services.

He believes it is now vital stage two of the hospital be started as soon as funds will allow.

"\$175,000 in federal finance has just been made available for the hospital's ante-natal clinic, but an additional \$50,000 needs to be raised at a local level."

Mr Hollis said the hospital's annual report, last year, pointed to the fact acute adult wards had been constantly full, with occupancy rates

between 90% and 100%, and not one month had passed without patients being referred to Brisbane.

He said he was confident of getting Mr McElligott to inspect the hospital "as a matter of urgency."

That pledge was made on January 23 but so far, no date or time has been set for the visit.

Mr Hollis conceded he had been told by members of the medical profession it is not uncommon for up to 40% of patients requiring urgent surgery to be referred to hospitals in Brisbane, rather than to Redcliffe.

There were plenty of lighter moments to a serious subject when Dr Geoff Mumme was guest speaker at the January dinner meeting of the Redcliffe and Districts Local Medical Association.

Sponsored by Rousel, the dinner heard Dr Mumme speak on the subject of: Ano-Rectal Dysfunction - a psychological approach.

The meeting was the first under the new policy of having para-medical practitioners join the medical profession at the first meeting of the year, at the invitation of the president.

• *Our picture (below) shows Dr Mumme (right) before the meeting with Rousel representative Ian Thomson and occupational therapist, Jacki Bentley.*



History of Gayundah Wreck

Gayundah.

Who or what is Gayundah? Where is it? And what does it mean?

HMQS (Her Majesty's Queensland Ship) Gayundah is actually a little-known piece of Queensland's naval history. That means she was part of the original Queensland "navy" before the States federated to become Australia. Her task was to protect Queensland from a perceived Russian threat (which never eventuated). She was a flat-iron boat, displacing 360 tons, commissioned by the Queensland Maritime Service in 1884. Gayundah is an Aboriginal word meaning lightning so named because she travelled at a swift 10.5 knots.

She was involved in a supposed mutiny, when one of her guns was aimed at the Queensland Parliament House in 1888. Her Captain Henry Townley-Wright's four-year career in Queensland was marked by several controversies, his excesses and capacity for high living exceeded his salary of £600 a year. Captain Wright escalated the situation into a crisis by demanding forward payment of his salary the story goes. The Government refused and instructed him to hand over charge of Gayundah to his first lieutenant, Francis Pringle Taylor.

Wright ignored this demand and placed Taylor under arrest on board the Gayundah and defiantly prepared the Gayundah to sail to Sydney. This act was interpreted as theft and mutiny by the Queensland Government. It was reported that Captain Wright had discussed, with his gunner,



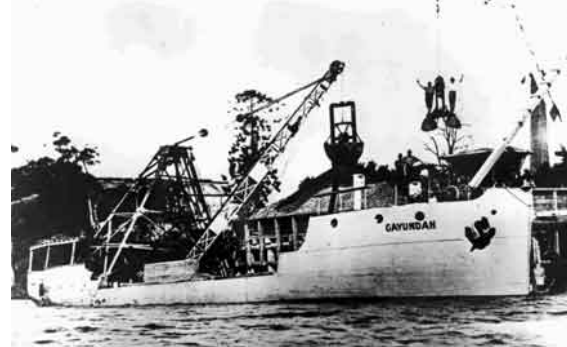
Gayundah in 1886.

Photograph courtesy of Wikipedia.

practicalities of aiming Gayundah's guns at Parliament House. He apparently eventually agreed to release Francis Taylor and surrendered himself to the authorities who removed Captain Townley-Wright, RN from the Gayundah.

Gayundah was recommissioned in 1898 under the Blue Ensign for the Queensland Government, beginning another chapter in her period of service. This time, Gayundah became the first British warship of the Australian station to successfully operate wireless telegraphy. She was then incorporated into the Commonwealth Naval Forces (forerunner of the Royal Australian Navy) at federation in 1901. She saw service in border protection off the WA coast in 1911.

With the outbreak of World War I, she returned to Moreton Bay for local protection. In 1921, having seen service as a training ship, she was decommissioned and converted to use as a humble gravel barge on the Brisbane River.



