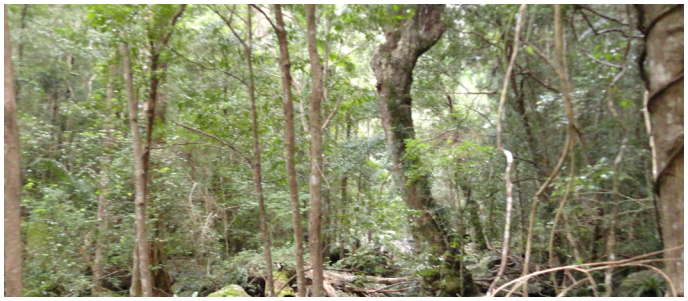
RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter

JULY 2012

Kinaba Track

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



RDMA President's Message ... Dr Wayne Herdy

The Labor Party Health Reforms have included the development of Medicare Locals, (to replace the Divisions of General Practice) and Local Health and Hospital Networks (which effectively replace the former Hospital Boards).

I was concerned, when the Metro North Medicare Local boundaries were announced, that the Medicare Local covering our area was going to be focused on the metropolitan area of Brisbane and be dominated by the metropolitan policies and activities. From what I have seen so far and from what others have told me the Metro North Medicare Local is even less relevant to our semi rural area from Redcliffe up through Caboolture to Kilcoy and Bribie than the former division ever was. I was very aware, especially when I was chair of that former Division that divisions were of limited relevance to general practitioners in the area they served. The new Medicare Local does not appear to have had any significant impact and indeed appears to have even less impact than the former division did. This is a huge sum of commonwealth money, the distribution of which is controversial at best and it looks as though our catchment area has been overlooked, neglected and left to our own devices. A particular focus that the government demanded that the Medicare Locals have was the provision of after-hours primary care services.

I cannot see that anything has happened in this regard. I don't hold out much hope that this is going to improve at all and I just wonder where the rest of the Medicare Local dollars are going to bring some benefit to the patients in our area. I am not holding my breath waiting for dramatic improvements to occur.

Wayne Herdy RDMA President

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

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

2012 Dates:

NEXT MEETING

Annual General Meeting
Wednesday August 29

Tuesday September 18

Wednesday October 24

Year End Networking Function

Friday November 30

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AUGUST NEWSLETTER 2012

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

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

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Kinaba Track








KinabaWalking Track

The lush scenic waterways of the upper Noosa River, tributaries and its flowing streams are one of the Great Sandy National Park's, Cooloola section most outstanding features. The Southern Cooloola section of the park starts just north of Noosa Heads and Tewantin, on the northern side of the Noosa River extending along the coast to Rainbow Beach. Conventional vehicles can drive to Elanda Point, just north of Boreen Point, which is about 155 kilometers or two hours' drive north of Brisbane. Four-wheel drive vehicles can also access the park via Cooloola Way and Harry's Hut Road, to Harry's camping and day use area.

The Kinaba Track meanders through regrowth forests, paperbark swamps and cabbage palm wetlands. The vegetation along the track changes from open forest to areas dominated by melaleucas and swamp banksias. Tannins seeping out from decaying plant matter stain the waters a very dark colour, almost black in deeper sections, offering spectacular reflections of the twisted paperbarks and bloodwoods lining the waterways' banks.

The Kinaba Information Centre can be reached by boat or on foot from Elanda via the Kinaba track. Visit displays and a self-guided boardwalk through the mangroves. From here, a narrow channel provides boating access to the upper Noosa River and to the mouth of Kin Kin Creek.

The Kinaba Track is a distance of 12.2 kilometers, taking approximately 4 hours with a moderate difficult circuit returning to the starting point which is the northern end of the private camping ground at Elanda Point.

Highlights include beautiful crystal clear freshwater lakes, vibrant wild flower heaths and intriguing forests for points of interest and discovery leading onto spectacular coastal scenery.

Sections of the low lying track and creek crossings are closed due to flooding after heavy rains. As it is mostly an exposed track it is recommended to trek in the cooler months. Activities include the obvious bush walking appeal, native animal and bird watching and photography.

Photos by B Nicol

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT

Dr Alex Markwell

Update from AMAQ President

Dear members,

Since my last report I have been busy touring health care services across Queensland, getting a feel for how health care is resourced and delivered in our regional communities. It has been an invaluable experience and I've been privileged to meet some great local characters and dedicated doctors.

Over the past month, myself and members of the AMA Queensland team, have visited health care facilities and doctors in Maryborough, Childers, Hervey Bay and Bundaberg, the South Burnett townships of Kingaroy, Cherbourg and Murgon and most recently, Nambour and the Sunshine Coast.

We will be visiting Redcliffe Hospital for a tour and lunch on Tuesday October 16, anyone interested in attending can register or get more information by contacting the Membership Team at membership@amaq.com.au. I also hope to attend an LMA meeting before the end of the year!

Taking the time to meet in person and listen to doctors as they share their local knowledge, experience and innovations has given us a much clearer understanding of how health care is delivered in regional Queensland.

Despite the efforts of some inspirational individuals, I am frustrated to find many local health services still lagging behind - shortage of beds and staff, overcrowding, ambulance ramping and lack of support services have been commonly recurring themes in all of the areas we've visited.

I have been encouraged by productive meetings with representatives of some of the new Health and Hospital Boards. I am hopeful that by handing back control to the local community, practical solutions will be found to ease access and capacity problems which seem widespread.

I am very much looking forward to meeting Dr Paul Alexander, Chair of the Metro North Hospital and Health Board in early August and will use this opportunity to discuss local health care issues and concerns affecting practitioners in our northern suburbs.

