



President's Message . Dr KIMBERLEY BONDESON



It is the beginning of an interesting year. We have seen the formal opening of the Redcliffe Superclinic, a 7 story building, with one General Practitioner working in it. I understand that the GP was poached from the local GP practice around the corner. Medicare Locals are undergoing reviews. Some will no longer be deemed viable and will disappear, others fight for their existence, and attempt to establish themselves in some necessary way. The name Medicare Locals is to disappear, as the general public has been turning up wanting Medicare rebates, asking to see doctors. The agreement between IPN and Medibank Private, allowing a co-payment to certain doctors who have agreed to see Medibank private patients and bulk bill them, is ongoing. It appears to have spread to other Private Health Insurance Companies, eg. BUPA, offering the same deal.

I raised an objection to this with the Minister for Health, Peter Dutton. His reply stated "Medibank Private's contractual arrangement is with an independent third party and is not linked to any individual Medicare Funded Services. These arrangements do not appear to be non-compliant with Commonwealth Legislation". His actual letter dated 30/1/14 is attached. It appears to me that the reply is complete rubbish, and has ignored simple facts – that patients are signing a bulk billing form, and then running their private insurance fund card through as well, and signing that. Who is being paid, the Corporate Group? Then why would the doctors put preference through above their own well known patients to bulk bill an unknown patient, just because they are a member of a Private Insurance Fund? I think the government is hiding its head in the sand, and ignoring the situation. In a more recent statement, (21/2/14 Hobart Mercury) Peter Dutton is reported as stating that he is "not opposed to having private insurers involved in the primary care space". He is also discussing a change to the way Governments pays doctors to treat people with a chronic illness, switching from a fee for service mode to one that pays doctors for a health outcome."

More facts are unfolding as the federal Health Minister is releasing information on a weekly basis. He is now discussing the possibility of a GP means test where people who can afford to, pay for their visits to the doctors themselves. Co-payments – the federal Health Minister is also not opposed to these, discussing the possibility of a \$6 co-payment gap. In the original paper which sparked this debate, (ACEH, October 2013), the AMA's response to this proposition is that it is not acceptable as put forth in its current form. This particular paper proposes that GP's be able to accept a \$6 co-payment from a patient, in exchange, the government will freeze Medicare rebates as they are until 2017.

And finally, the most fiercely opposed topic by nearly 100% of hospital doctors - the draconian contracts that

are currently being offered hospital doctors – along with a massive pay cut, no arbitration, and the hospital has the right to dismiss the doctor without reason, as well as transferring them to another hospital. (lets hope that the VMO contracts are not 'changed in the typing' before they are sent out slight slip, cut and paste, and they can be sent anywhere as well). This is being vigorously opposed by Dr Steve Hambleton, Federal AMA President. The AMAQ President, Dr Christian Rowan, has stood aside on this issue due to a conflict of interest. He, himself, according to the newspapers, is being forced in "negotiating" and signing a contract with the public hospitals that he works for. Dr Steve Hambleton along with the AMAQ nominated speaker on this issue, Dr Shaun Rudd, a General Practitioner, who is also AMAQ's current president elect, and the next AMAQ president and the AMAQ's nominated spokesperson are fighting the government on this issue. This situation is similar to the IPN/Medibank Private "deal", which initially became evident in December, 2013. One of the practices involved was one in which Dr Steve Hambleton works – he did not know about these secret negotiations until 2 days before they became public. Very sneaky! Put a clamp on one of the AMA's most able spokesperson who can defend General Practice against attacks on its independence, by putting him in a position where there is a conflict of interest. Dr Christian Rowan appears to be put in a similar position – he will be unable to continue to perform work for public hospitals that he currently does , if he does not sign the contract, the same as the hundreds of hospital doctors in the same position. But still has mortgages and school fees to pay.

We are fortunate, in this instance, that we have Dr Hambleton and Dr Rudd, who do not have hospital positions, and are able to speak out and fight on this issue on behalf of the public hospital doctors. One of the things we must all make sure we do as a Medical Profession is Stand United, together as a group, and protect our colleagues. And remember, that these private enterprises, eg: Private Insurance Companies, and the government, have full time employed "spin doctors" - whose full time job is work to give their ideas a positive image and public acceptance. Doctors must stand together and not get "pulled in" to the detriment of themselves, their medical colleagues and most importantly, their patients. Note See the Honorable P Dutton letter on page 8.



**RDMA Welcomes A Message From
Dr BOB BROWN,
President Northside Local Medical
Association "A Difficult Year Ahead"
Cont Page 3**

QML Pathology. | Redcliffe Laboratory
Partnering with Redcliffe & District Medical Association
for more than 30 years.

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

2014 MEETING DATE CLAIMERS:

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

CPD POINTS & ATTENDANCE CERTIFICATE AVAILABLE

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Next Meeting

Tuesday	February 25 th
Wednesday	March 26 th
Tuesday	April 29 th
Wednesday	May 28 th
Tuesday	June 24 th
Wednesday	July 31 st
AGM: - Tuesday	August 30 th
Wednesday	September 18 th
Tuesday	October 29 th
NETWORKING: - Friday	November 29 th

CONTACTS:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President & AMAQ Councillor:

Dr Wayne Herdy
Ph: 5476 0111



Secretary:

Dr Ken Fry
Ph: 3359 7879



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Meetings' Convener:

Mrs Margaret MacPherson
Ph: 3049 4444



Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

For general enquiries and all editorial or advertising contributions and costs, please contact: **RDMA Newsletter Publisher. Please email (preferred) any correspondence to:**

Email: RDMAnews@gmail.com
Website: <http://www.rdma.org.au>
Mail: RDMA, PO Box 223, Redcliffe 4020
Mobile: 0408 714 984

MARCH NEWSLETTER 2014

The **15th March 2014** 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:

- P 01:** President's Message
- P 02:** Date Claimers, Contacts and Contents
- P 03:** Dr Robert (Bob) Brown, President Northside Local Medical Assoc,
- P 04:** AMA President's Report, Dr S Hambleton
- P 05:** Letters to the Editor
- P 06:** AMAQ Branch Councillor's – North Coast Area Report
- P 07:** RDMA's Meeting Invitation
- P 08:** AMAQ Branch Councillor's – Greater Brisbane Area Report
- P 09:** Poole Group, "Are You Getting The Right Advice"
- P 11:** Dr Clive Fraser, Medical Motoring
- P 12:** Proposed New North Lakes Specialists Medical Centre
- P 14:** Interesting Tidbits & Natty Moments
- P 16:** Computers & Gadgets – Dr Daniel Mehanna
- P 17:** Letters to Editor Cont: Quo Vadis? Medical Profession! by Mal Mohanlal
- P 18:** AMA Media: "ACT Government Goes In Hard On Sugary Soft Drinks"
- P 19:** Membership Subscription
- P 20:** Where We Work And Live "Australia's First Drive-in Shopping Centre at Chermiside"

Disclaimer: Views expressed by the authors or articles in the Redcliffe & District Local Medical Association Inc Newsletter are not necessarily those of the Association. The Redcliffe & District Local Medical Association Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any action taken by any person as a result of anything contained in this publication.

