RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
FEBRUARY 2013

Morayfield

See Morayfield in our historical article in our regular Where We Live And Work segments page 3 and 20.

RDMA Vice President's Message . Dr Kimberley Bondeson

Welcome to the New Year, and some exciting changes on the horizon, though I am unsure if they are good or bad. We survived the floods, and thank goodness it was not a repeat of the 2011 floods in Brisbane.

In Redcliffe, the GP Super Clinic is still not open. The funds for this super clinic were initially committed 6 years ago by the Federal Government, who still has not admitted that the entire concept is a dismal failure. $13 million is the cost of the Redcliffe building.

Initially 54 bulk billing and late opening GP clinics were planned. Of this 2010, initial $650 million, project, 7 are operational, and only one is bulk billing. This clinic was only offering 10 minute appointments, in order to achieve the volume it needed to make ends meet. Mt Isa, Townsville and Gladstone clinics are still not open, and construction of the Mt Isa Clinic has not even started. Mt Isa has another problem as well, as 5 of its 7 GP's are leaving shortly or have left, as due to a change in the Rural and Remote Status, Cairns and Townsville are classified in the same rural and remote catergory as Mount Isa. So they are up and off to the lovely coastal towns with good schools and infrastructure.

Public Hospitals are struggling as well –some nurses in Rockhampton are being offered week by week contracts by Qld Health. As you can imagine, this is causing some stress, as they have mortgages and families.

The latest news from the federal government was that the Prime Minister had "done a flip" and changed the government policy in Victoria – the Victorian Health policy was to cut costs and introduce productivity bonuses. This morning on the news, this resulted in the closure of hospital wards, lose of beds, and the cancellation of elective surgical lists in Victoria – sound familiar? According to the news reporter, the funding was returned, this time paid directly to the hospitals and bypassing the Victorian State Government, and the productivity bonus money that was unspent was redirected to fill the shortfall in the budget.

The initial changes made to the Federal Health Budget was based on adjustments to population estimates, where funding is linked to population. These adjustments based on population estimates are now being described as 'flawed'. This would appear to be a nightmare, where the funding cuts are resulting in job losses, bed closures and cancellation of surgical lists.

Still have yet to see any major projects from Medicare Locals, and the Local Hospital Board remains quite.

Well, the health system in Queensland has problems, but the dental system is also in a dismal state. There is a 7 year wait to see a public dentist in some areas (and they recommend 6 monthly dental reviews). Then, on the other hand, the Frazer Coast Council has just voted to scrap fluorination of its water supply (which cost $2.4 million 2 years ago), despite the advice from the Aust. Dental Association.

So, we shall just have to wait and see what unfolds over the next few months.

Wayne is away in New Zealand at present, trekking, and increasing his fitness for his Kokoda trek later this year.

Kimberley Bondeson

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

2013 MEETING DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 26th
Wednesday March 27th
Tuesday April 30th
Wednesday May 29th
Tuesday June 25th
Wednesday July 31st

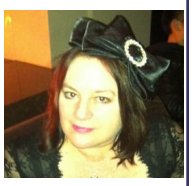
Annual General Meeting
Tuesday August 27th

Wednesday September 18th
Tuesday October 29th

End of Year Networking Function
Friday November 29th

CONTACTS:

President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5476 0111



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MARCH NEWSLETTER 2013

The 14th March 2013 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com
Website: http//www.rdma.org.au

INSIDE THIS ISSUE:

Morayfield

Morayfield, Queensland

Morayfield is a suburb of Caboolture located 44 km north of Brisbane. Morayfield mostly a residential area, consisting mainly of low-set brick homes and some semi-rural acreage.

Morayfield Road is the main commercial area concentrated along this main road and includes the Morayfield Shopping Centre, which opened in 1997. The suburb is situated in the Caboolture River catchment area which is influenced by tidal high tides especially during heavy flooding.

Transport

Morayfield railway station provides easy access to regular Queensland Rail services to Caboolture, Brisbane, Ipswich and the Sunshine Coast.

History

Brisbane man George Raff bought some of the land held by the failed Caboolture Cotton Company, calling it "Moray Field" although it was often written as Morayfields, derived from Raff's native Morayshire in Scotland. Eventually from 1881, the township became "Morayfield". Raff employed South Sea Islanders and grew sugar here for nearly twenty years. Raff was commended by the Rev J. D. Lang on his humane treatment of the islanders under his care.

Morayfield remained a rural area consisting of a small dairy holdings and small crop farming enterprises until the mid 1980s. However the rapid growth of the greater Brisbane area created population pressure and Morayfield has suffered to a large degree from random and unplanned residential developments with this rapid growth.

Today Morayfield is the retail hub for the shire's growing population thriving retail and service industry commercial center and where national companies are establishing their chains.

It is rumored that Greg Norman is currently involved in a large-scale plan to radically alter the eastern fringes of Morayfield, with land to the east of the Bruce Highway and south of the Caboolture River is to be turned into medium density residential lots.

Morayfield Sugar Plantation

The remains of Raff's Morayfield Sugar Plantation was one of the earliest developments in Queensland's prominent sugar industry and entered in the Queensland Heritage Register as an archaeological place. The site on Nolan Drive at Morayfield could provide important information about Queensland's history that could not be found elsewhere.

Morayfield Sugar Plantation was established on the southern bank of the Caboolture River in 1866 and owned by George Raff til 1889. George Raff a prominent early citizen in Queensland, made a major contribution to the development of the sugar industry and was a former member of the Queensland Legislative Assembly. Raff a major supporter of the use of indentured South Sea Islander labour in the sugar industry employed many islanders at Morayfield between 1866 and 1889 when cane was grown to produce sugar, rum and molasses on the property. Any archaeological artifacts found at the site will provide information about key aspects of Queensland's history, in particular the development of the early sugar growing, processing and distilling operations, and the role of South Sea Islander people in Queensland's sugar industry.