Gayundah as a gravel barge. Photograph curtesy Wikipedia.

In 1958, the hull was sold to Redcliffe, towed to the peninsula and scuttled just off the beach at Scott's Point, an artificial breakwater later extended by the addition of two smaller wrecks. She rests there today, still protecting Australian shores from her rusty grave.



Photograph curtesy Wikipedia..



Gayundah in 2006 (left) and here Gayundah is (below) today.

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Redcliffe Hospital News for GPs

February 2012

Redcliffe Hospital has improved its access to services by older Queenslanders, with the development of a comprehensive service for aged patients as well as those with mental health needs related to the ageing process.

A Delirium and Falls Unit

has been set up on Ward 4 West. The new unit contains eight beds and has been established to reduce the problems for patients with dementia in a general hospital ward setting.

Greater nursing intervention with patients is expected to reduce issues related to delirium and general confusion. Other innovations for improving patient care include the introduction of diversional activities. The new regime, which includes ongoing patient management education for nursing staff, is aimed at reducing the used of medication used to treat delirium.



This in turn is expected to increase safety for patients, with new doors installed in the unit and bed rail

protocols introduced to reduce the patient falls risk.

The new unit has been in operation since August 2011 and has resulted in some positive gains for patients of the hospital.

Ward 4 West also houses the

Medical Assessment Unit,

which is designed for patients likely to be admitted to hospital for less than 48 hours.

Initiated in November last year, the unit has been established to address "access block" in the Emergency Department. This initiative is part of a hospital-wide approach to improve patient access to hospital beds.

In the new unit, patients will be admitted under the assessment of an acute management team, which will administer to the needs of the patient as a dedicated team for the duration of the patient's hospital stay.

Patients needing a longer hospital stay will be admitted to one of the medical/stroke wards.

A dedicated admitting doctor has been established for each day of the week, with a rotating roster over the weekend.

Patients admitted to Redcliffe Hospital during the past twelve months will be allocated the same care team from their previous admission.

In December 2011, the **Geriatric Evaluation Management Unit** was established within the Rehabilitation Unit. Under the oversight of Dr Catherine Yelland, the unit has established eight dedicated beds for older patients.

Dr Yelland is happy to take calls from GPs for direct patient referrals.



Redcliffe Hospital Medicine and Older Persons Team are :
Dr Catherine Yelland
Dr Peter Stride
Dr Richard Geraghty
Dr Christopher Tan
Dr Patrick Carroll (see photos p12).

Redcliffe Hospital News for GPs continues on Page 12.

MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #88

Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com



VW Amarok Ultimate 4X4 “South American Getaway”

Noosa’s North Shore is an idyllic piece of real estate on the doorstep of the Sunshine Coast. As a medical student the best way to get there was to take the ferry across the Noosa River and take off up the beach in a friend’s Dune Buggy.

Back in the 1970’s there was an endless supply of 1960’s V-Dubs that could be debrided back to a bare chassis. Fitting a fibreglass body kit and fat tyres was within the competence of any home handyman and most Dune Buggies sat under houses in readiness for a trip up the beach that might not ever happen.

Whilst the ferry is still there, many of the 4WD’s now heading across the Noosa River are Japanese (or Korean) with leather seats and traction control.

Luxury offerings have climate control air conditioning which is a far cry from the comfort offered by the open-top Dune Buggy.

In 2011 VW released another Noosa North Shore beach-stormer in the shape of the Amarok (meaning “wolf” in Inuit). Manufactured in Argentina, the Amarok is aimed at Toyota’s Hi Lux, Nissan’s Navara and the much-improved Ford Ranger / Mazda BT50.

Up till now sales of the Amarok in Australia haven’t been on fire and at present only a manual transmission is offered.



Last year only 2,649 Amarok’s were sold in a utility market of 150,000+ vehicles, but VW is optimistic that an 8 speed automatic gearbox arriving in 2012 will broaden the model’s appeal.

2011 Amarok’s were plagued with clutch problems which resulted in a recall, but this was sorted out in the 2012 car that I drove. I also noticed that the cabin was much quieter in the 2012 vehicle as the door rubbers have been up-graded.