Recently I spoke in support of the Health Minister's announcement to keep the Royal Children's Hospital site at Herston operating in the future as a medical facility. It is AMA Queensland's view that it should remain open as a paediatric service until the migration of services to the Queensland Children's Hospital is complete and we can be confident of its capacity.

The overhaul of paediatric services on the northside and transition to a local health board structure are ideal opportunities for the Redcliffe and District Local Medical Association (RDMA) to engage with clinicians and ensure members are well represented during crucial decision-making processes.

We will continue to offer support to LMAs, particularly in areas that may be struggling to unite or motivate local clinicians. AMA Queensland is committed to helping doctors so they can help patients.

Dr Alex Markwell, AMAQ President
Phone: (07) 3872 2222
Email: a.markwell@amaq.com.au

Interesting Tidbits NATTY MOMENTS:

JOKES WITH APOLOGIES

The Grim Reaper came for me last night, and I beat him off with a Vacuum cleaner. Talk about Dyson with death.
----oOo----

Paddy says "Mick, I'm thinking of buying a Labrador." "Really!" says Mick "Have you seen how many of their owners go blind?"
----oOo----

I saw a poor old lady fall over today on the ice! At least I presume she was poor - she only had £1.20 in her purse.
----oOo----

My girlfriend thinks that I'm a stalker. Well, she's not exactly my girlfriend yet.
----oOo----

I woke up last night to find the ghost of Gloria Gaynor standing at the foot of my bed. At first I was afraid...then I was petrified
----oOo----

The wife has been missing a week now. Police said to prepare for the worst. So I have been to the charity shop to get all her clothes back.
----oOo----

A mate of mine recently admitted to being addicted to brake fluid. When I quizzed him on it he reckoned he could stop any time.
----oOo----

I went to the cemetery yesterday to lay some flowers on a grave. As I was standing there I noticed 4 grave diggers walking about with a coffin, 3 hours later and they're still walking about with it. I thought to myself, they've lost the plot .....
----oOo----

My daughter asked me for a pet spider for her birthday, so I went to our local pet shop and they were £70! "Blow this," I thought, "I can get one cheaper off the web."
----oOo----

Statistically, 6 out of 7 dwarves are not happy.
----oOo----

I was at a cash point yesterday when a little old lady asked if I could check her balance, so I pushed her over.
----oOo----

I start a new job in Seoul next week. I thought it was a good Korea move.
----oOo----

I was driving this morning when I saw an RAC van parked up. The driver was sobbing uncontrollably and looked very miserable. I thought to myself, "That guy's heading for a breakdown."
----oOo----

On holiday recently in Spain I saw a sign that said 'English speaking Doctor' - I thought, 'What a good idea, why don't we have them in our country?'
----oOo----

RDMA Meeting 19/06/12






RDMA Vice President Kimberley Bondeson opened the meeting introducing Jesse Braunberger representative for Sponsor Eli BD Diagnostics. Speaker for the night was Dr Bryan Knight whose topic was Advantages and Uses of Liquid Based Cytology. **Clock wise from Bottom left hand corner:** Philip Dupre with Peter Stephenson. Helen Mahoney. BD Diagnostics Representative and Speaker Dr Bryan Knight. Megan Appleton looked radient juggling work and her family of her 5 week old baby "Penny Louise" and 2 year daughter "Marley". **(New Member)** Kirsty McKenzie at Redcliffe Hospital, **(New Member)** Patrick Joyce at Redcliffe Hospital and **(New Member)** James Walsh at Redcliffe Hospital.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Updated Invite - New Topic

Date: **Tuesday 24th July 2012**

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: Moreton Eye Group
7.40pm	Speaker: Dr Katherine Smallcombe Topic: What's new in Ophthalmology
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: tracey.blackmur@qml.com.au
t: 3049 4444 by Friday 19th July

QML Pathology.

AMAQ BRANCH COUNCILLOR REPORT
North Coast Area Representative

Dr Wayne Herdy

Queensland Health Budget, Medicare Locals and the New AMAQ Council

Topic 1
The new Campbell Newman government has set a pathway through the new government's budget, had announced the not unexpected financial disaster that was left to them, (which practically every government raises as an accusation against the former government) and in particular has addressed the Health budget. The major shock that was announced a month ago was the fact that it will cost something like a billion dollars just to fix the Queensland Health pay debacle. It is unconscionable that a such a huge sum of money should be needed over the next three or four years to fix a problem that should never have occurred in the first place at a time when the Queensland Health Public Hospitals are creaking and groaning under the load and the Statewide system is calling out for at least five new hospitals, this allocation of a sum of money, nearly enough to build a new hospital is a tragedy.

In the Redcliffe District the North Lakes' Community development will eventually have an additional 90,000 population; this is the population of Toowoomba and nearly deserves a hospital of its own. The three nearest hospitals; Chermside, Redcliffe and Caboolture will be called upon to drain a large additional population when they struggle to cope with the population that they had before. Further for those areas there are distances to be covered which in emergencies with peek hour traffic can mean a delay of more than an hour above what would have been possible had North Lakes had a hospital of its own.

With such strains on the hospital system Queensland Health can ill afford the huge sum of money necessary to fix a payroll problem. The ultimate tragedy is the personal tragedy for Queensland Health workers who have been underpaid, not paid at all or overpaid and now subjected to legal actions for recovery.