Few places associated with the use of indentured labourers from the South Sea Islands have survived in southern Queensland. The everyday lives of people who lived and worked on the plantation and their lives are not well documented elsewhere. In 1886 all cane farming and all related production ceased at the plantation. After George Raff died in 1889, the plantation was eventually sold and converted to dairying in 1901. The current owners of the site, North East Business Park Pty Ltd, are planning to redevelop the site as a commercial centre which will incorporate and protect the heritage-listed area.

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr ALEX MARKWELL E: a.markwell@amaq.com.au P: (07) 3872 2222,

Update from AMAQ President

2013 has certainly gotten off to a rough start with bushfires and floods wreaking havoc across much of Australia. Barely two years since the floods that crippled large parts of Queensland, we watched again with dismay as record rainfall, gale-force winds and even tornados, brought fresh heartache to many communities still recovering from the natural disasters of 2011. This latest catastrophe has affected many of our members and colleagues, both personally and professionally and we wish to extend our support to any members facing hardships following these events.

We're aware of numerous doctors who endured the strain of working in or around flooded buildings with restricted road access, lengthy interruptions to power and the threat of running out of fresh water. These challenges were further compounded by the deep sadness and frustration that Queensland was facing another flood again so soon. In an effort to support people rebuilding their homes and lives, AMA Queensland is proud to relaunch the See the Signs campaign which was first introduced in the aftermath of the historic floods and cyclone Yasi that took Queensland by surprise in 2011.

See the Signs is a public health initiative that encourages people to recognise signs of mental distress in themselves, their immediate friends and family and also for doctors to be on the lookout for symptoms of anxiety or depression when treating patients.

The Sevens Signs identified by AMA Queensland to help indicate whether a person is having difficulty are:

1. Complaints of continued poor sleep with ongoing nightmares.
2. Observations a person is easily overwhelmed, tearful or fragile.
3. The use of drugs or alcohol to suppress intense emotions or to try to achieve sleep.
4. A pattern of withdrawing from family and friends and not engaging in day to day discussions that generally allow people to slowly debrief.
5. Problems performing at work such as struggling to concentrate on the job at hand.
6. Startling easily and declining invitations for social engagements and other usually pleasurable activities.
7. Increased or unreasonable irritability with family, workmates or friends.

In partnership with Queensland Health, AMA Queensland is distributing 10,000 information posters to hospital, medical practices and community services throughout the state. If you would like to request copies of the poster to display in your practice please let us know via amaq@amaq.com.au.
In the midst of the flood chaos, the relentless push for efficiency and budget cuts continues. Over the past few months most Hospital and Health Boards have announced further cuts to jobs and services with talk of more yet to come. Doctors across the state have been affected, with the loss of junior doctor training positions, senior clinicians and medical administrators.

Our members continue to raise concerns regarding lack of meaningful consultation and engagement with clinicians by many boards. Recurring themes throughout the state focus on the impact on patient care, loss of training positions, lack of support for teaching, training and research and the as-yet-uncounted long term cost of these short-sighted decisions. AMA Queensland continues to work with members, patients and other stakeholders to raise awareness of these concerns and facilitate solutions where possible - we strongly encourage LMA members to get involved and ensure local doctors have a say on the future of health care in their communities. We have recently collaborated with the Rural Doctors Association of Queensland and the Statewide Rural and Remote Clinical Network to attempt to establish an indicative health services model for rural Queensland.

Over coming weeks we will be holding information sessions in conjunction with ASMOFQ throughout Queensland discussing redundancies, restructuring and industrial consultation requirements, and other options for members affected by these cuts.
Other issues we will be keeping a close eye on in coming months are; the auditor-general's review of private practice billing in Queensland Health facilities and the Health Payroll Commission of Inquiry. In my next report for the RDMA newsletter, I hope to share some good news following the launch of LNP's Blueprint for Health, expected to be released in March.
Despite the strain of recent months it is exciting to welcome a new year. I look forward to continuing to work with members during the second half of my term as President.

Dr Alex Markwell, President AMA Queensland

Interesting Tidbits NATTY MOMENTS:

FOR THOSE WHO THOUGHT THEY KNEW EVERYTHING

The liquid inside young coconuts can be used as a substitute for:

- **Blood plasma.**

No piece of paper can be folded in half **more than seven (7) times. Oh go ahead...I'll wait..**

Donkeys kill more people annually

- **than plane crashes or shark attacks. (So, watch your Ass)**

You burn more calories sleeping

- **than you do watching television.**

Oak trees do not produce acorns

- **until they are fifty (50) years of age or older.**

The first product to have a bar code

- **was Wrigley's gum.**

The King of Hearts is the only king

- **WITHOUT A MOUSTACHE**

American Airlines saved $40,000 in 1987

- **by eliminating one (1) olive from each salad served in first-class.**

Venus is the only planet that rotates clockwise

- **(Since Venus is normally associated with women, what does this tell you!) (That women are going in the 'right' direction...?)**

Apples, not caffeine,

- **are more efficient at waking you up in the morning.**

Most dust particles in your house are made from

- **DEAD SKIN!**

The first owner of the Marlboro Company died of lung cancer.

- **So did the first 'Marlboro Man'.**

Walt Disney was afraid

- **OF MICE!**

PEARLS MELT

- **IN VINEGAR!**

The three most valuable brand names on earth:

- **Marlboro, Coca Cola, and Budweiser, in that order.**

It is possible to lead a cow upstairs...