The doors take a little more elbow grease to close, but on the inside it doesn’t sound like a truck and the Amarok is the quietest ute I’ve ever driven.

VW have thoughtfully placed three 12V sockets in the front to power up all manner of gadgets, but I didn’t like where they put the hand-brake lever. It’s way over to the left of the centre console. That might be where it belongs

in a left-hand-drive vehicle, but when the driver sits on the right it is a stretch to reach over to it.



The cup holders are also worth checking out. VW have ingeniously made them removable from the dashboard. It’s just a shame that they don’t have any bottom and won’t hold the cups we Aussies like to drink from.

On the road things are very smooth and the 2 litre diesel engine returns a frugal 7.9 l/100km. Off the road things are OK with low range in the 4X4 four wheel drive variant.

In the sand with the tyre pressures reduced the Amarok went everywhere I wanted to go without getting bogged.

The 120 kW Amarok doesn’t have enough power to get off the beach in second gear and maybe in this situation



it needs more than two litres of motor to haul two tonnes of metal through the soft sand up-hill.

The rear diff lock is electronic and the owner’s manual does warn that the brakes may overheat if it is left on for

too long as it basically works off the ABS to stop wheel spin.

In the back the tie-downs are on the floor of the tray which won’t suit most Tradies and the chrome rear bumper on the Ultimate would not be strong enough to tie your dog to.

With prices starting at \$31,990 + ORC for a base model 90 kW rear-wheel drive Amarok, it remains to be seen if Aussies will switch from their love affair with Japanese utes.

VW Amarok Ultimate 4X4 Specifications:

2.0 litre twin turbo diesel
120 kW power @ 4,000 rpm
400 Nm torque @ 1,500 rpm
6 speed manual
7.9 l/100 km (combined)
\$58,490 + ORC

For:

Against:

This car would suit:

Economical.
Pricey.
Noosa GP’s.

Safe motoring,

Doctor Clive Fraser



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Gastroscopy
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Polypectomy
Removal of Foreign Bodies
Oesophageal Dilatation
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M.B., BCh., B.A.O., M.R.C.P.I., F.R.A.C.P.
Dr Derwin Williams
M.B., B.S., F.R.A.C.P.
Dr. Mark Norrie
B.H.B., M.B., ChB., F.R.A.C.P., PhD.
Dr. Purmina Bhat
M.B.B.S (qld), F.R.A.C.P., PhD
Dr. Shamsul (Sam) Islam
M.B.B.S, PhD., F.R.A.C.P



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Phone: (07) 3878 7222
Fax: (07) 3878 7555

Gaythorne

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Redcliffe Hospital Redcliffe Hospital, Anzac Avenue, Redcliffe Q 4020

A Summary of other new Initiatives at Redcliffe Hospital

Among the changes and new initiatives at Redcliffe Hospital, the processing of **Discharge** and **Summaries** has been overhauled. The aim is for completion of patient discharge summaries within 24 hours and then sent as soon as possible to GPs. Dr Yelland welcomes feedback from GPs on how the new changes are working?

A Stroke Thrombolysis Protocol has been approved using the statewide stroke network protocol. What this means is Redcliffe Hospital is able to offer lysis for appropriate patients who are able to be treated within 4.5 hours of

the onset of symptoms of a stroke. The Redcliffe Hospital Clinical Council adopted the protocol in November 2011.

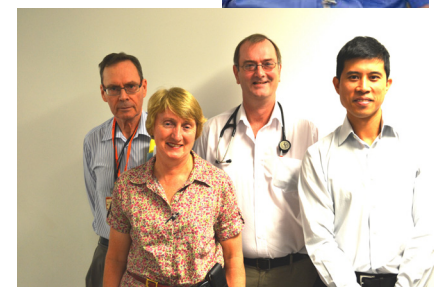
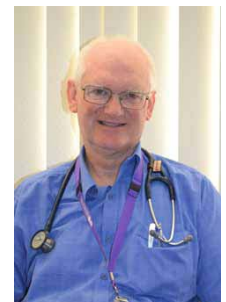
Endocrinologist Dr Deepali Shirkhedkar will be available for Outpatient Clinic consultation on Mondays within the antenatal clinic at Redcliffe Hospital. This service is for patients with gestational or Type 1 Diabetes.