Topic 2
I recently had the opportunity to visit Vietnam and to reflect on their health system and in particular I enquired widely about their system for aged care. It came as something of a surprise to me that, in a communist country, there is no payment by the government to provide health resources. All patients have to pay something, admittedly a small amount by Australian standards for doctors' consultation, hospital resources and pharmaceuticals. Although the consultation fees quoted to me were quite small by Australian standards they were disproportionate to Vietnamese incomes and living costs. They were about double or more what I would have expected in comparison with eg: the cost of a taxi or a meal or the typical Vietnamese personal income. The many Vietnamese people to whom I spoke were astounded that we had such a highly socialised system in Australia where doctors' fees, hospital fees and pharmaceutical costs are so heavily subsidised. I was also bemused that relative to other costs and incomes in Vietnam our doctors' consultant fees in Australia are remarkable low.

In terms of aged care the extended family is still responsible for aged care of disabled loved ones but in the anecdotes given to me I was struck by how many aged Vietnamese were still self caring and living independently at home. I was also struck that one of the temples that I visited had a small resident aged facility attached to it that was paid for exclusively by the monks. This facility has only eight old ladies living in it and they are still sufficiently mobile to cook and go shopping for themselves but nevertheless this is a shadow of what is available in other Asian countries which are much wealthier than Vietnam.

Topic 3
The new AMA Queensland Council has been installed. Our new president Alex Markwell is one of the youngest ever AMA State Presidents but has a long track record since her student days of close involvement with medical politics. We can look forward to a lean and mean AMAQ making sure that Queensland Health continues to provide the best possible outcomes for Queensland patients. I am expecting that this new AMAQ Executive will be particularly aggressive in the light of Campbell Newman's budgetary constrains, necessary as those budgetary constrains might be in the overall financial context.
Wayne Herdy

SNAPSHOT FROM THE PAST - Caboolture Hospital Starts

REDAMA Newsletter from Series 2 No 2 July 1990, page 3

'Wait and see' attitude to Caboolture Hospital proposal

DOCTORS in the Caboolture area have adopted a "wait and see" attitude to the announcement that their long promised hospital will be completed within three years.

Health Minister, Mr McElligott, announced the Government's plan to build the first stage of the hospital by 1992 when he officially opened the Caboolture Community Health Centre in May.

He described the announcement as a fulfilment of the ALP commitment made during the 1989 election campaign.

But doctors in Caboolture and the surrounding catchment area, say they have heard the promise so many times by a succession of Health Ministers that they will only believe it when they see it.

One member has told the Redcliffe and Districts Local Medical Association the need for a hospital in Caboolture has never been seen as "urgent" but the demand is growing every week.

He conceded it would take some of the strain off the Redcliffe Hospital but he questioned the availability of suitable staff.

Redcliffe LMA has previously raised doubts about the ability of the Government to recruit suitably trained medical and nursing staff for any new hospital.

Despite this, Mr McElligott describes the construction of a hospital at Caboolture as a first rank priority for the Government.

He said he had allocated a high priority to the construction programme in the next Capital Works Triennium which began on July 1.

Mr McElligott said he wanted the physical planning of the hospital to begin immediately and construction to follow as soon as possible.

"It is feasible that construction could begin within 12 months and I would anticipate the stage one hospital, with a bed complement from 80 to 100, to be completed in 1992.

Mr McElligott said the design would allow for further staged expansion, of between 150 to 200 beds.

He conceded that the services and mix of beds still had to be determined.

But he says modern hospital planning is moving toward the concept of not fixing the allocation of mix of beds.

"Such a policy allows the hospital to adapt to changes in demand and maintain a service which is responsive to the level of community need," he said.

He gave an assurance that the hospital would include a 24-hour Emergency services, day surgery, maternity beds and specialist childrens services.

Despite the Minister's assurances, medicos say the Government's professed shortage of funds and the difficulty in recruiting staff, even for existing hospitals, raises serious questions about its ability to deliver.

"There are many who believe the Government and the people would be better served if the money could be put into expanding Redcliffe Hospital," one member said.

Hospital Day Surgery nearer to reality

Patients seeking procedures for minor medical matters can expect a shorter waiting time with the opening of the Day Surgery facility at Redcliffe Hospital.

The Day Surgery is expected to be open by the end of July, according to the office of Health Minister, Mr McElligott.

Inquiries by the Redcliffe and Districts Local Medical Association have revealed that the surgery will provide a valuable assistance to the local medical profession.

The facility is expected to free up some of the list time which had become the subject of long delays and provide considerably shorter waiting times for minor procedures.

Immediate benefits will include extra sessions in endoscopy and colonoscopy the inclusion of a paediatric surgical session.

However, the hospital is still unable to provide ENT or cosmetic surgery because it has no suitable surgeons available.

The day surgery has been welcomed by all staff at the hospital who described it as a step towards bringing services a little closer to the required standard.

Please note meeting changes

Members of the Redcliffe and Districts Local Medical Association are asked to note changes which will apply to the next two monthly meetings.

The Annual General Meeting on July 27, will be held back at the 'Golden Ox' Restaurant, after the change of venue for the June meeting. The meeting will be sponsored by ASTRA.

Guest speaker for the evening will be Professor Malcolm West, Professor of Cardiovascular Medicine, at the University of Queensland, Prince Charles Hospital, speaking on the topic of 'Hypertensive Cardiovascular Disease: the role of blood pressure.'

Elections will be held for office bearers for the coming year, and nominations for all positions are invited. Reservations for the meeting should be lodged with the secretariat on 284 6666, by Wednesday, July 25.

The August meeting will be held on the THIRD Friday of the month - August 17 - instead of the usual last Friday. This change has been brought about by the desire of the association to hold meetings on a night that will allow member and State Secretary, Dr Rob Hodge, to attend.

Sponsor, Roche has agreed to the new date and has, ironically, asked Dr Hodge to be the guest speaker on the medical topic of the night.

It is also expected that he will present a report updating the State AMA scene. The date for the September meeting has yet to be confirmed.