- **but, not downstairs.**

A duck's quack doesn't echo,

- **and no one knows why.**

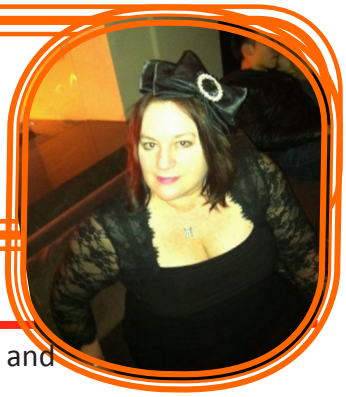
Dentists have recommended that a toothbrush be kept at least six (6) feet

- **away from a toilet to avoid airborne particles resulting from the flush. (I keep my toothbrush in the living room now!)**

And the best for last....**Turtles can breathe through their backsides.** (I know some people like that, don't YOU?)

Remember, knowledge is everything...and go move your toothbrush!!!

AMAQ BRANCH COUNCILLOR REPORT
Greater Brisbane Area Representative
Dr KIMBERLEY BONDESON



Welcome to 2013

It seems like we are scrapping by from one health crisis to another. Trying to keep abreast of changes in health is not a simple thing.

An example of this is the National Health Reforms which were implemented in 2012, with the abolishment of Queensland Health, to be replaced by new administrative bodies, with different roles. The aim is to delegate service delivery to a local level and allocate funding and quality control responsibilities to newly formed national bodies. Examples of these are the new Medicare Locals, and the HHS Boards (local hospital boards), and what remains of Queensland Health as a "system manager".

The HHS Boards have been given a very difficult job, to manage service delivery and allocate funding (underfunding, I suspect), with a greatly reduced budget. Each board has an initial appointment of 12 months. These boards have been left with the task of managing the reduced budgets that their hospitals have been given. This includes cost cutting and part of this cost cutting is decreasing staff. A mammoth and thankless task, and paints a picture that if a hospital is not on budget, then the board or board members can be held responsible and dismissed.

As doctors, we need to understand the new Health Reforms, and its impact, so we can navigate our way through it to obtain the best outcomes for our patients. It is extremely easy to get lost and confused in the new system (the old one was bad enough).
It is already AMA policy that there should be a practicing medical clinician involved in the management of a department, eg Department of Surgery.

An extract from the AMA Code of Ethics follows:
- consider first the well-being of your patient
- approach health care as a collaboration between doctor and patient
- if you work in a practice or institution, place your professional duties & responsibilities to your patients above the commercial interests of the owners or others who work within these practices.
- In order to provide high quality care, you must safeguard clinical independence and professional integrity from increased demands from society, third parties, individual patients and governments.
- Refrain from entering into any contract with a colleague or organization which you consider to be professionally unethical, against your moral convictions, imposed on you for either administrative reasons or for financial gain which you consider are not in the best interest of the patient.

It also states that doctors need to accept a share of the professional responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health of the community.

As Doctors, we have a duty, whether we like it or not. So how is the government going with its National Health Reforms? Not so well, I fear.

The Metro North Medicare Local, responsible for Brisbane North, has an Asthma Care Project which they are advertising as a "fully funded 2 day workshop". However, the devil is in the detail. They are offering $1,400 as an incentive payment to the practice to participate. Now the details come. The project requires the practice to supply 2 nurses, from 8.30 to 4.30 for 2 days, up to 3 reception staff to do a 3 hour course on triage, and for 2 GP's to attend a 3 ½ hour session.

Doing the math, it simply is not worth it. It would cost the practice more that the $1,400 incentive payment that is offered simply in wages for the staff attending the course, let alone paying for replacement staff. What is also concerning, is the amount of paperwork and planning that has already gone into the project by the Medicare Local team. I understand that this was one of the major problems faced by the Divisions of General Practice as well – it took them 2 -3 months of work and manpower to do the paperwork to apply for government funding, and then the project itself only ran for a short period. It would appear that the same thing is happening with the Medicare Locals – again, an added layer of bureaucracy. We are already seeing The Australian Medicare Local Alliance asking for extra funding - $130 million per year over 4 years for chronic disease prevention and management program plus another $92 million over three years

for an early childhood development program.

These are hugh sums of money, much of which will be gobbled by the planning and development stage. It includes, as one of its objectives, installing care coordinators in MLs to link with practices and give patients with chronic disease access to multidisciplinary care.

I thought GP's were already doing this, and certainly don't need another layer of paperwork or level of bureaucracy to hinder the process.

On a different topic, following application made by the AMA, the ACCC has authorized GP's working in the same practice to agree on the fees charged to patients attending that practice. It has also permitted GP's working in the same practice to negotiate collectively with hospitals and medicare locals. This includes in it provisions for collective bargaining in relation to the provision of VMO services to public hospitals and medicare locals in relation to provision of medical services including after hours.

A new item that needs to be monitored is the prospect of cyclic revalidation, similar to the UK system. This is a more formal ongoing assessment process for health professionals across the board wishing to keep their registration. This concerns me, as I feel we already do enough CPD activities, and reports from British Doctors are that the UK cyclic revalidation is an appalling waste of time and we should avoid it at all costs in Australia. Of note, the UK does not have the CPD system that we do here. Will keep you posted on this one.

So, 2013 will be an interesting year. Particularly if there is a change of government. The opposition have said that the first thing they have said that they will do is cancel the Medicare Local Project. Will keep you posted on any other potential changes that may occur and other points of interest that I become aware of.

As the Greater Brisbane Area Representative to AMAQ, please do not hesitate to let me know of any areas of concern, both from the Public or Private Health Sector.

Kimberley BONDESON
AMAQ Branch Councillor.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday 26th February 2013**

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: Warner Chilcott & Sanofi
7.40pm	Speaker: Dr Grant Cracknell Topic: When does 70 and 7 not fit, a case study presentation
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

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

QML Pathology.

RDMA VICE PRESIDENT
Dr KIMBERLEY BONDESON

"Doctors Don't Know Everything"

I hope everyone enjoyed the Christmas break, and New Year.

It is back to work for most of us, and the health dollar is getting tighter, which is making it harder for us to properly treat our patients.