Neurology Clinics are planned for re-introduction this year. Visiting Neurologists Dr Rob Henderson and Dr Stefan Blum of the RBWH will commence clinics at Redcliffe in March 2012.

Central Referral, Unit
Details:
PH: 3883 7100
FAX: 3883 7901

Redcliffe Hospital Medicine and Older Persons Team are :

Dr Peter Stride and



Left to Right:
Dr Patrick Carroll,
Dr Catherine Yelland,
Dr Richard Geraghty and
Dr Christopher Tan



Five (5) Lessons About The Way We Treat People.

1 - First Important Lesson - Cleaning Lady.

During my second month of college, our professor gave us a pop quiz. I was a conscientious student and had breezed through the questions until I read the last one: "What is the first name of the woman who cleans the school?" Surely this was some kind of joke. I had seen the cleaning woman several times. She was tall, dark-haired and in her 50's, but how would I know her name? I handed in my paper, leaving the last question blank.

Just before class ended, one student asked if the last question would count toward our quiz grade. "Absolutely," said the professor. "In your careers,

you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say "hello". I've never forgotten that lesson. I also learned her name was Dorothy.

2. - Second Important Lesson - Pickup in the Rain.

One night, at 11:30 pm, an older African American woman was standing on the side of an Alabama Highway trying to endure a lashing rain storm. Her car had broken down and she desperately needed a ride. Soaking wet, she decided to flag down the next car. A young white man stopped to help her, generally unheard of in those conflict-filled 1960's.

The man took her to safety, helped her get assistance and put her into a taxicab. She seemed to be in a big hurry, but wrote down his address and thanked him. Seven days went by and a knock came on the man's door. To his surprise, a giant console colour TV was delivered to his home. A special note was attached. It read: "Thank you so much for assisting me on the highway the other night. The rain drenched not only my clothes, but also my spirits. Then you came along. Because of you, I was able to make it to my dying husband's bedside just before he passed away. God Bless you for helping me and unselfishly serving others." Sincerely, Mrs. Nat King Cole.

3 - Third Important Lesson - Always remember those who serve.

In the days when an ice cream sundae cost much less, a 10-year-old boy entered a hotel coffee shop and sat at a table. A waitress put a glass of water in front of him. "How much is an ice cream sundae?" he asked. "Fifty cents," replied the waitress. The little boy pulled his hand out of his pocket and studied the coins in it. "Well, how much is a plain dish of ice cream?" he inquired. By now more people were waiting for a table and the



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CEO
M: 0423 397 565
bkorst@montserrat.com.au
or

Jane McGrath

Director of Clinical Services
M: 0447 260 115

New sessional consulting suites will be available at the North Lakes Day Hospital & Specialist Centre in March 2012.

The North Lakes Day Hospital will be the new centre of medicine in one of Queensland's fastest-growing precincts and already features Endoscopy, Fertility, Orthopaedics and Ophthalmology. Located in the North Lakes Medical Precinct, near-neighbours include QDI, QML, Queensland Health, OzCare and Lakelands Medical Centre.

The sessional suites, featuring modern decor, high quality finishes and wi-fi, can be tailored to suit individual needs. The Outer Metropolitan Relocation Incentive Grant (RIG) Program may apply and the suites are available at competitive rates.

There are 47 on-site carparks with friendly, expert staff to greet patients. This may be an ideal location for all or part of your practice. **7 Endeavour Boulevard, North Lakes.**

REDCLIFFE HOSPITAL EXECUTIVE DIRECTOR

Donna O'Sullivan



Redcliffe Hospital's Focus

Redcliffe Hospital has increased its focus on older people in the community who make up a large section of the hospital's catchment population.

How we have done this in practical terms, is to establish a comprehensive service for aged patients with special needs related to the ageing process.