NORTHSIDE LOCAL MEDICAL ASSOC PRESIDENT Dr ROBERT (BOB) BROWN



“A Difficult Year Ahead”

Greetings to everyone, 2013 ended on a difficulty note, 2014 is continuing to be difficult also. .

Last Wednesday morning, Dr Richard Kidd for the AMA Council of General Practice and I met with Dr Malcolm Parmenter (CEO of IPN) and Mr Scott Beattie (Chief Business Development Officer of IPN).

The topic was to do with the GP bulk billing trial being run by Medibank Private and IPN, and rightly seems to be yet another nail in the coffin of private billing in General Practice. This is at a time when the level of bulk billing in General Practice is the highest it has ever been.

The meeting was frank and revealing. Needless to say, as a Principal in a privately billing General Practice, I was prepared to be on the front foot, as was Richard.

I believe that we are now clearer on what the objectives of both Medibank Private and IPN are. However, it needs to be said that if bulk billing (with other financial arrangements) within corporate General Practice becomes the accepted method of transaction, the General Practice will be set back irrevocably for all time.

The fact of the matter is that the Medicare rebates for GP services will not allow General Practitioners to make a decent professional income. They will be tied down by the pathetic and insulting Medicare rebates of today (with no indexation) and the “top up” allowed by the Corporate owners and the private health fund. Forget the percentage deals which have been the norm until now!

There is a need for the AMA and other General Practice organisations to clearly draw a line in the sand and try to negotiate a fair deal for General Practitioners, both in privately owned as well as corporately owned practices. If this is not done, and in a transparent way, then General Practice is doomed and the GP membership will desert them.

This is no idle or random thought. It is reality!

Hospital Doctors Contracts are a continuing nightmare for the majority of SMO's in the public system. If they do not sign by the 31st March 2013, then they revert to the old agreement at a much lower rate. If they do sign the new contracts, they can be sent anywhere to work, their pay is less, they can be sacked at any time and have no recourse to unfair dismissal or arbitration.

We also have another problem. The current

government, Under Lawrence Springborg, State Minister for Health, has a plan for Queensland which supports the following:

- expands MBS services for Nurses
- remove requirements for nurses to be in collaborative arrangements with doctors
- expand PBS scheme for nursing services
- expand current provisions enabling access rights to public and private hospitals for nurses, including admission and discharge privileges.
- increase number of nurse practitioners to develop sustainable care models, this includes gastroenterology
- develop nurse endoscopy service models to improve access to safe and reliable gastroenterology services (I hope this includes improving their surgical skills to deal with perforations.)
- support nurse led procedural services and nurse triage models to streamline referral pathways
- strengthen the role of executive nurse leader in healthcare service delivery
- create a culture of continuous clinical improvement through nursing research.

We already have a nurse in charge of the medical board. With respect to nurses, I have never seen a job description of nurses duties which include the above.

Dr Bob Brown, Presidents Report – NLMA

2014 BI-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries contact:

Meeting Convener:

Lucy Smith , QML Marketing Office,

Contact Details:

Phone: (07) 3121 4565, Fax: (07) 3121 4972

Email: lucy.smith@gml.com.au

Meeting President:

Dr Robert (Bob) Brown

Website and Link:

Northside Local Medical Association Website

Link: <http://northsidelocalmedical.wordpress.com/>

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

1	11th February 2014	4	12th August 2014
2	8th April 2014	5	14th October 2014
3	10th June 2014	6	9th December 2014

Meeting Treasurer:

Dr Graham McNally

Contact Details:

Phone: (07) 3265 3111

Postal Address: C/- Taigum Central Medical Practice,
Shop 1, 217 Beams Rd, Taigum Qld 4018

AUSTRALIAN MEDICAL ASSOCIATION PRESIDENT Dr Steve Hambleton



A Word from Dr Steve Hambleton

AMA URGES QUEENSLAND DOCTORS TO REJECT DODGY CONTRACTS

AMA President, Dr Steve Hambleton, is urging all Queensland hospital doctors to reject Queensland Government contracts in their current form and is calling on the Queensland Government to return to the negotiating table in good faith to reach a fair and balanced agreement.

“The contracts are an insult to the professionalism and dedication of hardworking doctors and undermine the provision of quality medical care for the people of Queensland,” Dr Hambleton said.

“Doctors feel like they are being forced to sign draconian contracts that strip basic employee rights and threaten their livelihoods. They are being put under enormous stress.

“The Government must end its ‘take it or leave it’ approach and immediately re-open contract negotiations.”

Royal Brisbane and Women’s Hospital Senior Medical Officers (SMOs) have rejected the unfair employment contracts, as have their colleagues in Cairns, Townsville, Mackay, Nambour, and Prince Charles Hospital.

Dr Hambleton recently attended the Medical Staff Association meeting at Royal Brisbane to hear the views of doctors affected by the contracts dispute.

“The overwhelming feedback from the meeting was that the contracts are unfair, unbalanced and will disadvantage all of the senior doctors currently working in the Queensland health system,” Dr Hambleton said.

“The Federal AMA, AMA Queensland, the Australian Salaried Medical Officers Federation (ASMOF), and ASMOF Queensland are all hearing the same message from the coalface.

“The contracts currently on offer remove important employment rights and allow Queensland Health to make unilateral changes to contracts on a whim.

“These are good doctors who work around

the clock saving lives and repairing damaged bodies. They are teaching and training the next generation of doctors to look after the patients of tomorrow.

“The people of Queensland need and appreciate the specialised world class work of Queensland doctors. They want the confidence and security that these doctors will be there to help them when they or a family member are sick or injured.

“The Queensland Government contracts are shattering that confidence and security,” Dr Hambleton said.

Dr Steve Hambleton
AMA President

Reminder:
The new audit triennium starts 1 January 2014!

OK

WEDNESDAY
1
January

**Relax,
you're re-enrolled!**

The 2014 - 2016 Audit Triennium starts on the first of January.

Enrolled in the Surgical Skin Audit or the Cytology Pap Smear Audit?

Registrations have been automatically renewed, so all you need to do is continue submitting your samples using the audit request forms.

For enquiries, change of details, or to register, please call us on (07) 3121 4565.

QML Pathology.
Specialists in Private Pathology since the 1920s

LAB NUMBER & I
PATIENT LAST NAME GIVEN NAME
PATIENT ADDRESS
TESTS REQUESTED

www.qml.com.au

LETTERS TO THE EDITOR Cont Page 17

"The opinions expressed herein are those of the writers, not necessarily those of this Association. RDMA agrees with the sentiment of outrage expressed herein, about the flagrant attack on individual private practice. Due to further information obtained, we do not agree with the criticism of the AMA because, by Steve Hambleton's account, the negotiations were done in secret. The AMA did respond with its own outrage quickly when the conspiracy surfaced".

The contracts proposed for Senior hospital doctors are unacceptable in their present form. Every medical staff association in Qld has said so and condemned them. They are unacceptable because they include no independent binding arbitration, and the ability for an employer to demand that we work unreasonable hours or work somewhere else. Our employer by a directive can unilaterally change our contracts once they are signed. They are by definition not contracts at all because they can be changed unilaterally by the Health Service.