However, patients never cease to amaze me. I had a lovely, sensible, 60 year old patient who I had looked after for years come and see me about a rash. It started in his groin, over his genitals, and spread up his torso and down his legs. It caused his genitals to swell, so his urine stream was not steady. It was red, scaly and itchy, but not painful. It blanched when pressed. It was very impressive, and I got one of the other doctors in the surgery to examine him with me.

After consideration, we decided that it was a fungal infection, which he had developed an allergic reaction to. The treatment was steroid creams, oral steroids and anti-histamine. He was seen 1 week later. It seemed to be responding, but not as quickly as I would have liked.

He represented 4 weeks later, with the rash just as bad as ever. This time I ordered some bloods, and again discussed the rash with a colleague.

To my horror, the blood tests came back with massive liver damage, and white cells and platelet changes. We were convinced that he had some form of leukaemia. I ceased all his meds (having previously put him on ketaconazole for presumed fungal infection – noting that the skin scrapping had some back negative for fungal infection.) It crossed my mind that the ketaconazole could have caused the liver damage, and again questioned the patient about any medications, which he denied.

I sent him off for scans, convinced we would find some sort of cancer or leukaemia. I repeated his bloods, and to my surprise, they were improving. His scans were relatively unremarkable, except for his spleen, which was marginally enlarged.

On reviewing the patient, he started to talk. "Do you know Doc, that they have lower levels of arthritis in Egypt and Turkey, and they have higher levels of borax in their soil?". He told me doctors don't know everything, and that he had been reading about borax. In fact, he had been putting borax on his morning porridge daily for a period of 3 months prior to his rash developing, and then he stopped it. (Borax is a pesticide and bleach which we commonly use for cleaning toilets etc). He forgot to tell me. He had classic borax poisoning. He said it was only a little amount that he had been using. I told him that you only needed a tiny amount of arsenic to kill you.

Well, it appears that his liver is recovering, hopefully so will his spleen, and his rash is very slowly improving. So yes, Doctors do not know everything, but I do know, I will recognize the rash of borax toxicity if I ever see it again!

Kimberley Bondeson

SNAPSHOT FROM THE PAST Brand Seeks State Post

REDAMA Newsletter from Series 2 No 8 February 1991, page 1

REDAMA Report

Official Newsletter of the REDCLIFFE & DISTRICTS LOCAL MEDICAL ASSOCIATION

Series 2 No 8 FREE FEBRUARY 1991

BRAND SEEKS STATE POST

REDCLIFFE and Districts LMA president, Dr David Brand is to seek election to the Council of the Queensland Branch of the AMA.

Dr Brand, who is in his seventh month as president of the LMA, has bowed to lobbying from a number of sources to offer himself for election.

Another member of the Redcliffe LMA, Dr Rob Hodge, is currently secretary of the AMA.

Dr Brand is already actively involved at State level as chairman of the special committee on the Early Discharge Patients Scheme and the on the Membership sub-committee.

He was invited by the Australian Doctors Fund to chair a committee planning national conferences and is now a co-opted member of the ADF National Summit Planning Committe.

Dr Brand said he had previously decided not to seek a second term as LMA president because of the demands of the other positions.

"I am enjoying the challenge of being president of a local association but I will concentrate on the State positions next year," he said.

The election of Branch Council will be held in June.

The Gold Coast branch of the AMA has already pledged its support for Dr Brand and urged members to vote for him.

Dr Brand said he would offer a similar endorsement to the Gold Coast president, Dr Graham Exelby who is to seek re-election as a councillor.

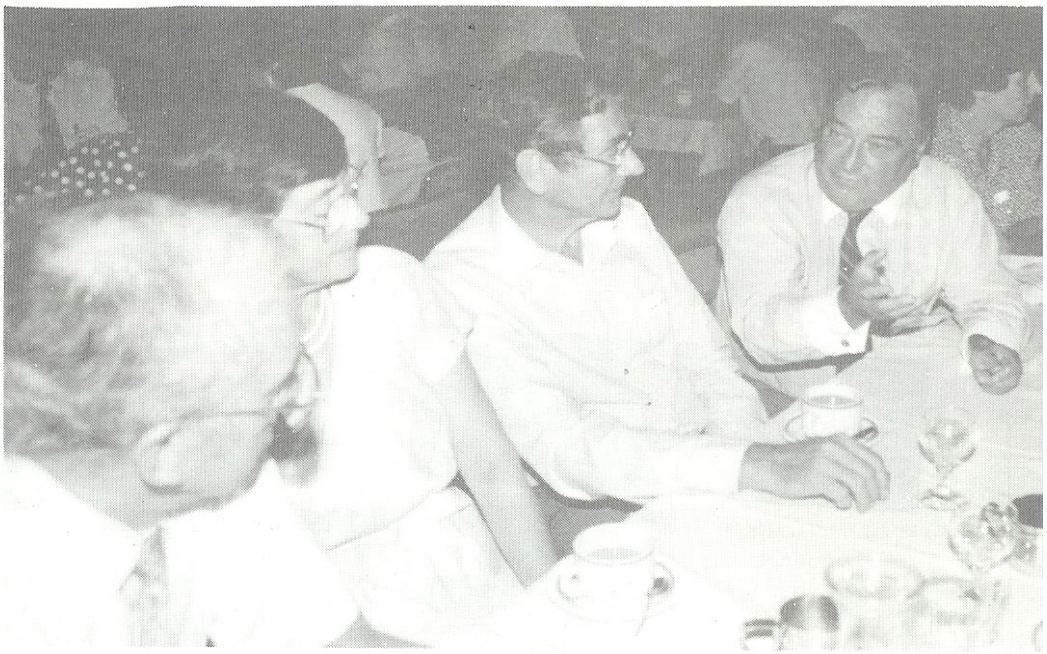
Seven members of the current council remain in office and will not need to face an election.