A delirium and falls unit has been established with a focus on reducing problems for patients with dementia in a hospital environment. Greater nursing intervention with patients is expected to reduce issues related to delirium and general confusion.

This is coupled with the introduction of diversional activities and ongoing patient management education for nursing staff. The aim is to reduce the medication used to treat delirium.

We have also established a medical assessment unit for older patients likely to be admitted to hospital for less than 48 hours.

It's expected this will also address "access block" in the Emergency Department. In the new unit, patients will be admitted under the assessment of an acute management team, which will remain as the dedicated team administering care to the patient during the hospital stay.

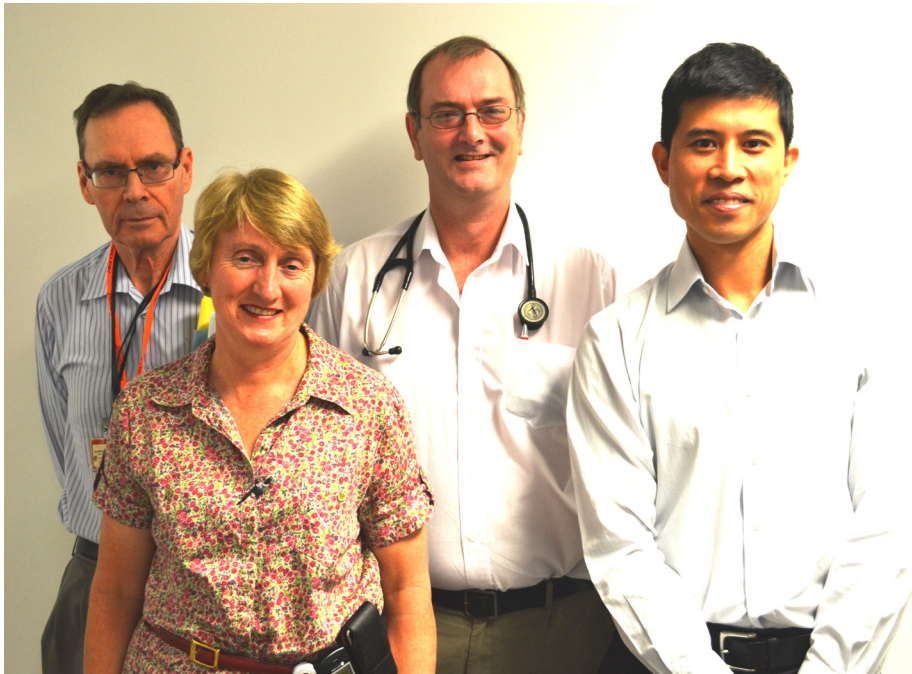
In subsequent visits to hospital within a twelve month period, a patient will be cared for by the same team.

Redcliffe Hospital's

Rehabilitation Unit has established a geriatric evaluation management unit, with eight dedicated beds for older patients.

You are welcome to contact the hospital's Medicine and Older Persons Team directly to refer your patients. We hope this new service will increase the connection between the hospital and local GPs working within the community we all serve.

Donna O'Sullivan



Redcliffe Hospital's Medicine & Older Persons Team L to R Dr Pat Carroll, Dr Catherine Yelland, Dr Richard Geraghty, Dr Chris Tan. Absent: Dr Peter Stride.

Lillian van Litsenburg
MP Member for Redcliffe

P.O. Box 936 P: 3284 2667
Redcliffe Q 4020 F: 3283 1073
redcliffe@parliament.qld.gov.au

Vision Integrity Experience



Happy New Year! I hope you had an opportunity to take a break and spend some time with your loved ones. As you are no doubt aware an election will be called in the first half of the year and I am keen to continue delivering on my vision for Redcliffe to protect our environment and improve our lifestyle.

Over the past six years I have worked to transform the Redcliffe Peninsula into an active, healthy community that has an effective public transport system, a vibrant economy that will support jobs for local people as well as effective services and processes that ensure our lifestyle here continues to improve.

I have worked to ensure State Government funding for our hydrotherapy and heated pools and the gym at the Leagues Club that give people opportunities to partake in healthy activities, meet friends over coffee and complete therapeutic courses that will aid their recovery.