Bone Densitometry at Qscan

Qscan Radiology Clinics is a multi-modality practice offering imaging services using the latest technology combined with modern waiting areas for patient comfort. Bone densitometry assessment is available at our major comprehensive facilities located at Windsor, Redcliffe and Annerley. All sites have ample car parking and are easily accessible by public transport.

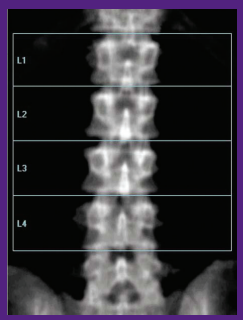
Bone mineral density is measured using GE Lunar Prodigy densitometers. The GE Lunar densitometer is a new generation fan-beam system capable of rapid measurement of bone density. Each spine and hip region can be scanned in 30 seconds. This allows for measurement of 3 regions, the lumbar spine and both hips, which together provides a more accurate diagnosis of osteoporosis and reliable monitoring of bone density over time.

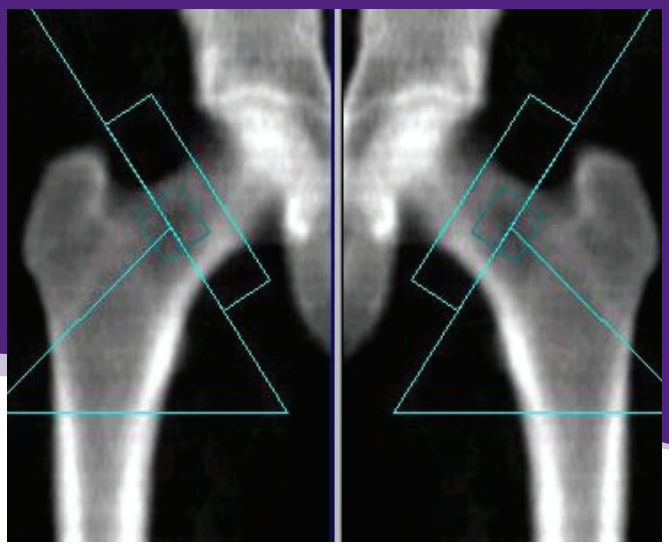
Our bone densitometry systems have dedicated software for adult and paediatric bone density assessment. We use the Australian Geelong reference database recommended by the Australian and New Zealand Bone and Mineral Society. Our systems also have ethnic/Asian reference databases available for generation of appropriate T-scores.

Qscan™
RADIOLOGY CLINICS

Dr Joseph Wong
MBBS(Hons), FRACP, MBA
Nuclear Medicine Physician

Dr Joseph Wong is an honours graduate from the University of Queensland (UQ) in 1988. He completed his nuclear medicine fellowship training at the Prince of Wales Hospital in Sydney with a final year at the Nuclear Medicine Department and Clinical PET Centre at Guy's and St Thomas' Hospitals in London in 1995. Joseph is on the Bone Densitometry Committee of the Australian and New Zealand Bone and Mineral Society (ANZBMS) and has Certification in Clinical Densitometry with the International Society of Clinical Densitometry (ISCD). He is the past president of the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) and the Australian and New Zealand Society of Nuclear Medicine (ANZSNM). His published research topics include the evaluation of performance of DXA instruments, bone density and body composition changes in disease states and clinical nuclear medicine. Joseph is a senior lecturer with the UQ School of Medicine. He has also completed an MBA from UQ and is a Member of the Australian Institute of Company Directors.





trusted analysis

SNAPSHOT FROM THE PAST - Specialist Centre Enlarged
REDAMA Newsletter from Series 2 No 2 July1990 page 5

Enlarged specialist centre takes shape

Workmen are nearing completion on construction of the extensions to the specialist facilities at the Peninsula Private Hospital.

Additional rooms fronting George Street are being provided with the extensions which are expected to be available for occupation by the end of July.

The Hospital administrator, Peter Freeleagus, said a majority of the additional space had already been accounted for and the rest was expected to be snapped up quickly.

Pictures show the view from George Street (above) as the framework takes shape and the workmen push ahead with construction (right).

Cricket challenge is on and Pfizer comes up with a trophy

Pfizer is to sponsor the first-ever "coast-to-coast" cricket challenge between the Redcliffe and Gold Coast local medical groups.

The Pfizer Cup, with $200 prize-money to the charity of choice of the winning team, will be decided in a limited overs match.

The date is expected to be in mid-November and the venue will be decided by the toss of a coin between the rival presidents.

The challenge to an inter-association match was made by the Gold Coast AMA which has played an annual match against hospital staff or a team of paramedics.

They decided to spread their wings this year by playing against Redcliffe LMA which accepted the challenge gleefully.

In fact, vice president Bob Brown responded by saying Redcliffe had enough "internationals" to field a second team if necessary.

Pfizer's State Manager, Warren Doherty, has offered to not only sponsor the challenge but also act as an umpire.

Public Relations consultant, Ross Thompson, who is retained by both groups, will show his neutrality by being the other umpire.

Dr Brown has appealed to all members who want to be considered for selection in the team to contact him on 265 4555.

• Letter to the Editor

TRAINING SCHEME FULL OF FAULTS

SIR,

From July 1, the Federal Labor Government requires employees with a payroll over $200,000 to spend one per cent, and then later one and a half percent of their payroll on 'approved' training schemes.

If a government training subsidy is received this must be spent on training as well as the levy.

The FMP subsidises time spent with a trainee, but it is difficult to produce a receipt accounting for this time.

Any group practice, or incorporated practice (in which case your own income counts as a 'payroll' will need to show that it has spent both the training levy and the subsidy.