They are Drs W.J. Carter, P. E. Eliadis, S.J. Harbison, P.G. Livingstone, S.M. McDonnell, P.G. Row and R.T. Ward.

Nominations for the council close on March 29 and the ballot closes on May 9.

The HODGE REPORT ...page 6

TANGALOOMA CONFERENCE ...page 5



BRIAN DIXON of Suncorp (right) has an attentive audience as he amplifies points made in his talk as guest speaker at the January meeting of the Redcliffe and Districts Local Medical Association. Mr Dixon joined David Thorburn in presenting members with an outline of securities now available to the medical profession to protect income and prepare for retirement or sudden loss of income.

•***The Great Debate***

Your chance for a say on advertising and medical profession

THE contentious question of advertising and the medical profession will be the subject of a major debate at the February meeting of the Redcliffe and Districts Local Medical Association.

President, Dr David Brand, has set up a panel which will argue for and against the question before the meeting is opened up to a general discussion.

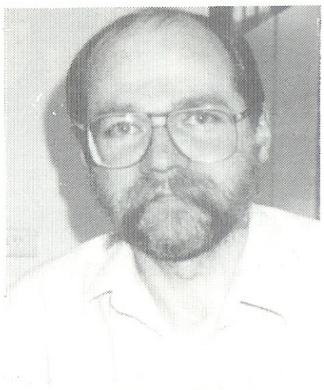
Dr Brand said one speaker for the "pro" side would be State AMA branch treasurer and media spokesman, Dr Graham Row while former LMA president, Dr Kerry Garske had been invited to speak against.

Dr Brand said the question of advertising had become even more important in recent months following the growth of incidents involving "corporate" promotion of privately owned clinics.

He said the AMA was widely divided on the question and it would only be through establishing a comprehensive consensus that a policy could be formulated.

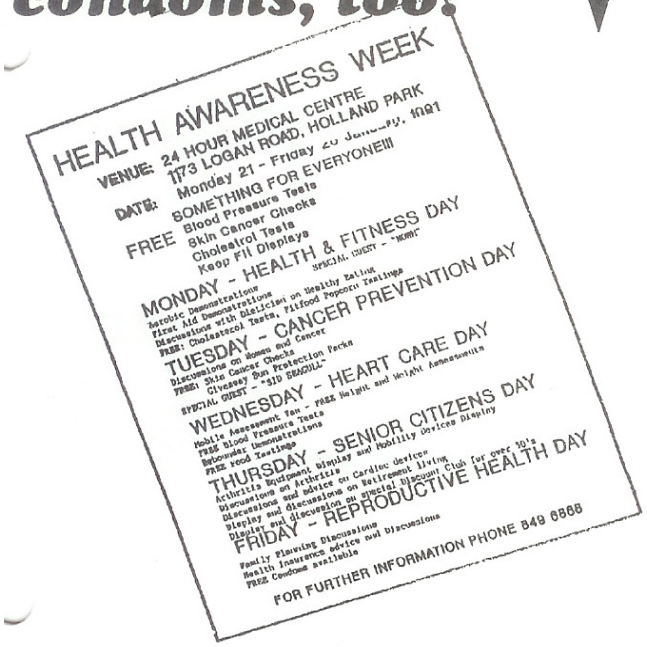
The question of medicine and the media, particularly in advertising, is the subject of a Further Education conference planned by the Toowoomba LMA in March.

One of the speakers at the conference will be State AMA president, Dr Duncan Robertson who will outline the pressures for advertising to be allowed in Queensland and the implications.



Dr DAVID BRAND

All this, and free condoms, too!



HEALTH AWARENESS WEEK

VENUE: 24 HOUR MEDICAL CENTRE 1173 LOGAN ROAD, HOLLAND PARK

DATE: Monday 21 – Friday 25 January, 1991

SOMETHING FOR EVERYONE!!!

FREE Blood Pressure Tests
Skin Cancer Checks
Cholestrol Tests
Keep Fit Displays

MONDAY – HEALTH & FITNESS DAY
SPECIAL GUEST – "MOMMY"
Aerobic Demonstrations
First Aid Demonstrations
Discussions with Dietician on Healthy Eating
FREE: Cholesterol Tests, Fitfood Popcorn Testings

TUESDAY – CANCER PREVENTION DAY
Discussions on Homes and Cancer
FREE: Skin Cancer Checks
Giveaway Sun Protection Packs
SPECIAL GUEST – "SID SEAGULL"

WEDNESDAY – HEART CARE DAY
Mobile Assessment Van – FREE Height and Weight Assessments
FREE Blood Pressure Tests
Polyunsaturated Margarine Demonstrations
FREE Food Testings

THURSDAY – SENIOR CITIZENS DAY
Arthritis Equipment Display and Mobility Devices Display
Discussions on Arthritis
Discussions and advice on Cardiac devices
Discussions on Retirement living
Display and discussion on special Discount Club for over 50's

FRIDAY – REPRODUCTIVE HEALTH DAY
Family Planning Discussions
Health Insurance advice and Discussions
FREE Condoms Available

FOR FURTHER INFORMATION PHONE 849 6868

Is this the sort of promotion that doctors envisage will occur if advertising is permitted for the medical profession in Queensland?

This "flier" was distributed on behalf of a 24-hour medical centre in Brisbane's southern suburbs during January.

Its contents include the offer of "something for everyone" including free blood pressure tests, skin cancer checks, cholesterol tests and keep fit displays.

Each day of the week had a theme with demonstrations in aerobics, first aid and arthritis treatments, giveaways, and free discussions with para medics and welfare representatives.

The week culminated with family planning discussions, health insurance advice and free condoms.

The week was promoted by letter boxing the flier to homes in surrounding suburbs.