I advocated strongly during the Moreton Bay Marine Park Review and the recent review of Rocky Reef fisheries to ensure Redcliffe recreational fishers, charter and commercial fishers have the best possible access to these fisheries. My advocacy together with that of members of these local peak bodies ensured the whole direction of the legislation changed to our advantage while still conserving precious fisheries.

My support of community groups, schools, emergency services and the Redcliffe Hospital has ensured all these services have continued to grow and improve. There is more to come.

It is great to see the economic indicators for Queensland are looking stronger and will continue to improve through 2012. Much of it is the mining boom but in the last decade the Labor Government has worked to diversify our economy. We are not out of the woods yet with the US and European economies still struggling. It is still vital that the State Government continues to secure jobs, seek new trading partners and raise Queensland's profile as a tourist destination.

Redcliffe Peninsula traders had a boost from the World Water Ski Racing championships which received \$25,000 funding to hold their nine day event at Clontarf. Between 300 and 400 people from the 12 international teams stayed for at least ten nights on the Peninsula, ate at our cafes and restaurants and spent money in local shops. This was a great outcome for our Redcliffe economy.

As the patron of the Redcliffe Hospital Foundation, I donated \$1000 to sponsor the Family Fun Day for Child Protection last year. I look forward to continuing to strengthen this relationship in 2012.

In these times when spin and dirt files have been a hall mark of political life at all levels, integrity is at the very

core of who someone in public life should be. If a Member of Parliament doesn't have integrity a community can not trust that promises will be delivered. I have made it my policy not to promise anything until I have been able to ensure I could deliver.

That was so with the Kippa Ring Rail. There was great pressure on me to promise it at the 2009 election but knowing how long Redcliffians have waited for it I was not prepared to promise it until I was sure it would be delivered. The Moreton Rail Link is on track to be completed by 2016. The geotechnical, environmental studies and the detailed designs are all in the last phase before the start of construction. In fact the tenders to build over passes across roads will close in the next couple of weeks. This will ensure there is the least possible disruption to traffic during the construction of the rail.

I had an interesting conversation with a resident recently who remarked at how far the state of Queensland has come in recent years. This resident grew up in Victoria and has memories of Queensland being the butt of jokes as we were behind the rest of the country.

That was indeed reflected in the levels of funding for education, health, public transport and social services such as mental health and children's services. I am proud that the Labor Government has changed that around and people are still flocking here in droves. The wholesale changes in Queensland during this time are reflected in changes that have been occurring on the Redcliffe Peninsula.

In this time our schools and the quality of education has improved markedly on the Peninsula. Our Hospital has modernised and is offering a wider range of quality services than they ever have. In fact medical professionals from all over the world flock to our local hospital to observe our award winning Specialist Outpatients and Emergency Departments.

With a new bridge, a rail to Kippa Ring and a new bus interchange that will deliver better streamlined services public transport is improving for Redcliffe people.

Our increasing number of 4 to 5 star short term accommodation facilities, our whale watching, charter fishing and our iconic festivals demonstrate that our economy is diversifying and gaining in strength. Redcliffe has come a long way under a Labor Government and I am committed to continue to secure a better lifestyle for us all.

My experience and expertise in successfully negotiating to deliver these important pieces of infrastructure, to further my vision for Redcliffe and to enrich our community is what representing a community is all about. I am committed to continuing to work honestly and ethically to further these goals.

My vision for Redcliffe, my integrity, my experience and my commitment to the Peninsula have been what have driven me to continue working in state Government to improve our precious community and with the support of the community I am keen to continue delivering on my vision protecting our environment and improving our lifestyle.

A handwritten signature in black ink that reads "Lillian van Litsenburg". The signature is fluid and cursive, written over a thin horizontal line.



waitress was growing impatient. "Thirty-five cents," she brusquely replied. The little boy again counted his coins. "I'll have the plain ice cream," he said. The waitress brought the ice cream, put the bill on the table and walked away. The boy finished the ice cream, paid the cashier and left. When the waitress came back, she began to cry as she wiped down the table. There, placed neatly beside the empty dish, were two nickels and five pennies. You see, he couldn't have the sundae, because he had to have enough left to leave her a tip.