A deadline for signing, the 30th March, has been decided by QHealth and once presented with a contract the doctor has 7 days to sign. These contracts as they stand pose a huge threat to the public health system of Qld, to the retention of doctors in such an environment and to the future teaching and training of the medical workforce. They mean that hospital doctors can not fight for better health care for our patients. Our protests are not about the remuneration but about the lack of respect shown to us, the lack of proper and ongoing negotiation and the ongoing coercion to sign these inequitable contracts. If we don't sign by the due date we revert to a reduced remuneration package till the current Industrial agreement runs out in 2015 and then? No job.

These contracts indirectly affect all Qld doctors and patients, if as mooted, there is a huge exodus of specialists from the public hospitals. More information can be obtained on the website <http://smoqld.org>. Please join us in bringing the situation to the attention of all.
Dana Wainwright,
Chairman of Medical Staff Assoc,
Royal Brisbane & Women's Hospital.

Dear Members, The time has clearly come for independently owned Medical Centre's to stand up and be counted. To this end I believe that collectively, we in our key role as GP's and leaders in primary care would gain significant benefit from an effective purpose-named group to obtain recognition and create awareness for the quality family health care that we, as a unique group, provide.

In January the Sydney Morning Herald published an article entitled "Fund to pick up GP costs in trial" where it was reported that certain negotiations were taking place to decide that a large corporate entity with arms stretching around the world should take precedence over individual private and hardworking GP's such as myself who make up a significant part of the AMA. But where was the AMA when these negotiations were taking place? Individual members would surely expect the AMA to lobby on behalf of their members. Where were they when it was decided that family medical practices with private and independent GP's were irrelevant?

By giving this so called "trial" to a large corporate clinic owner, totally ignoring the family doctors who are at the coal face that is exactly the message being conveyed. I am sure that my worthy colleagues, other doctors who work autonomously, will be disgusted by this takeover bid, this brash attempt to potentially take away our livelihood and the very reason we work outside of corporate and government. We have rights. We expect to be given a place in Australian medicine. Clearly we need our own proactive lobby group to represent us. Enter the IOMC.

Through the new "Independently Owned Medical Centre's" "(IOMC) lobby group, members will have the power to negotiate conditions, express individual opinions and gain recognition from politicians and other influential parties when and where required.

We work in a different way to the corporate giants. Patients today – sadly - are sometimes finding on a second visit to a large corporate medical centre they see a different doctor. Often they sit in a waiting room for over an hour to see any doctor who will give them 10 minutes of their time. When Australians are sick or want trusted health advice, they want to see the GP of their choice. They want to maintain a strong relationship with their GP and not lose the special connection with that particular doctor. A visit to an IOMC will ensure they see the doctor of their choice and not have to sit in line for very long. I am passionate about being recognized for our determination to gain the best possible patient outcomes and the right to determine our own destiny. I will be addressing the February 25 RDMA meeting to discuss these issues and look forward to meeting other members on the day.

Yours sincerely,
Raymond J Huntley MBBS FRACGP.

At my Yoga class last month, one of the girls there had just come from an appointment at a big new corporate Medical Centre in our area. She was totally stressed, having had to wait well over an hour to see a doctor and as it turned out it was a different doctor to the one she had seen on her first visit. Apparently this doctor did not introduce himself, had no idea of her medical history, asked a couple of questions, scribbled a script and she was out of there in a flash.

I referred her to my GP who works at an independently owned practice. I have seen the same doctor there for several years. He knows all about me - and my family. He always takes the time to hear me out, he has heaps of compassion and if he does keep me waiting for 15 minutes I know it is because he is taking the time to treat the patient before me in his thorough manner. Are the new generation of doctors becoming faceless bottom-line driven professionals or was my friend just unlucky?
Margaret Bowler, Beachmere

**AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY**



MONOPOLIES

MONOPOLIES are dangerous circumstances, because they rob the consumer of the natural protections afforded by competition. Queensland politics in 2014 are a monopoly. There is no Senate, no house of review in our unicameral Parliament. With Campbell Newman boasting an unprecedented majority after his electoral landslide, the “Opposition” can meet in a telephone box and is totally powerless.

In this dangerous environment, the Queensland government has sent an unmistakable message to the medical practitioners of Queensland – our way or the highway. This government has the power to bulldoze its way through gentlemanly negotiation and has bullied the medical profession especially. Three clear examples are the Health Ombudsman, the QHealth contracts, and the newly appointed Medical Board of Queensland.

THE HEALTH OMBUDSMAN was created and appointed in what appeared to be a hurried process, when the Minister sacked the entire Medical Board for alleged incompetence. The apparent incompetence was a justifiable claim, when complaints took years to be processed and applications for registration sneaked IMG’s into places where they just did not belong. But to create an entire new bureaucracy takes time, and it was obvious that the Minister had been planning this for a long time. There was no hurried process. There was a deliberate plan developed over a long time, probably starting before the present government was elected.

QUEENSLAND HEALTH CONTRACTS currently being offered are wholly unilateral and unacceptable. But here’s the reality of life. The AMA can moan and bleat all they like, the SMO’s can protest all they like, but at the end of the day the contracted doctors will have to be bullied into accepting unacceptable contracts or try their luck in the big bad world of private medicine. And there just isn’t a big enough private market in Queensland to suddenly employ that many doctors. The AMA/AMAQ does not condemn contracts (as contrasted with the main alternative of enterprise bargaining), we just do not approve of THESE contracts, offered by a bullying unopposed government with no real options of genuine negotiation.

THE MEDICAL BOARD

OF QUEENSLAND has been reconstituted. Half of the members are doctors, but doctors hand-picked by the Minister. It was not long ago that Ministers recognized a convention of inviting the AMAQ to nominate candidates, who then comprised half of the doctors on the Board. In this new Board, the AMAQ was not consulted. With all due respect to the six doctors appointed, all doctors in Queensland will regard them with an undying suspicion because of the manner of their appointment. Worse, the Chair of the new Board is a nurse.

Sure, there is some professional jealousy here, because doctors will never accept being governed by a nurse. But even looking past that pettiness, the choice of a nurse to Chair the Board is unacceptable. No nurse can ever fully grasp the mentality and the philosophy of medical practice.

We could have accepted a senior judge. Judges at least have the acknowledged track record of analytical impartial thinking (no matter how much of an ass the law is). But no doctor believes that a nurse fully appreciates how a doctor thinks and works. There is a presumption that nurses are indeed often in competition with doctors. And now we have the bizarre position that the Chair of the Queensland Medical Board cannot represent her state on the Medical Board of Australia, whose constitution requires that members must be medical practitioners. But no matter how unacceptable the composition of the new Board might be, it was created by an autocratic process of an unopposed government. Take it or leave it.

CONTRACTS. It is timely to review our thinking on the new contracts being offered to doctors.