Redcliffe and Districts LMA president, Dr David Brand, said the promotion was the sort of advertising which would come under the microscope at the advertising forum at the February meeting.

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #99
Safe motoring,
doctorclivefraser@hotmail.com.

"Just the Ticket"

I've always had a great deal of respect for traffic officers. They're out there come rain, hail or shine making sure we obey those important road rules.

I've always been happy to excuse their occasionally over-zealous attitude because after all, the rules are the rules.

Most of them have been hardened by years of attending car crashes where recklessness and stupidity have all played a part.

But my confidence in the boys in blue was tested recently when a colleague told me of his 19 year old daughter's recent traffic infringement(s).

She'd been pulled over for doing 70 km/h in a 60 km/h zone which everyone will agree was a fair cop.

But it was the officer's next question about her name and address which got me thinking.

You see she'd just moved in with her boyfriend some six weeks ago.

This had happened with the full knowledge and consent of both sets of parents who were very happy to see her with a young man who loved her.

So my colleague's daughter proudly advised the officer that she was living with her boy-friend at Taringa.

That was a big problem because her licence said that she was living with her parents at Toowong.

In my State it is an offence to fail to notify the Department of Transport of a change of address within 14 days punishable with a fine of $110 (one penalty unit) and one de-merit point.

Had the girl lied to the officer about her current address she might have also been charged with a more serious offence of making a false and misleading statement which carries a fine of $6,600 (60 penalty units).

But honestly in this situation the policeman would be none the wiser whatever address the young woman gave and no ticket would have been issued if she'd simply said that she was still living with her parents.

And anyway my colleague's daughter still visited her parent's home most days and ate there four nights a week.

The issuing of the second infringement just seemed a little heavy-handed to me.

It might have been better handled by the officer with some education of the young offender who might not over-look her change of address the next time she moves.

So the next time you're pulled over by a policeman it may be worth giving a little thought to what you say when he asks you where you live.

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

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GOVERNMENTS MUST WORK TOGETHER TO MAKE EVERY HEALTH DOLLAR COUNT

AMA Federal Budget Submission 2013-14

AMA President, Dr Steve Hambleton, today called on the Federal Government to use the May Budget to prioritise health spending on programs and services where there is strong evidence of direct benefit to patients and to take urgent action to minimise the red tape burden on doctors and other health professionals.

Dr Hambleton said there must be greater cooperation and honesty between all levels of government to ensure that every health dollar delivers a tangible benefit to patients and the community.

"The National Healthcare Agreement appears to be fraying at the edges with the Federal versus State blame game re-emerging over hospital funding," Dr Hambleton said.

"The Federal Government has put more money into health - through current public hospital funding under the National Healthcare Agreement, and future funding under the National Health Reform Agreement and other more targeted Agreements.

"These Agreements have been signed by all governments, yet we are now seeing fingers being pointed over who is to blame for cuts to services at the local level.

"All our governments must put the interests of patients first.

"We must build capacity in our public hospitals. Funding must be better targeted, patient-focused, and clinician led. This will require unprecedented cooperation between the Federal and State Governments.

"The complete pipeline of medical training needs to be properly funded to ensure we have a medical workforce in sufficient numbers to meet future community need. This will involve some long-term vision and planning, not stopgap year-by-year solutions.

"Money should be going to GP Infrastructure Grants, not GP Super Clinics. The Grants are delivering real benefits to general practices and their local communities. The Super Clinics are a bad idea that is getting worse and wasting valuable health dollars.

"Planning is needed to allow primary care, led by general practice, to cope with the growing demands of chronic disease in the community.

"The Government has announced major policies in the areas of aged care and mental health. Where there is evidence that things can be done better, the Government must take the advice of clinicians at the front line and shift or re-prioritise funding accordingly.

"This same principle should be applied to e-health. The AMA supports the PCEHR – it can make a real difference to the continuity of care for patients.

"But the legal framework for the PCEHR has imposed additional red tape on practices. The Government can alleviate this by assisting practices to navigate the complex pathways and requirements necessary for them to participate.

"We must also proceed consultatively on the National Disability Insurance Scheme (NDIS). The priority must be on timely quality care, not litigation. The AMA has some concerns that are still to be resolved.

"And the Government must preserve and build on its commitment to improving Indigenous Health outcomes.

"The AMA Federal Budget Submission 2013-2014 provides sensible and affordable recommendations for a stronger health system.

"We may not have the environment for significant new health funding, but we have an urgent need for some smarter thinking on how precious health dollars are allocated and spent.

"The funding must find its way to the patient," Dr Hambleton said.

The AMA Federal Budget Submission 2013-14 is at https://ama.com.au/federal-budget-submission-2013-14-lets-make-every-health-dollar-count

21 January 2013
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REDCLIFFE HOSPITAL EXECUTIVE DIRECTOR REPORT
Dr DONNA O'SULLIVAN

Redcliffe Hospital Welcomes Interns Decision To Stay On

At Redcliffe Hospital we're delighted all of our 2012 interns have decided to stay on for another year. This is the first time we've had 100 percent retention, which is great as it means continuity of care for our patients.

The 27 junior doctors, in the past year have experienced medical practice at a general and local community hospital with a varied population with a wide range of health care needs.

Although considered a small training hospital, Redcliffe Hospital offers a diverse three year program in a large number of specialities where the community atmosphere promotes open wholistic learning.

We are committed to ensuring that our junior medical staff work in an environment that is value driven and encourages development of inspiring leaders. A supportive environment is essential for our medical staff to fulfill their professional potential.

The extra year will provide more exposure and experience for the junior doctors which will greatly help them in choosing a speciality as they progress in their medical careers.

We wish the junior doctors the very best.