I can forsee a boom for conference organisers, starting with conferences on how to get around the levy, and a decline in training schemes where the major input is your own time.

DR BRUCE FLEGG
Kippa Ring

MEDICAL MOTORING
with Doctor Clive Fraser

Motoring Article #93
Safe motoring,
doctorclivefraser@hotmail.com.

BANGKOK TAXIS "Thai Take-Away"

Anyone who has driven in Bangkok will agree that the traffic there is a nightmare and even crossing the road as a pedestrian is not for the faint-hearted.

Most visitors to Bangkok are far safer in a taxi, though even they can provide some hair-raising excitement and drivers are notorious for ripping off customers by refusing to use the meter.

On my last flight to Bangkok I sat next to a very elderly man who struggled down the aisle with a particularly awkward limp. As we would be sitting next to each other for 10 more hours I started chatting to him and asked him about his leg.

Now we all know that conversations with the person sitting next to you on a long-haul plane flight can be either a grunt as they amble past to get to the toilet or their whole life history.

On this flight it would be the latter and the lovely old gent explained that he'd been involved in a car crash in Bangkok. He told me that his Toyota Corolla collided with a much larger truck and as a result he'd badly fractured his femur.

His Australian doctor said the Thai orthopaedic surgeon had done a pretty good job on the internal fixation, but he'd still been left with two inches of leg shortening, hence the limp.

He was fairly confident in the Thai health system, but only in as far as he was able to meet the surgeon's and hospital's request for payment by credit card on a daily basis with the total bill being about $30,000 AUD.

He believed that failure to pay up on time each day would have resulted in his sudden discharge from the hospital to the nearest pavement.
When I enquired a little more about exactly how "the accident" had occurred he then explained to me that he'd been driving home after a night on the turps and that he was so p***ed he wasn't really sure what happened, but he thought "the accident" was clearly all his fault.

Eager to find out how the local constabulary might have dealt with such an event he then explained to me that for the princely sum of 10,000 Thai Baht (approx $308 AUD) the investigating police officer turned a blind eye to his drunkenness and wrote a report stating that the cause of the crash was unclear.

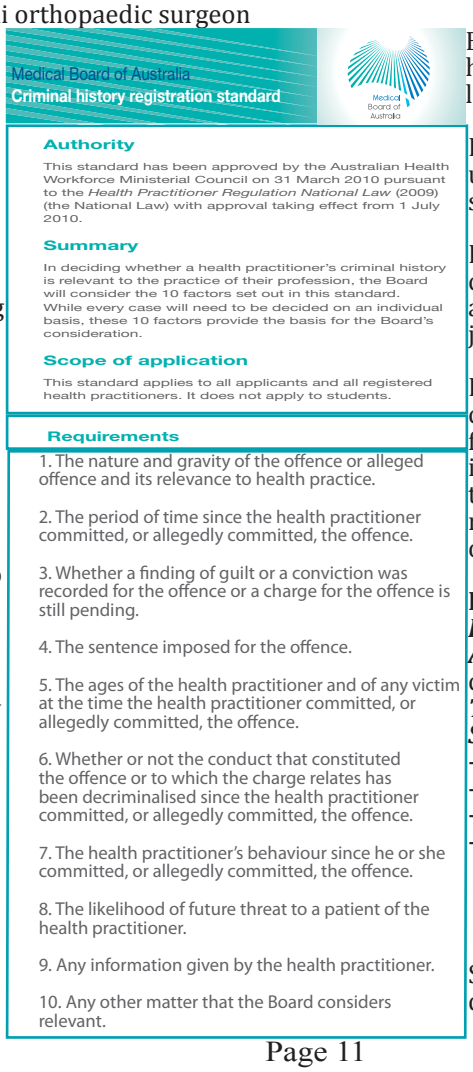
For someone from Queensland who'd lived through the Fitzgerald Inquiry this was all starting to sound very familiar and it reminded me of just how much we take for granted the rule of law in Australia.

On returning to Queensland I was then surprised to read that AHPRA doesn't conduct any criminal history checks on OTD's other than to simply ask for self-disclosure of previous criminal activity.

Whilst OTD's are over-whelmingly an asset to medicine in Australia one might wonder just how forthcoming anyone with something to hide might be.

Locally, all registrants are assessed by CrimTrac for matters that might affect registration that have occurred in Australia.

And whilst I was surprised that AHPRA itself doesn't request proof of no criminal background it is worth saying that those checks occur as part of the normal immigration process.



Medical Board of Australia
Criminal history registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the *Health Practitioner Regulation National Law* (2009) (the National Law) with approval taking effect from 1 July 2010.

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.
2. The period of time since the health practitioner committed, or allegedly committed, the offence.
3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.
4. The sentence imposed for the offence.
5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.
6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.
7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.
8. The likelihood of future threat to a patient of the health practitioner.
9. Any information given by the health practitioner.
10. Any other matter that the Board considers relevant.

Even if AHPRA did start checking criminal histories the proof from many countries does leave a lot to be desired.

For example, a US criminal history check is undertaken by the FBI and they will require two sets of your finger-prints.

But some countries will simply provide a certificate from the local police who hopefully aren't partial to bribes to afford an escape from justice.

In Australia we enjoy the option of telling our children that if they ever need help, they should find a police officer. That isn't always the case in every other country. As for my neighbour on the plane flight he still has a blameless driving record complements of an obliging Thai police officer.