1. Firstly, we have to acknowledge that the old way of doing business had its faults. The government was accountable to the taxpayer for the (low) level of inappropriate money going to doctors. There were individuals who, to be blunt, defrauded the taxpayer, and more who took advantage of opportunities for easy pickings. And there were significant systemic shortcomings. But there were other ways of overcoming those shortcomings.

MONOPOLIES continued

2. No matter how you look at it, the government's priority is budget savings. They have to produce the same product at a lower cost.
3. There is an underlying agenda of faceless bureaucrats exercising control over the uncontrollable herd of cats that doctors always are.
4. Being individual contracts, the new order of business offers infinite potential for a divide-and-conquer approach.
5. New contracts to old employees can turn them into new appointees, with loss of accrued benefits and seniority.
6. The new contracts do not appear to cure the major systemic failures of the old system, viz lack of clinical oversight and lack of corporate governance.
7. Doctors who refuse to sign the impossible contracts will not be sacked wholesale but will transition over to a MOCA agreement that might well be even less palatable than the contracts. Even the government knows it has to deliver services, and the Yes Minister hospital without patients might save money but won't win votes.
8. Governments in other states, where they do have Senates and don't enjoy massive electoral margins, will be watching closely the

outcome of the Queensland experiment. For the sake of our interstate colleagues, we cannot troop like lambs to the slaughter without the strongest possible dissent.

The AMAQ's proper role is not to endorse or condemn these contracts (although we DO condemn what is being offered), but our best role in this uneven playing field is to ensure that all our members have prompt access to timely information and access to the best legal and professional advice that any organization is able to give. And having reluctantly swallowed the bitter pill that most contracts will probably be signed, because our members do have mortgages and school fees to pay, our subsequent role is to continue to support our members whether they choose to accept or reject the unpalatable offerings.

Although I try to ensure that the information is accurate, and the conclusion consistent with AMA policy, the opinions expressed herein remain those of your correspondent

Wayne HERDY
North Coast Branch Councillor, AMAQ.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

- Date:** Tuesday 25th February 2014
- Time:** 7 for 7.30pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Financial members - FREE
Non-financial members \$30 payable at the door. (Membership applications available)
- Agenda:**
- 7.00pm Arrival and Registration
 - 7.30pm Be seated - Entrée served
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
 - 7.35pm Sponsor: Monash IVF
 - 7.40pm Speaker 1: Tiki Osianlis – Scientific Director
Topic: An Insight into IVF, a laboratory perspective
 - Speaker 2: Dr John Chenoweth Topic: The changing face of IVF - New Pre-Implantation genetic diagnosis techniques
 - 8.15pm Main Meal, Question Time
 - 8.40pm General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 21st February

 **QML Pathology.**

AMAQ BRANCH COUNCILLOR REPORT GREATER BRISBANE AREA Dr KIMBERLEY BONDESON



SPIN DOCTORS, DEMISE OF MEDICARE & PUBLIC HOSPITAL SYSTEMS AS WE KNOW IT!!

The end of 2013 caused me to laugh - on the Front Page of "The Sun Herald", November 24th 2013 was the heading "Brothels in free sex scam - Health funds billed for sexual services in illegal Sydney parlours".

Enterprising brothels have got themselves registered as a health service provider, under remedial massage, and then registered themselves with private health insurance companies, who would have listed them as a preferred provider, for a massage: (with a happy ending).

It was picked up when one of the clients boasted on Facebook that his visit was subsidised by his private health fund, and the large number of "services" provided at certain addresses in a 24 hour period.

There is no doubt, people will try and scam the system, and get something for nothing, or for very little or even better, get someone else to pay for it. Sound familiar?

Skip to February, 2014

It appears that the Federal Government is drip feeding the public and the doctors their plans for Medicare reform such as: co-payments, means testing, freezing of Medicare rebates, Private Health Insurance copayments and so forth.

We are very aware of the dreadful, draconian hospital contracts that Queensland Health is trying to impose on the Public Doctors.

It is also highly suspicious, that on these two important issues, the topics of:

1. Private Insurance companies contracting with private GP's on behalf of their clients, and guaranteeing that the privately insured patient will be bulk billed by a named GP and seen within 24 hrs

2. Hospital Contracts - decreased pay, instant dismissal without any reason, no arbitration, and importantly, the ability to transfer the doctor to ANY HOSPITAL: for example like Doomadgee. I spent 18 months there when I was bonded as a rural doctor with Queensland Health in my first year out. Believe me, Queensland Health do not care. If they have positions to fill in rural hospitals, they will fill them.

Is it by accident that two of our main leaders,

Dr Steve Hambleton, President of the AMA, had his practice selected as one of the Medibank Private/IPN "trials" and that Dr Christian Rowan, AMAQ President, has also a conflict of interest with the hospital contracts? I think not.

This was done deliberately. By clever "spin doctors", who are employed full time, to further government plans and public support.

I have had enough. As a hard working GP at the coal face, I want some thoughts and a plan of action by all doctors, Public, Private, Specialist, SMOs and GP's. Let us put a plan together, and instead of being reactive ie we find out from the news or the public what the government is planning, and try and defend ourselves and protect our patients but work out a strategy that is proactive and not reactive like it currently is.

Kimberley Bondeson,



Australian Government
Department of Health

Ref No. MC14-000044

Dr Kimberley Bondeson
k.bondeson@hotmail.com

Dear Dr Bondeson

Thank you for your correspondence of 16 December 2013 to the Minister for Health and Minister for Sport, the Hon Peter Dutton MP, regarding access to General Practitioners (GPs). The Minister has asked me to reply.

The Australian Government believes that a mixed model of balanced private and public health services is integral to the provision of universal access to high quality affordable health care services for all Australians. People have a choice about whether to use the public or private systems according to their own circumstances.

Medibank Private's contractual arrangement is with an independent third party and is not linked to any individual Medicare funded services. The Department understands that the arrangement provides for a fee which covers administration and system costs associated with the partnership. The Department further understands GPs do not receive any additional revenue in respect of the bulk billed services they provide to Medibank members and Medibank Private has no liability for the medical expenses incurred for which a Medicare benefit would be payable. The Department's understanding is that these arrangements do not appear to be non-compliant with Commonwealth legislation.

I acknowledge your concerns about patient access to affordable GP services. I note that over 80 per cent of all GP services were bulk billed in 2012-2013 at no cost to patients. GPs have the option of bulk billing their patients and are encouraged to consider the personal circumstances of their patients when determining the fees they charge. The Medicare Benefits Schedule provides additional incentives to doctors who bulk bill Commonwealth Concession Card holders and children under 16 years of age.

I trust the above information is of assistance.