Dr Donna O'Sullivan
Executive Director and Director Medical Services

Staying on ... Some of the Junior Doctors L-R: Mark George, Liam Krebs, Samantha Ng, Andrew Miller, Amelia Stephens and Mandy Wu

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OVERALL MEDICAL WORKFORCE GROWING, BUT GENERAL PRACTICE WORKFORCE SHRINKING

AMA President, Dr Steve Hambleton, said today that the *Medical Workforce 2011* report shows encouraging signs of growth in Australia's overall medical workforce, but a relative decline in the supply of general practitioners raises serious concerns about patient access to quality primary care.

Dr Hambleton said that the report provides further evidence about the uneven distribution of the medical workforce around the country and highlights decreases in the supply of some key specialty areas.

"The good news is that there was a 17 per cent increase in the number of doctors between 2007 and 2011," Dr Hambleton said.

"There was also an increase in the supply of doctors working in rural and remote areas, but the rural medical workforce is still lagging well behind the metropolitan workforce.

"On the downside, the report shows that general practice is still not getting its fair share of the growth in workforce numbers.

"The supply of specialists-in-training, specialists, hospital non-specialists and other clinicians all increased, but the supply of GPs fell from 111.9 to 109.7 full time equivalent per 100,000 population between 2007 and 2011.

"The AMA has called for further investment in general practice, including an increase in the first year intake to the GP training program to 1500 a year (currently 1100) by 2016, to help build the GP workforce to sufficient numbers to meet community need.

"The report shows decreases in the supply of physicians, pathologists and surgeons.

"We will be encouraging all governments and Health Workforce Australia (HWA) to address the need for more specialist training positions in the future, particularly as HWA is predicting that there will be an inadequate number of specialist training places for the growing number of medical graduates.

"We need to start planning for this now and setting aside the necessary funding if the community is to have access to the medical workforce it needs into the future," Dr Hambleton said.

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23 January 2013

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COMPUTERS & GADGETS
with Doctor Daniel Mehanna
Electronics "Link Me Up"

Email: apndx@hotmail.com.

As the new year begins and we are all settling back to work there's no better time to sit down and have a think about what this year will bring.

What will happen in the world of smartphones, computers and electronics? With this is mind I have decided to go out on a limb and give you my predictions (and hopes) for the year of 2013. So in no particular order.

1. Apple – The iphone will continue to lose market share to its competitors (see below) mainly due to its reluctance to produce lower priced products to cater for the budget orientated market (although they did release the ipad mini – it is still relatively highly priced). History will repeat itself and the same thing that happened to the apple II computer will happen to the IPhone – namely it will be a minority player in the market although enthusiastically supported by a relative few. They need to come up with something really new and exciting this year to be able to continue to generate consumer interest. If the rumours are true it may be in the form of an apple wrist watch.

2. Android – The Android operating system and the many phones that use it will continue to take market share due to the fact that Android phones come in a wide variety of forms, sizes and prices. Samsung, almost ubiquitous as the "must have" android phone will continue to dominate. Motorola (now owned by Google) will have to bring out a real "wow' phone to grab market share.

3. Windows phone – Adoption and widespread use of windows phones and its operation system will remain a dream. This is simply a case of too little, too late. Microsoft are paying the price of years of inertia while Apple and Google have been fervently innovating. Despite Microsoft's poor performance in recent years, it is amazing that Steve Balmer is still CEO. What Microsoft need to do is to reduce their prices and promote their phones more heavily. They need to answer the question – "why should I get a windows phone?".

4. Nokia – Once the king of phones, this company has been relegated to a shadow of its former self. Again, another victim of too little, too late. Having been overtaken by android and Apple phones they decided to partner with Microsoft (and in the process receiving a large amount of money), ditch their own operating system and produce exclusively phones based on Windows. It will take them years to recover.

5. Blackberry – Although in the process of releasing new hardware and software, this company will also struggle. Windows 8 on the PC– Although Microsoft will try to say otherwise, the sales of Windows 8 will continue to disappoint. The "force feeding" of a new tile interface onto desktop machines and the need for users (especially in the corporate environment) to re-learn the interface will be a major hurdle. The wide spread introduction of touch screens or possibly a service pack to tweak the user interface may be the only solution. Having now upgraded my laptop to widows 8 I cannot help but be underwhelmed by the whole experience.

6. Tablets. The Ipad will remain the undisputed king of tablets despite slow progress from the android forces. Having both an ipad and an android tablet the reason is clear. The Apple product is simply more polished and supported by a vastly superior marketplace not only in terms of numbers of apps but also importantly quality of apps. The many restrictions imposed by Apple on the operating system are easily circumvented by jailbreaking, making the Ipad a great device.

7. Near field Communication – This is more of a hope than a prediction. Through the wider adoption of NFC we will be able to purchase goods and do other great things (such as open car doors and start car engines) in the future. To Samsung's credit, the introduction of **Samsung Tectiles** is slowly bringing the use of NFC to the consumer market (I suggest Samsung phone users google this).

Until next month.

What's new in HRT.

AUTHOR:

Dr Colin Holloway. GP Morayfield.
MBBch, F.R.A.C.G.P.; Dip Obst R.C.O.G.; D.T.M. &H

A number of recent studies have changed our attitudes to HRT. A study in the BMJ (BMJ 2012;345:e6409) in Oct. Concluded: "After 10 years of randomised treatment, women receiving hormone replacement therapy early after menopause had a significantly reduced risk of mortality, heart failure, or myocardial infarction, without any apparent increase in risk of cancer, venous thromboembolism, or stroke" This is a theme from many other recent studies on HRT use in the menopause.

The position statement of the American Association of Clinical Endoctrinologists is: "it seems clear from statistical analysis of previous large studies that young women in early menopause not only having no excess cardiovascular risk, but the benefit may be shown in the future.... giving the powerful effects of oestrogen therapy in relieving menopausal symptoms. We believe that physicians may safely counsel women to use oestrogen therapy for the relief of menopausal symptoms. (guidelines 2010 AACE).