Bangkok taxis
For: They should know where they are going.
Against: It may be faster to walk if the traffic is congested.
These taxis would suit: Ozzie travellers.
Specifications:
- Thai taxis are mainly Toyota Corolla sedans
- There are 150,000 taxis in Bangkok
- Run on LPG
- 35 Baht flag-fall and 5 Baht per kilometre
    - It costs 280 Baht to go 28 kilometres from Suvanabhumi Airport to downtown Bangkok (about $8.60 AUD)

Safe motoring, Doctor Clive Fraser
doctorclivefraser@hotmail.com

RDMA VICE PRESIDENT & AMAQ COUNCILLOR REPORT

Dr Kimberley Bondeson

PIP FUNDING, eHEALTH – PCEHR, GRADUATE INTERN POSITIONS & GRADUATE NUMBERS

Since my last article, I attended the AMA National Conference in Canberra in May, the AMAQ President's inauguration in Brisbane (which welcomed our new Queensland President Elect, Dr Alex Markwell), and attended the Federal AMA Council of General Practice Meeting in Canberra.

I am pleased to say that I enjoyed all of these meetings, and found that the other doctors involved in these gatherings, who came from all areas of medicine, all share the same basic problems, concerns and aims.

This was particularly evident at the Federal AMA Council of General Practice Meeting, which is represented by two GP's from each state, a doctor in training representative and a medical student representative (the DIT and Medical Student representative do not have voting rights on the council, but certainly have input into the meeting). There was a mix of rural GP's and city GP's. We are very fortunate that the Federal AMA president, Dr Steve Hambleton (also a GP), attended the meeting and left with some clear advice and recommendations on a number of issues.

One of the outcomes from this meeting was that the Federal AMA was to ask the government to increase the PIP payments to $200 a session, to encourage an increase in the number of GP Practices who take on GP Trainees, and medical students. Only approximately 13% of practices actually take on medical students and GP trainees.

Whilst this figure does not actually reflect the true cost of training a doctor or medical student, it at least is some improvement on the current PIP funding, which is $100 a session. One of the questions asked was "What are the barriers to getting GP practices involved in training?" This can be worked out simply. You need a room and the time to teach. This of course impacts on the GP trainers' income, and can be simply worked out.
I know in my own practice, we no longer have a vacant room, even though we do have willing GP teachers and mentors. Another difficulty is registering as a trainer – this currently requires the GP and the Practice to undergo "Training the Trainer Courses", and accrediting the practice as a teaching practice. All are red tape barriers.

In the meantime, the government is continuing to spend money on ehealth – the PCEHR has a $470 million price tag on it, and in its current state, patients can only register if they go to a Medicare office (in person) or ring a Medicare call center. (A very expensive phone call, it would seem). Patients can alter their own records and refuse to give access to their treating practitioner. GP Practices still have to purchase and instill appropriate software and train staff to use the system. Also, the medical indemnity issue has not been clarified.

Internship placements are another big issue – AMSA (Australian Medical Students Association) are urging the Federal Government to put medical school places on hold because there are not enough intern positions for graduates. In 2012, 450 medical students will miss out on intern places in Australia. I feel this is a very sensible recommendation. When I went through my medical training, we were all guaranteed an intern placement. 450 medical students in Australia this year will miss out. Hold off on medical school intake, until at least the system can 'catch up' with the demand.

Intern places aside, the large numbers of graduates is causing other problems as well with GP training places – in 2013, there are 1138 GP training places, which is set to double in 2014. In 2013, there is expected to be 1510 applicants for the 1138 places, so 372 suitable applicants will miss out. These junior doctors will be left in the hospital system. Whilst this is not such a bad idea, as at least they will have completed their internship and are registered as a doctor, this will still create pressure on the hospital and training system, which includes specialist training programs as well.

A quick update on the Redcliffe GP Super Clinic – it is still not open. One of my patients suggested GP stood for "General Purpose", which is probably not a bad idea.

Kimberley Bondeson

BOOK REVIEWS : The Enchanted Time Traveller

Published with assistance of Love of Books

AUTHOR
Dr Mal Mohanlal

www.loveofbooks.com.au
ISBN: 978 06465571577 (hbk)

Review by Warren Thurston,
Children's Author, http://www.edwardhilarybumble.com

Doctor Mal Mohanlal's book invites readers to embark on a voyage of discovery. It's one that explores the inner space that exists in us all. Humans are composed of physical and metaphysical properties. Most of us are familiar with the basic physical properties of the human body. What is not familiar to the majority of people is the structure of what is termed, our inner space.

A person's subconscious mind is an area little understood. Most people don't acknowledge that this part of their mind plays any part in their existence at all. Yet this part of them plays a significant role in the well-being of their health and outlook on life. Doctor Mohanlal shows how the subconscious can be controlled in a positive way to make one's life journey a more pleasant experience. All of us are present in the material world for a finite amount of time. Influences, external to ourselves, such as war, famine and natural disasters can dramatically shorten our life spans. But overall it is we who are in control of our destiny and Doctor Mohanlal has penned a book that details, in easy to understand terms, how a person can gain that control over themselves.

Perception, how one looks at the world and their place in it plays an important role in how the subconscious is controlled. We all have the ability to change how our culture, peers and families manipulate the image of ourselves. The strongest set of tools to make this change in perception is words. If we keep telling ourselves that we are stupid, no good, dumb, uninteresting and sloth like, then we will never have a positive outlook on life. Most likely we will be what we keep telling ourselves and be quite unhealthy to boot. The first step in pursuing the journey to true self-realisation is to talk to your inner self in a positive way. An example in the book is that of a person wanting to give up smoking. That person needs to say to themselves, "What are you doing, don't you want to give up smoking? Throw it away, I hate smoking, dirty, filthy habit." By repeating this phase several times, each time the urge to smoke comes upon them a smoker will change their subconscious mind's perception of smoking. They will see it as a bad thing and stop.