Yours sincerely

Shane Porter
Assistant Secretary
Medical Benefits Division
30 January 2014

Established on the Sunshine Coast in 1980



KIRK JARROTT BComm., DFP,
ADCM, AD(ACC) Cert IV, **PARTNER**

- At Poole Group we work closely with Medical Professionals to discuss the potential risks that prohibit you from generating an income or limit your ability to provide financially for yourself and your family..
- Are you covered for blood borne disease, splash back and bone dust inhalation with your insurance? We access specific insurance companies that provide suitable protection against the added risks associated with your profession.
- Our tailored quality advice is to protect your assets and ensure your Investment vehicles are structured specifically to be in our client's best interests.
- Strategies to help protect your assets and invest via Self Managed Super Funds.
- **Contact either Kirk or Hayden on 07 5437 9900**



HAYDEN WHITE DFP. Dip.FMBM

www.poolegroup.com.au

Are you getting the right Advice? I was recently referred a medical client who had existing insurance policies set up through another adviser within their Self Managed Superannuation Fund (SMSF). The other adviser had recommended the client own all of their policies through the SMSF including a Business Expense Policy (BEX). Apart from other issues relating to the Total & Permanent Disability (TPD) and Income Protection held through the SMSF, the greatest concern was the BEX policy.



BEX policies are designed to provide the life insured a monthly replacement of income to cover ongoing fixed costs of the business, e.g. rent, equipment leasing, business loans, staff costs etc, if the life insured is unable to work due to a disability. The issues of holding this type of policy through a SMSF are;

- The policy does not meet the "Sole Purpose" act of the superannuation fund.
- The policy does not meet any "Core" or "Ancillary" benefits under the superannuation rules.

Essentially this makes the policy a non-compliant contract through the super fund and has the following ramifications;

- In the event of a claim the benefits cannot be released from the super fund as they do not meet a condition of release under the Superannuation Act. This would obviously have great financial impacts on the client at time of claim as the client would not be able to access the monthly benefit to pay ongoing fixed business expenses for their medical practice. Hence the client could be forced to close the doors of the business and still have ongoing fixed costs that would have to be self-funded.

- The premiums are not tax deductible through the super fund as it is a non-compliant contract. Again there is no advantage for the client to hold the policy through the SMSF as business expense policies are tax deductible when they are owned and paid for outside of the super fund.

This simple case of policy ownership has the immediate impact on the SMSF not being in line with the super fund regulations and not being compliant. The greater concern is not being able to access funds at time of claim and the follow on financial impact of this restriction.

As you can see it pays to get the right advice and ensure you are consulting a specialist when it comes to insurance requirements. For a free review of your insurance needs, contact Hayden White who is Poole Group's in house risk specialist phone 07 54379900 or email hwhite@poolegroup.com.au.

INDEPENDENT FAMILY MEDICAL CENTRES ARE DISAPPEARING

WE CHERISH OUR INDEPENDENCE AND THE INDIVIDUAL CARE WE ARE ABLE TO GIVE OUR PATIENTS
WE PRIDE OURSELVES ON INDIVIDUAL SERVICE. YET IT IS BECOMING MORE DIFFICULT TO ATTRACT DOCTORS TO GENERAL PRACTICE. WHY?

THERE IS A WORLD OF DIFFERENCE BETWEEN PRIVATELY OWNED AND RUN MEDICAL CENTRES AND THE BIG CORPORATES:

- OUR patients see the doctor of their choice
- OUR patients have confidence in our ability to hear them out without rushing them
- OUR patients know we will spend enough time with them to fully understand their problem
- OUR patients know that we will remember them from visit to visit
- OUR patients know we will see them through all the way
- OUR collective mission is to maintain the highest standard of primary health care and ongoing successful patient outcomes.

NONE OF US WANT TO BE SWALLOWED UP BY CORPORATES HAS THE AMA FORGOTTEN US? IS THERE ANYTHING WE CAN DO FOR OURSELVES? YES THERE IS!

WE CAN UNITE AS A GROUP TO FIGHT OUR OWN BATTLES ON OUR OWN GROUND, WITH LETTERS AND PHONE CALLS TO MP's, - BOTH FEDERAL AND STATE – NEWSPAPER ADVERTISEMENTS AND RADIO COVERAGE. 4BH 882 HAS LOCAL CHEMIST ADVERTISEMENTS, WHY NOT GP ADVERTISEMENTS?

UNITED AS A PROACTIVE GROUP WE CAN SPEAK AS A FORCE JOIN UP TO CREATE A TRUE LOBBYING FORCE “INDEPENDENTLY OWNED MEDICAL CENTRES” (IOMC) has been formed to make a difference.

It costs nothing to join – Why? Because initially marketing and administration costs will be covered.

Show your interest by emailing: admin@thehubmedicalcentre.net.au for further information.

MEDICAL MOTORING

with Doctor Clive Fraser

Fiat 500 “1 Arte di Arrangiarsi”

Motoring Article #110

Safe motoring,
doctorclivefraser@hotmail.com



It's been 60 years since Alberto Sordi starred in the 1954 Italian comedy “1'arte di arrangiarsi”. He was cast as a twenty year old layabout who loves only two things, women and money, not in that order. Like most Italians of the day he was having an affair with his Uncle's wife and then



moves on to marry a woman who is ugly, but rich.

I n keeping with the politics

of the day he goes from being a fascist, to a communist and then a Christian democrat only to end up pretending to be from Frankfurt selling fake German goods on the streets of Rome. If you haven't figured it out by now the title of the movie “1'arte di arrangiarsi” roughly translates into an Italian saying of the time “the art of getting by”. So it was with the plot of this movie on my mind that I set off in a 2014 Fiat 500.

Would I find a mistress, would I marry into money, would I change political allegiances, or would I somehow just ‘get by’? If there was an award for the cutest looking car ever it would have to go to the Fiat 500 (both models).

Originally produced from 1957 to 1975 there were four million happy Fiat 500 owners who probably still regard it as the best little car they ever owned. In its original incarnation there was an air-cooled 497cc motor producing 13 bhp (9.7 kW) and no back seat.



Fiat 500's were assembled all over the World, but the New Zealand built cars were lovingly called ‘Bambinas’ which will forever be the name that I know them by.

I have very fond memories as a medical student of trips in a colleague's stretched Fiat 600 from the Italian suburb of St Lucia to Indooroopilly Shoppingtown. There was room for all five from my Anatomy table in the little car.

It was slightly more powerful than the Fiat 500 with 28 bhp and was water-cooled. This was a particularly important feature as it over-heated constantly in the harsh Queensland tropics and it was un-wise to travel anywhere without plenty of water to top up the radiator. On a fateful trip from Brisbane to Bundaberg at mid-night the Fiat 600 over-heated every 25 miles, but amazingly it just kept going. Could that happen in a modern car? I think not! And there was no risk of picking up a speeding ticket on the highway in the Fiat because 59mph was as fast as it



could go. To celebrate the 50th anniversary of the Fiat 500 an all-new model was released in 2007 based on the Ford Ka. That's basically the same vehicle on sale in 2014 and frankly I'd be disappointed if they ever changed anything about the car from now on.

For \$14,000 drive-away you can have yourself a brand-new Fiat 500 Pop. Power is from a water-cooled 1.2 litre engine pumping out 51 kW or for those petrol-heads out there they might like the 500S model with 74 kW. Automatic transmission adds \$1500 to the price of a Fiat 500.

Just like the original Fiat 500 there still is no glove box. This storage would not have been missed by Gina Lollobrigida who never wore gloves, or much at all. Whilst I'm on the subject of Gina Lollobrigida, I am hoping that someone can enlighten me on why despite Italians having a reputation as great lovers, their country has such a low birth rate, particularly whilst the Vatican continues to have very conservative policies about birth control?