The International Menopause Society position is" Achieving good quality of life is a prime target in menopause medicine, which is as important as prevention and treatment of disease.... There is no argument that HRT is the first choice, and the best modality to improve quality of life and sexuality in symptomatic postmenopausal women. HRT in women aged 50-59 years does not increase the risk of cardiovascular disease in healthy women. "(Board of the IMS updated recommendations Climacteric 2007; 10:181-94)

Many thousands of women have suffered unnecessarily since the WHI results seemed to show the serious consequences of taking HRT, so discouraging women from going onto HRT. These women had to live with the distressing symptoms of HRT and an increase in mortality. The results from the WHI have now been discredited, with Prof John Studd claiming: 'The investigators used the wrong treatment on the wrong women and came **to** the wrong conclusions even for their own study group.

Furthermore, they selectively recruited 8,506 ***asymptomatic*** women for the study of Premarin 0.625 plus 2.5mg MPA and reported that there was no improvement in quality of life scores in these women without climacteric complaints. If there were no symptoms it is not surprising that treatment fails to show any improvement.

The investigators did not appreciate the need of a different dose of a different estrogen, by a different route with a different combination of type, dose, duration and route of gestogen administration depending on the indication symptoms and side effects of therapy. Regrettably one dose does not fit all.

It was a study of staggering clinical incompetence." (www.studd.co.uk). Prof Studd is highly credentialed, being the Founder and Vice-President of the National Osteoporosis Society and has been a Council Member of the Royal College of Obstetricians and Gynaecologists for 12 years and a Past-President of the Section of Obstetrics and Gynaecology at the Royal Society of Medicine. In 2005-2007 Professor Studd was Chairman of the British Menopause Society.

Next month I will discuss HRT use in Australia and options available to women.

Dr Colin Holloway. GP Morayfield.
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AMA

AMA WELCOMES ACCC DECISION ON GP FEES

The AMA welcomes today's final decision from the Australian Competition and Consumer Commission (ACCC) on GP fee setting, which will come into effect on 15 March.

The ACCC has agreed to an application for authorisation made by the AMA to allow GPs working in the same practice (as defined) to agree on the fees charged to patients attending that practice.

The decision will also permit GPs working in the same practice to negotiate collectively with hospitals and Medicare Locals on fees.

AMA President, Dr Steve Hambleton, said the AMA took a leadership role on behalf of the profession in making this application to the ACCC.

"We want to ensure that GPs who engage in this type of conduct are not exposed to action under competition laws," Dr Hambleton said.

"The decision will remove this uncertainty."

The ACCC has recognised the public benefits that flow from the granting of the application, including cost and administrative efficiencies, improved continuity and consistency of patient care, improved recruitment and retention of GPs, and the streamlining of negotiation processes with Medicare Locals and hospitals.

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21 February 2013
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The article can be either a Clinical or Non Clinical Topic, A Traveller's Tale, an Article for Discussion, Poems, an Advertisement or any combinations.

Don't forget to email your articles and graphics to me for inclusion in our monthly RDMA Newsletter.

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STRONGER SUNSCREENS SHOULD NOT LEAD TO SUMMER SUN COMPLACENCY - AMA

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AMA President, Dr Steve Hambleton, said today that sunscreens that have a higher sun protective factor (SPF) - up to SPF 50+ - are readily available this summer, but warned that people should not limit their sun protection to stronger sunscreens alone.

“These products offer more protection, but people shouldn’t become careless about comprehensive sun safety for themselves and their families,” Dr Hambleton said.

“The SPF number should be used as a guide on the level of protection, but it should not be used to determine how long it will take in the sun to become sunburnt.

“People should still limit their time in the sun, especially during the middle of the day when they should seek out shade.

“This is really important for all people spending time outside over the summer – at the beach, river or swimming pool, music festivals, walking, cycling or jogging, playing sport, or going to sporting and cultural events.

“It’s also important to remember other sun smart behaviours such as wearing sunglasses, wide brimmed hats and sun protective clothing. People who have been drinking need to be extra vigilant.”

Dr Hambleton said that sunburn is a risk factor for all types of skin cancer, including melanoma and basal cell carcinoma.

“Prevention is better than treatment,” Dr Hambleton said.

“Skin cancer accounts for around 80 per cent of all newly diagnosed cancers and between 95 and 99 percent of skin cancers are caused by exposure to the sun.

“Australian GPs conduct more than one million patient consultations a year for skin cancer.”

Background:

• The most effective sunscreen is labelled SPF30+ (or higher), is broad spectrum, and is water resistant;

• Ideally sunscreen is applied to dry clean skin at least 20 minutes prior to sun exposure. Adults should use about one teaspoon of product on each arm and leg (also on the back of the neck and torso) and about half a teaspoon on the face and neck. People should also remember to apply sunscreen to the back of the ears and on the tops of their feet. Most sunscreens should be reapplied every two hours;

• The chemicals used in sunscreens available in Australia have been tested and approved by the Therapeutic Goods Administration as being safe and effective;

• A recent article published in the Medical Journal of Australia noted that non-melanoma skin cancer (NMSC) was the most common and most expensive cancer in Australia. Using Medicare data, the authors found 767,347 treatments of NMSC in 2010, at a cost of $93.5 million. This figure is expected to rise to $109.8 million by 2015.

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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 AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st January 2013 to 30th June 2013

Dear Doctor

The Redcliffe and District Medical Association Inc. have 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.

Subscriptions for January 2013 until the 30th June 2013 will be $50.00 or annual subscription is $100.00. **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. Suggestions on topics and/ or speakers are very welcome.

Please can you endeavour to pay your subscription by internet banking as it is so much easier for all concerned as it saves 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

ABN 88 637 858 491

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(First Name) *(Surname)*

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(First Name) *(Surname)*

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