The greatest enemy of our subconscious mind is one's ego. It is an entity within us that concentrates on the "I", "me" and "mine". All the ego wants is instant gratification, it's a self-deception device that knows no boundaries of flattery. To become a human being who is open to new ideas and perceptions the ego must be controlled. Doctor Mohanlal maintains the most effective way to control the ego is to have some insight into your mind and use your powers of awareness and perception.

There have been many books written on this topic in the past, but most of them have been drafted in dry technical jargon. Doctor Mohanlal has crafted a book that tackles a difficult topic in a simple easy to understand way. He deals with how a person through positive feedback to themselves can control their subconscious mind's influence over their physical and mental states. I found the book very informative and can vouch for the philosophy he puts forward. The techniques that Doctor Mohanlal explains to keep ourselves healthy I use myself to keep a positive outlook on life. They proved to be a vital cog in my recovery from chronic fatigue twelve years ago.

This book is one that will serve to bring to people a greater understanding of themselves and how they are reacting to the modern world. It is a book well worth reading and one that can be revisited again and again. I would recommend this book as a must read for all those seeking enlightenment about the human condition.

Review by Dr Peter Stephenson.

When my colleague and author handed me a free copy of his book, he added that I could now do a book review on it! Looking at the title of the book, it had a sub-title "A book of Self Knowledge and the Sub-conscious Mind". Did he think I needed some self-help?

This is only the second self help book that I have read. The first was "Computer Programming for Dummies" Anyway, I did not jump straight into this project because I had other projects on hand but I have finally read it from cover to cover. I acknowledge that I was not really avoiding the project, but the answer to my prevarication was actually in the book!The basic premise in the book is that humans have subconscious and conscious minds and that when we have conflict between the two, it leads to mental illness. Then the author shows the way for the reader to help themselves.

In my opinion, the book has good ideas but it is spoiled by repetition and an editor would have suggested how to correct this I am sure. However, this could be because the book is designed to be a sort of reference book and not designed to be read from cover to cover like I did. Each chapter is devoted to a topic so perhaps if you have anxiety, you can turn to page 105, but you really need to have read some of the previous chapters to understand where the author is coming from. Perhaps a second edition is indicated?

As I mentioned above, the answer to my prevarication was in the book. Not doing the review was giving me a mild anxiety, which was because I was not addressing the task. My conscious mind was putting off the project but my subconscious mind knew that I had to do it. Now that I have done the review, that anxiety has gone.

EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL

Dr Donna O'Sullivan

Redcliffe Research An Opportunity for Collaboration

Energy and enthusiasm for research has long been a principle driving key medical staff at Redcliffe Hospital.

Regional hospital status has not precluded some impressive work undertaken in clinical research during past years, and in recent times, this area of activity has been given a boost with the appointments of Dr Joel Dulhunty as the Director of Research Training and Dr Tania Crough as the Research Governance Officer with the Research Governance Unit at Redcliffe Hospital.

These important roles have been established to protect the Hospital's research activities and ensure due processes have been undertaken prior to the commencement of research projects. The Unit provides education and support for researchers as they navigate the specific processes established for gaining authorisation to conduct their research projects. This activity has assumed greater resonance since the establishment of the site specific assessment process in 2009.

Left to Right: Deputy Director Medical Services Dr Dale Thomas models the Unit tee shirt with Dr Tania Crough and Dr Joel Dulhunty

Research projects in contemporary practice require a long process of ensuring all the boxes are ticked, in terms of ethical clearances, securing funding and adequate budgets, access to data and other resources, qualification of the researchers to undertake the work and legal processes to protect the valuable intellectual property that is the research project and its findings.

It's time consuming and complex work and I believe Dr Dulhunty and Dr Crough's appointment demonstrates a commitment to the importance of quality research at Redcliffe Hospital, which will ultimately benefit our patients.

The past six months has seen a range of research projects submitted to the Research Governance Unit for consideration and support, from quality assurance-based studies, pharmaceutical company-sponsored clinical trials, stroke studies, social research and numerous submissions across all the clinical disciplines, including Allied Health, which is pleasing. Currently most research projects are undertaken with universities and state or nationally-based professional organisations, but there is a future scope for working with our local colleagues in General Medical Practice.

May I take this opportunity to encourage a connection with the Research Governance Unit if you are considering undertaking future research projects within your own community? The key to success is to make contact with the hospital early, to establish those professional links and prepare for your project in a formal collaboration with Redcliffe Hospital staff – and with the considerable support and knowledge of the Research Governance Unit.

For more information or for a meeting to discuss your ideas please feel free to contact: Dr Joel Dulhunty, Director of Research Training, or Dr Tania Crough, Research Governance Officer on 3883 7777.

Donna O'Sullivan

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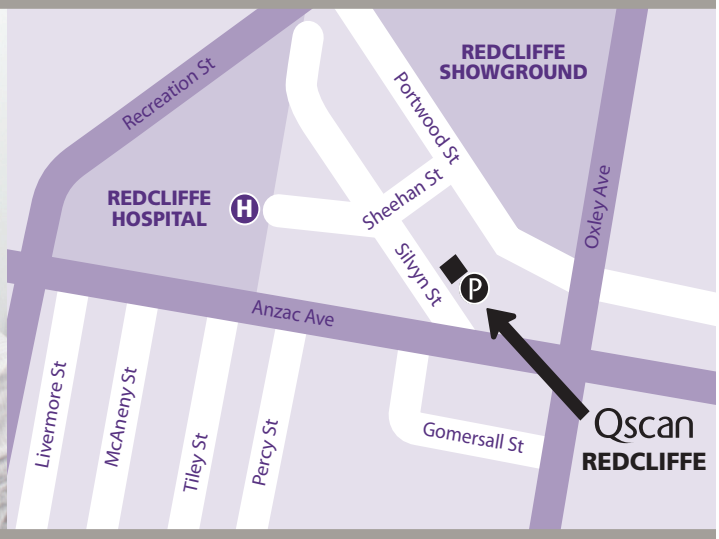