Though there are a number of variants of the Fiat 500 with prices going all the way up to \$75,865 for an Abarth 500 695 Ferrari, I think that for \$14,000 the Fiat 500 Pop is half the price of a Mini or VW Beetle and at that price it's a steal.

2014 Fiat 500 Pop vs (1957 Fiat 500)

For: The cutest car(s) in history.

Against: What could you ever replace it with?

This car would suit: Nostalgic Italian doctors in no hurry.

Specifications:
- 1.2 litre 4 cylinder (0.5 litre 2 cylinder) petrol
- 51 kW power @ 5,500 rpm (9.7 kW)
- 102 Nm torque @ 3,000 rpm
- 5 speed (4 speed) manual

-Length 3.5 metres (2.97 metres)
5.1 l/100 km (4.5 l/100 km) combined
- \$14,000 Drive-away (465,000 lire)

Fast facts:

Fiat and Chrysler merged in 2013.

The 2014 Fiat 500 is made in Poland (and Mexico).

Safe motoring, Doctor Clive Fraser



The long awaited new North Lakes Specialist Medical Centre is set to open its doors in early 2015.

The proposed new Centre will comprise of specialist and ancillary medical services, particularly those which were largely provided in metropolitan Brisbane up until now.

Expressions of Interest are sought on tenancies ranging from 50m²* to 800m²* over 4 levels.

The Centre will include Preventive Cardiology and Metabolic Disease which is both innovative and timely. In so doing, there will be a greater appeal to the broader community, emphasizing health preservation and disease prevention. It is envisaged that this facility will help to bridge the geographic gap of private health services between Brisbane and Nambour.

The North Lakes Specialist Medical Centre is located on the corner of Memorial and North Lakes Drive, North Lakes. North Lakes is one of Australia's leading Master Planned Communities being developed by renowned ASX listed developer, Stockland. North Lakes incorporates a vibrant mix of residential, commercial, retail, health, education and community facilities.

The Centre is located 25* kilometres north of the Brisbane CBD, 25* minutes from the Brisbane Airport and 45* minutes from the Sunshine Coast; and it services outer north Brisbane and the growth corridor of the Moreton Bay Region, including Redcliffe, Caboolture and Bribie Island.

Ease of access and complimentary parking are also attractive features, and the Centre is adjacent to the future hospital and hotel zoned areas.

The North Lakes Specialist Medical Centre have appointed the following marketing agents for the lease of property:

Karen Mychaelle Seeto

Ray White Commercial

(Karen Mychaelle Seeto)

M: 0403 401 000

E: karen.seeto@raywhite.com

W: www.rwcnorthlakes.com

Robert Rey

Ray White Commercial

M: 0418 774 343

E: robert.rey@raywhite.com

W: www.rwcnorthlakes.com

* approx

Ray White Commercial
Brisbane Northside
North Lakes Central
1st Floor Suite 213, Cnr of Endeavour
Boulevard and Lakefield Drive
North Lakes (PO Box 667)
North Lakes QLD 4509
Tel 07 3482 0100
Fax 07 3491 9633

www.rwcnorthlakes.com

NEW SPECIALIST MEDICAL CENTRE

Corner Memorial and North Lakes Drive, North Lakes, QLD

- 50m²* – 800m²* templates over 4 levels
- Adjoins Queensland Health Precinct, North Lakes Day Hospital; adj Westfield Shopping Complex and proposed future hospital precinct
- Modern facilities designed to cater for specialist medical services
- Flexible templates with fit out options available
- Ample underground parking and prominent signage

*approx



Karen Mychaelle Seeto 0403 401 000

karen.seeto@raywhite.com

Robert Rey 0418 774 343

robert.rey@raywhite.com

www.raywhitecommercial.com.au

3482 0100

Property ID:

<http://www.raywhitecommercial.com.au/qld/north-lakes/1085837>

Ray White Commercial



Interesting Tidbits **NATTY MOMENTS:**



Recession - Boy Things are Tough in The US

Shows you just how tough it is in the US right now. This Recession has hit everybody....

Wives are having sex with their husbands because they can't afford batteries.

CEO's are now playing miniature golf.

Exxon-Mobil laid off 25 Congressmen.

A stripper was killed when her audience showered her with rolls of pennies while she danced.

I saw a Mormon polygamist with only one wife.

If the bank returns your check marked "Insufficient Funds," you call them and ask if they meant you or them.

McDonald's is selling the 1/4 ounce.

Angelina Jolie adopted a child from America .



Parents in Beverly Hills fired their nannies and learned their children's names.

My cousin had an exorcism but couldn't afford to pay for it, and they re-possessed her!

A truckload of Americans was caught sneaking into Mexico .

A picture is now worth only 200 words.

When Bill and Hillary travel together, they now have to share a room.

The Treasure Island Casino in Las Vegas is now managed by Somali pirates.

Congress says they are looking into this Bernard Madoff scandal. Oh Great! The guy who made \$50 Billion disappear is being investigated by the people who made \$1.5 Trillion disappear!



AFFORDABLE, ACCESSIBLE QUALITY DIAGNOSTIC SERVICE

Beenleigh	07 3412 7760	Noosa	07 5430 5200
Bribie Island	07 3410 1688	North Lakes*	07 3142 1611
Browns Plains	07 3380 0160	North West Hospital	07 3353 5162
Buderim	07 5444 5877	Nundah	07 3115 1200
Burpengary	07 3888 2447	Oxley	07 3295 5560
Caboolture	07 5499 3891	Peninsula	07 3284 7999
Caloundra	07 5438 5959	Redcliffe Ultrasound	07 3283 3997
Chernside	07 3359 7177	Richlands	07 3879 3730
Holy Spirit Northside	07 3256 3322	Sandgate	07 3269 9165
Inala	07 3278 9644	Southport	07 5680 0060
Indooroopilly	07 3871 4300	Springfield	07 3413 7760
Ipswich Riverlink	07 3413 6660	St Andrew's Hospital	07 3839 5433
Ipswich Limestone St	07 3413 3133	Strathpine*	07 3889 6999
Maroochydore	07 5443 8660	Toowoomba	07 4642 2060
Mt Ommaney	07 3376 1500	Tweed Heads South	07 5669 1360
Murrumba Downs	07 3049 9060	Victoria Point	07 3401 9560

BULK BILLING of most Medicare eligible services
excluding Womens Imaging and Interventional Procedures.
* Further exceptions apply.

"Excellence in Quality and Service"

- CT • MRI • Ultrasound • Mammography • Nuclear Medicine
- BMD • X-Ray • OPG • Angiography • Pain Management
- Interventional Procedures

Brisbane's newest Clinical Haematologist

Dr Raluca Fleser

Clinical Haematologist
MBBS RACP RCPA

Suite 4, Specialist Centre
North West Private Hospital
137a Flockton Street
Everton Park QLD 4053

p. (07) 3353 9026
f. (07) 3353 6027
admin@ralucafleser.com.au

www.ralucafleser.com.au



Accepting referrals now
For bookings, call (07) 3353 9026



The power and promise of **3D Mammography** is here.