4 - Fourth Important Lesson. - The obstacle in Our Path.

In ancient times, a King had a boulder placed on a roadway. Then he hid himself and watched to see if anyone would remove the huge rock. Some of the King's wealthiest merchants and courtiers came by and simply walked around it.. Many loudly blamed the King for not keeping the roads clear, but none did anything about getting the stone out of the way. Then a peasant came along carrying a load of vegetables. Upon approaching the boulder, the peasant laid down his burden and tried to move the stone to the side of the road. After much pushing and straining, he finally succeeded. After the peasant picked up his load of vegetables, he noticed a purse lying in the road where the boulder had been. The purse contained many gold coins and a note from the King indicating that the gold was for the person who removed the boulder from the roadway. The peasant learned what many of us never understand!

Every obstacle presents an opportunity to improve our condition.

5 - Fifth Important Lesson - Giving When it Counts...

Many years ago, when I worked as a volunteer at a hospital, I got to know a little girl named Liz who was suffering from a rare & serious disease. Her only chance of recovery appeared to be a blood transfusion from her 5-year old brother, who had miraculously survived the same disease and had developed the antibodies needed to combat the illness. The doctor explained the situation to her little brother, and asked the little boy if he would be willing to give his blood to his sister. I saw him hesitate for only a moment before taking a deep breath and saying, "Yes I'll do it if it will save her." As the transfusion progressed, he lay in bed next to his sister and smiled, as we all did, seeing the colour returning to her cheek.

Then his face grew pale and his smile faded. He looked up at the doctor and asked with a trembling voice, "Will I start to die right away". Being young, the little boy had misunderstood the doctor; he thought he was going to have to give his sister all of his blood in order to save her.

Now you have choices and you never know how or when you'll be repaid! Most importantly: "Work like you don't need the money, love like you've never been hurt, and dance like you do when nobody's watching."

One call.

Depression n.

We're here.



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REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOC VICE PRESIDENT REPORT

Kimberley Bondeson



What will 2012 Bring?

We have started a new year, and thank goodness it is not the same as last year's dramatic start with the floods in Brisbane.

Issues that are evolving are the roll out of Medicare Locals (ML), Superclinics and personally controlled e-health record (PCEHR).

We are still uncertain how each of these are going to work, and how they will improve our patients care. It is a concern, that each of these, ML, Superclinics, and the PCEHR may not make any difference to our patients care.

And the government is putting a lot of money into each of these, complicated systems to oversee and adding another layer of bureaucracy to GP's and more paperwork.

Are Medicare Locals really going to help? Will the Redcliffe Superclinic ever open with a GP in it? And will the personally controlled e-health record be realised - and to what benefit?

One suggestion is that it will simply be an internet portal where consumers can register for an electronic record.

Most GP's and specialists already give our patients an electronic record, or a printed summary.

We will just have to continue to wait and see.

Kimberley

Don't miss out on Education Points!

Enrol in the Cytology Pap Smear Audit

- **Assess** the accuracy of your collections and the rate of STI pick up in your patient population.
- **Compare** your practice against peers statewide in a confidential manner via graphical and statistical information.
- **Receive** assistance and feedback from Histo/Cytopathologists.
- **Earn** 40 RACGP QI&CPD Category 1 points and/or 30 ACRRM PRPD points.

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



Enrol in the Cytology Pap Smear Audit

The new QML Pathology Cytology Pap Smear Audit has launched for 2012.

This audit will enable doctors to conduct a systematic review of their clinical practice while at the same time earn 40 category 1 RACGP QI&CPD and/or 30 ACRRM PRPD points.

Doctors can assess their identification, diagnostic accuracy, practical accuracy of smear collection and STI pick up rates in adjunctive testing, i.e., urine, swabs, BD SurePath™ and ThinPrep, and compare with the results of other practices.

Data will be collected from all registered participants and collated into a graphical report, featuring statistics and data on:

- Diagnostic findings and accuracy
- Procedural findings and causes of unsatisfactory smears
- Ancillary testing and detected STIs (numbers and types).