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AMA Family Doctor Week 2012
For a lifetime of trusted care

50 YEARS AMA CELEBRATING 50 YEARS

AMA

FAMILY DOCTORS PLAY AN IMPORTANT ROLE IN THE LIVES OF OLDER AUSTRALIANS

YOU AND YOUR FAMILY DOCTOR: OLD AGE

AMA Family Doctor Week 16-22 July 2012

AMA President, Dr Steve Hambleton, said today that older Australians rely heavily on family doctors to help them maintain awareness and control of their medications and treatments.

Dr Hambleton said that family doctors are just as important to people in old age as they have been throughout the other stages of life.

"It is vital that older Australians have easy access to their family doctor in their later years, be they living at home or in a residential aged care facility," Dr Hambleton said.

"Many older people are suffering from complex and chronic conditions, and many have limited mobility. Their need for quality health services is often significant.

"The family doctor is the central point of contact for their elderly patients and their medical specialists and other health service providers.

"The family doctor can help older patients navigate the aged care system by assisting them to get community care packages and, when the time comes, informing them and their families about residential aged care facilities.

"Family doctors will review advanced health directives with their elderly patients and make sure that they discuss issues such as enduring power of attorney with their family and carers."

You can view Dr Hambleton's **YOU AND YOUR FAMILY DOCTOR: OLD AGE** message at http://youtu.be/AtnPHuOMD0w

Family Doctor Week is a celebration of the hard work and dedication of the nation's family doctors – the GPs who serve local communities in the cities, the suburbs, rural centres, country towns, and remote areas of Australia.

This year, the theme is ***Family Doctor Week: For a Lifetime of Trusted Care***.

Each day this week, the AMA will focus on a stage of life and the key role that family doctors play in helping their patients throughout that stage.

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21 July 2012

CONTACT: Kirsty Waterford 02 6270 5464 / 0427 209 753

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TIME IS RIGHT FOR MEDICAL GRADUATES TO CHOOSE A CAREER IN COUNTRY PRACTICE AMA Family Doctor Week 16-22 July 2012

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Steve Hambleton, said today that conditions are better than they have been for some time for medical graduates to choose a career in rural and regional Australia.

Dr Hambleton said there are more graduates coming through the system and more graduates who are locally trained and who have had practical rural experience as part of their training.

"Country practice is now a more attractive option for young doctors, but could be more attractive with the right Government incentives," Dr Hambleton said.

"The AMA is urging the Government to adopt the AMA and Rural Doctors Association Rural Rescue Package.

"The package would not only encourage more doctors to work in rural areas but it would put in place incentives to improve access to doctors with the advanced skill set that rural areas often require."

The package highlights two key tiers of support:

- a rural isolation payment to be paid to all rural doctors (including GPs, specialists and registrars) to reflect the isolation associated with rural practice; and
- a rural procedural and emergency/on-call loading to better support rural procedural doctors (including procedural specialists) who provide obstetric, surgical, anaesthetic or primary emergency on-call services in rural communities.

Dr Hambleton said that changes are also needed in the Government's Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) classification scheme, which is currently the basis for providing financial incentives for doctors to move to the bush.

"The ASGC-RA scheme is seriously flawed," Dr Hambleton said."A doctor working in the rural NSW town of Cowra is classified the same as a doctor working in the Hobart suburb of Sandy Bay.

"A doctor working in the central Queensland town of Moranbah is classified the same as a doctor working in bustling Townsville. "There is no incentive for doctors to move to the smaller centres under this system."

Dr Hambleton said more work needs to be done in providing an advanced rural training pathway for GPs, and there needs to be greater recognition of the needs of the spouses and children of doctors considering a move to country practice.

The AMA Position Statement on Regional/Rural Workforce Initiatives 2012 highlights five key priority areas for Government policy development that would help attract medical practitioners and students to regional and rural areas.

The AMA urges the Government to:

- provide a dedicated and quality training pathway with the right skill mix to ensure GPs are adequately trained to work in rural areas;
- provide a realistic and sustainable work environment with flexibility, including locum relief;
- provide family support that includes spousal opportunities/employment, educational opportunities for children's education, subsidy for housing/relocation and/or tax relief;
- provide financial incentives including rural loadings to ensure competitive remuneration; and
- provide a working environment that would allow quality training and supervision.

Dr Hambleton said that rural and regional Australian communities have for too long suffered from doctor shortages."Country communities have depended on international medical graduate (IMG) doctors to fill the workforce shortages," Dr Hambleton said.

"GPs have been backbone of rural health care but their numbers are dwindling. "We have medical graduates coming through in greater numbers and they are being exposed to rural practice early in their training.

"The time is right to get the formula right to attract and retain these locally trained graduates in rural and regional communities."

The AMA and Rural Doctors Association Rural Rescue Package is at http://ama.com.au/node/4136

The AMA Position Statement on Regional/Rural Workforce Initiatives 2012 is at http://ama.com.au/position-statement/regionalrural-workforce-initiatives-2012

21 July 2012

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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.

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REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

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Dear Doctor

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As this is now June 2012 your subscription to cover until the 30th June 2013 will be $100. **Doctors-in-training and retired doctors are invited to join at no cost.** This subscription not only entitles you to ten (10) dinner meetings but also to a monthly magazine. 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

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