NOW OPEN

We are delighted to be offering advanced radiology services to the Moreton Bay community.



- Conventional mammogram with cross-sectional capabilities. Breast Tomosynthesis allows Doctors to examine breast tissue one layer at a time.
- LOWER Recall rate & need for extra imaging.
- Used as an extra diagnostic tool.



Services

Most procedures are bulk billed when applicable.

X-Ray | Cardiac CT | Calcium Scoring | CT | 2D / 3D Mammography | Interventional/Procedures | Ultrasound
Nuchal/Obstetrics | Echocardiography | OPG | PA / Lat Ceph | Bone Densitometry | MRI

MORAYFIELD Shop 9, Morayfield Village
177-189 Morayfield Rd, Morayfield QLD 4506
info@mbradiology.com.au | www.mbradiology.com.au

For all Appointments
Call **07 5428 4800**

Your local imaging specialists

COMPUTERS & GADGETS

Email: apndx@hotmail.com.

with Doctor Daniel Mehanna

Predictions of 2013 “Revisited”



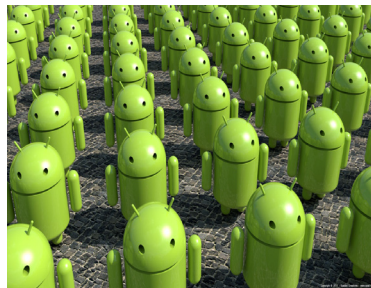
Being the start of the year, I thought I would stick my neck out and revisit my predictions for the year 2013 to discover just how many (or how few!) of them became reality.

So, here we go.

1. Apple. I predicted that Apple would continue to lose market share and that they would have to release something new and exciting



to retain their popularity. Although over the past year Apple have updated their hardware and software it has not been the knockout change that Apple has needed to excite the market. The new Iphone is faster, has a slightly bigger screen and a (some same gimmicky) finger print reader but generally it has failed to really impress. Apple continue to concede market share to Andoid. According to the latest statistics from Strategy Analytics, Google’s mobile OS is responsible for 80 percent of handsets sold in the second quarter of 2013. Apple really need to totally redesign their phones this year to grab the attention of the market. They need a bigger screen (not just taller but wider) and near field communication just to catch up. In regards to their other products - they now need a completely new revolutionary product that simply blows away the competition. If anyone can open up a new market with an exciting new product , Apple can.

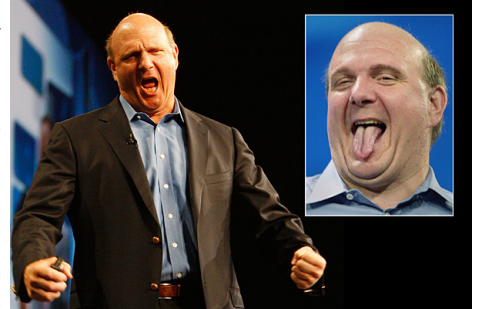


2. Android. As predicted, Android continues to expand its market share, releasing numerous phones at different price points in order to corner the marker. Samsung continues to be the main player and interestingly Motorola (acquired by Google last years) has recently been sold to Lenova (the chinese) in the last few weeks.

3. Windows Phone. As predicted Windows phone has continued to struggle. They still have limited market penetration and little consumer acceptance. Nokia have still no

answer to the question “why should I get a Windows phone”.

4. Microsoft Windows – This once great company has continued to struggle. Its release of Windows 8, with its new (infuriating) user interface, forced onto reluctant desktop PC users has been a failure reminiscent of Windows Vista. Not even the



release of the predicted update, Windows 8.1 intended to placate consumers by returning a (sort of) start menu has impressed. What Microsoft needs to do is separate Windows desktop from Windows Metro completely and give us back the old start menu. The only light on the tunnel is that the CEO, Steve Ballmer (<https://www.youtube.com/watch?v=wvsboPUjrGc>), who has been arguably a unmitigated failure, has (after much pressure) FINALLY stepped down. It is hoped the new CEO SatyaNadella with a technical/engineering background as opposed to Ballmer (with a sales background) will reinvigorate the company.

Outgoing CEO Steve Ballmer



5. Nokia. As predicted Nokia continues to struggle, hamstrung by the Windows operating system they have adopted.

6. Blackberry – Unfortunately the Canadian Smartphone marker continues to struggle, changing CEOs in the process. The only question is not if, but when they will cease to be. RIP.

7. Tablets – The Ipad is still the king of Tablets – deservedly so. Although Android is catching up, the IPad is still slicker, more polished and better supported by the various Android competitors.

Lets hope for a great 2014.

QUO VADIS? MEDICAL PROFESSION!

by Dr Mal Mohanlal

In altruism, a person directs his or her activities towards the welfare of others. It is considered to be a selfless action, but if we examine it closely the self or ego is always involved. This is because helping other people, whether it is benefiting the other person or not, always makes one feel good. You may not be aware of it but please understand that this is a conditioned response in our subconscious mind when we are helping others.

Altruism is thus found in many professions, but one cannot deny the fact that the doctors, the nurses and the religious missionaries must be regarded as front runners. This is because people who enter these professions are genuinely out there to do some good in society and at the same time feel good about themselves. Hence we find the greatest collection of do-gooders and ego-trippers gathered under the sun in the medical profession. Undoubtedly, doctors are mostly nice obliging fellows, always willing to help their patients. These chaps find it difficult to say no to their patients because they subconsciously feel bad if they said no. This is why many of us are taken for a ride by our patients simply because it does not occur to us to say no. However, there is one exception to this rule, and that is euthanasia. In this case most of us will say no because actively taking a human life no matter what the circumstances, makes us feel bad. It is easier to keep a person alive and make oneself feel important rather than help a dying suffering patient go to sleep permanently. In this we use the law of the land as a good excuse to hide behind, as many of us do not want it changed simply because we do not want to feel bad.

So individually, as one can see, doctors are usually likable good guys always willing to help and oblige. But, as a group I find them a pretty hopelessly confused bunch, who do not know what role they should be playing in society. Clearly they have been seduced and blinded by consumerism to play a subservient goody-goody role. Consumer laws have enslaved them to such a degree that our medical leaders cannot openly come out and defend their own members who may be outrageously charged with manslaughter, when all they were doing is their normal medical work. Should consumer laws apply to doctors? What is the function of the AMA and the Royal Colleges? Do they exist to protect the interest of the profession and shelter

their members from the stresses of ever expanding bureaucracy or do they exist to co-operate with the government to impose more bureaucratic control on their members?

As a doctor my job is to do my best not only to help a person get better quickly from an illness or ailment, but also try to relive his pain and suffering. I will also try to educate, inform and enlighten the patient so that the individual can become physically and mentally self reliant. However, should I be charged with manslaughter because of some unforeseen medical outcome, can I rely on these august medical bodies to come to my defense?