In addition, assistance and feedback is available for doctors regarding their cytology from QML Pathology Histo/Cytopathologists.

Please phone Margaret MacPherson, Medical Liaison Officer on (07) 3049 4429 to register, or complete the form online at www.qml.com.au in the 'Latest News' section.



AMA

SAVINGS FROM PRIVATE HEALTH MEANS TEST CHANGES MUST GO TO HEALTH -AMA

AMA President, Dr Steve Hambleton, said today that, should the Government succeed in getting its private health insurance means test changes through the Parliament, all savings should be ploughed back into the health system.

Dr Hambleton said that the extra funding would assist cover existing need in the system and help compensate the public hospital system for any extra demand that may occur as a result of the changes.

"Australia needs both a strong private sector and a well-funded public sector to deliver effective health care," Dr Hambleton said.

"Private health insurance participation rates must be maintained at current levels to maintain the viability of the private sector.

"There are many disparate views of the possible impact of the means test changes.

"The Government says its modelling indicates that the changes would have a modest impact on private health membership. Federal AMA analysis of that modelling draws a similar conclusion.

"So we will have to look for hard evidence of the impact, not speculation.

"The AMA would be concerned if more people

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than estimated gave up their cover or if the measure causes people to downgrade their cover to reduce the cost of their premiums.

"It is therefore vital that any savings from the measure stay in the health system.

"If the changes make it through the Parliament, the Government must monitor the impact of this policy and be prepared to make adjustments if there is any significant reduction in private health insurance membership.

"Our public hospitals must be properly resourced and the balance between the public and private sector must be protected," Dr Hambleton said.

13 February 2012

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

Follow the AMA Media on Twitter: http://twitter.com/ama_media Follow the AMA President on Twitter: <http://twitter.com/amapresident>

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

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

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

Meeting dates are in the date claimers on page 4

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

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CHANGES TO CLASSIFIEDS

Classifieds remain **FREE** for current members. To place a classified please email: RDMAnews@gmail.com 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 Inc.**

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st July 2011 to 30th June 2012

Dear Doctor

The Redcliffe & District Local Medical Association Inc has had another successful year of interesting and educative meetings on a wide variety of medical topics. It's now time to show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

As this is now June 2011 your subscription to cover until the 30th June 2012 will be \$100.

Doctors-in-training and retired doctors are invited to join at no cost. This subscription not only entitles you to ten (10) dinner meetings but also to a monthly magazine. Contributions and suggestions on topics and/ or speakers are very welcome.

Please can you endeavour to pay your subs by internet banking as it is so much easier for all concerned, saving you writing cheques and us having to bank them? You will receive your receipt by email if you supply your email address to me on GJS2@Narangba-Medical.com.au.

Yours sincerely

Dr Peter Stephenson
Treasurer

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION INC.

ABN 88 637 858 491

Note: **Two Medical Practitioners from the One Family Qualify for a \$25 Discount each**

Tick box **1. One Member (\$100) 2. Two Family Members (\$150)** (Complete BOTH sets of details)

3. Doctors-in-training and retired doctors: Free

1. Dr. _____
(First Name) (Surname)

2. Dr. _____
(First Name) (Surname)

1. EMAIL ADDRESS: _____@_____

2. EMAIL ADDRESS: _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

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

METHODS OF PAYMENT:

1. PREFERRED **INTERNET BANKING**

2. PAYMENT BY DEPOSIT SLIP: Remember: **INCLUDE** your name i.e: Dr. F. Bloggs, RDMA A/c & date:

3. ENCLOSED PAYMENT: (Note: Member Subscription Form on website for you to type directly into and email)

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

ii) Or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work

MORETON BAY MARINE PARK
YOU ARE ADJACENT TO A
MARINE NATIONAL PARK ZONE.



NO FISHING OR CRABBING



NO COLLECTING

ALL FORMS OF TAKE ARE PROHIBITED.
\$500 ON-THE-SPOT FINES APPLY



Gayundah Wreck