The recent case of Dr Jayant Patel who was charged with manslaughter and subsequently discharged was a black mark on the AMA and the Royal Colleges, namely the RACGP and the RACS. There was not even a whimper of protest from them as the justice system was manipulated to appease the anger of a lynch mob who would not even know what medical practice was from a bar of soap. As a profession we should all hang our head in shame.

Clearly we should be pointing out to the public the fact that doctors do not 'cure' anyone. It is a delusion to think that doctors cure patients. The healing power lies within every individual in his or hers immune system. How strong this immune system is depends on not only the patients' age, but also their physical and mental state. All we do as doctors is to try to provide the right conditions so that Mother Nature (the immune system) can cure the patient. If the person's immune system breaks down for any reason, no doctor in the world will be able to save that patient.

So what does the future hold for the medical profession? Can we rely on the AMA and the Royal Colleges to protect our interests? Self regulation has distorted our perceptions and enslaved us. It has reflected poorly on our mental health. I would prefer and dare the government to regulate us and see what happens. But while the Royal Colleges continue to play the role of Porky Pig going into business with government selling pork chops and pork sausages, I cannot foresee any change. We will have more of the same and with ever increasing bureaucracy. Again should consumer laws apply to medicine?

I wish all my colleagues compliments of the season and a Happy New Year 2014.

Australian Medical Association Limited



42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604

ABN 37 008 426 793

T: (02) 6270 5400 F (02) 6270 5499
Website : <http://www.ama.com.au/>

“ACT GOVERNMENT GOES IN HARD ON SUGARY SOFT DRINKS ”

The AMA welcomes the ACT Government's decision to ban the sale of fruit juice and soft drinks in Canberra public schools.

The ban will apply to vending machines by the end of Term One, with a total ban in place by the end of the 2014 school year.

AMA President, Dr Steve Hambleton, said today that the ban sends a very strong signal to improve the health and wellbeing of children attending government schools in the ACT.

“The AMA urges non-Government ACT schools to follow suit and encourages other State and Territory governments to introduce similar strong public health measures in their schools,” Dr Hambleton said.

“Soft drinks and fruit juices can be enjoyed occasionally as a treat, but there is no doubt that consuming these products daily is inconsistent with a healthy diet. Positioning these in schools so that they are available everyday sends the wrong message

“Obesity is a major public health issue in Australia and it is important that healthy diet and exercise messages are conveyed to our young people, including in the school environment.

“The ACT Government has done a great

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

job to show leadership in reducing the alarming rates of overweight and obesity in our young people.

“National figures confirm that around a quarter of Australian children are overweight or obese.

“Initiatives such as the sugary drinks ban need to be followed up with action from all governments to reduce the targeted marketing of unhealthy foods and beverages to children, simplify food labelling, and increase opportunities for physical activity among all children and adults,” Dr Hambleton said.

A recent Working Paper released by the Australia Institute of Health and Welfare identifies Type 2 diabetes in Australian children and young people identifies as an area of concern. Type 2 diabetes has typically been a disease of older people but is now occurring among children. Overweight and obesity is a known modifiable risk factor in the development of Type 2 diabetes.

21 February 2014

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

Follow the AMA President & Media on Twitter:

<http://twitter.com/amapresident> or [ama_media](http://twitter.com/ama_media)

Like the AMA on Facebook: <https://www.facebook.com/AustralianMedicalAssociation>

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

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

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 Benefits

Don't waste time! Join now!



**Monthly: Newsletters, Topical Educational Meetings, 3 Course Cuisine,
 CPD Points & Attendance Certificate Available
 Rounded off with the End of Year Networking Meeting**

Get your membership benefits! Socialise! Broaden your knowledge!



Dear Doctors

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

Annual subscription is \$100.00. **Doctors-in-training and retired doctors are invited to join at no cost.** This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and/ or speakers are most welcome.

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email: GJS2@Narangba-Medical.com.au.

ABN 88 637 858 491

1. **One Member (July to June: \$100; Oct.-June: \$75; Jan-June: \$50.00; April-June: \$25.00)**
2. **Two Family Members (\$25 Discount each) (\$150 pro rata)** (Please supply details for both members)
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:** (Member Subscription Form on website, type directly into it 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 Work And Live

Australia's First Drive-in Shopping Centre

The establishment of the first Australian revolutionary Drive-in Shopping Centre by Allan & Stark marked a seminal change in the history of Chermside and district as well as in retailing in Australia. It was a new method of retailing tailored to take advantage of the major change that was taking place in private transport in Australia with the age of the motor car beginning the changing face of retail in Australia. Chermside District was the most rapid growing area in Brisbane with 100,000 people living within 4.8km from the shopping centre site with Tram and Bus Services and most residents purchasing motor cars making this site idea for development. The final factor for Alan & Stark's choice of Chermside over other sites was the block of 11.8 hectares upon which the Centre now stands became available in October 1955. “.

The proposal to build was opposed by many protesting on the ground that the existing shopping centre would deteriorate, and requested that the Council reconsider its decision to allow the project to proceed. Some of the Valley shops, Waltons-Sears, McWhirters and T C Beirne, soon began to fight against the new competition from the Drive-in, by reducing prices.

The new air-conditioned centre contained the Allan & Stark department store of 3,791m², the Brisbane Cash and Carry Supermarket and 25 shops in the Arcade and Mall. Surrounding the buildings was car parking space for 700 cars described as “An island of retailing in a lake of parking”. The entire cost was 600,000 pounds (\$13.6m in 2004 values) which was split into 250,000 pounds for buildings and 350,000 pounds for site development. In 1957 it was an astronomical amount and represented a make or break risk for Allan & Stark because this was the first drive-in shopping centre in Australia with a huge parking space. It was a success and grew rapidly.



Westfield BETA
CHERMSIDE

<http://www.westfield.com.au/chermside/>

Three measures of the Drive-in's success were: firstly in September 1959 Allan & Stark sold out to the Melbourne based Myer Emporium, secondly in 1961, Sergeant D P Mahoney, applied for additional police at Chermside, mentioning that there were 240 persons employed in the complex and the parking space had expanded to hold 900 vehicles. Thirdly was the speed of duplication with other drive-in shopping centres being erected in other parts of Brisbane and the rest of Australia.

Chermside's Drive-in Shopping Centre



Bus terminal at Drive-In Shopping Centre, Chermside, ca. 1957, http://en.wikipedia.org/wiki/Chermside,_Queensland



Australia's first Drive In Shopping centre under one roof in the Chermside Shopping Centre caused much trepidation among the local businesses. The large main section in the top is Allan & Stark's Department Store, the two parallel arcades with a mall in between housed 25 specialty shops while Brisbane Cash & Carry, the supermarket was in the building labelled BCC. The photo taken from the north west clearly shows the separate buildings. (Photo courtesy of the Library of Victoria) <http://www.libraryofvictoria>



The aerial photo shows the small size of the buildings in relation to the size of the land. There was room for 700 cars all in the open and plenty of room for future expansion. In fact all the houses on the left of the photo would be bought as well as the buildings in the bottom left corner. Hamilton Road on the bottom of the photo was the southern boundary while Banfield Street towards the top was the northern boundary. (Photo courtesy of the Library of Victoria) <http://www.libraryofvictoria>