RDMA

REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter

JULY 2013

Larapinta

See Larapinta in our historical article in our regular Where We Live And Work segments pages 3, 10 and 20.

President's Message . Dr WAYNE HERDY

The Kevin Rudd policy reversal on offshore processing of asylum seekers has changed the political face of Australia, and fired social debate throughout the country.

Sending genuine refugees to Manus Island is incredibly controversial. I have been to New Guinea and think that, outside the bigger cities, it is a lot more attractive than the war-torn homes that the refugees say they are fleeing.

I have been in the war zone of the Middle East, and it was not the most delightful resort I have ever enjoyed. But New Guinea is also a far cry from the leafy suburbs of Australia's capital cities, where the refugees hoped to live.

Australia's doctors must be concerned about the medical consequences of putting refugees into places where the medical standards will never reach those of Sydney's North Shore. But will Manus Island, developing into virtually a colony of displaced minority groups, be emotionally less traumatic than long-term detention centres in remote and unloved parts of Central Australia?

Australia was born as a penal colony, and now we boast our proud heritage and acclaim the few who can claim to be First Fleeters, descendants of Britain's most unwanted criminals.

Is Manus Island destined to give birth to a 21st-Century revival of Australia's humble beginnings?

Another concern for doctors should be raised when we are reminded that our reliance on IMG's is actually greater today than when the so-called tsunami of new home-grown graduates started flowing from our medical schools.

What message do IMG's read in the new send-them-to-the-wilds policy? Are they going to feel even less loved and wanted?

Large questions indeed are raised by the revisionist Rudd policy. But one principle looms loud and clear.

The world inhabited by oppressed ethnic minorities has certainly changed since, half a century ago next month, on 28th August 1963, Martin Luther King opened his now-immortal speech with the words: "I have a dream.........."

Wayne Herdy

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.

2013 MEETING DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

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

Next Meeting

Annual General Meeting
Tuesday August 27th

Wednesday September 18th
Tuesday October 29th

End of Year Networking Function
Friday November 29th

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AUGUST NEWSLETTER 2013

The 17th August 2013 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com

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

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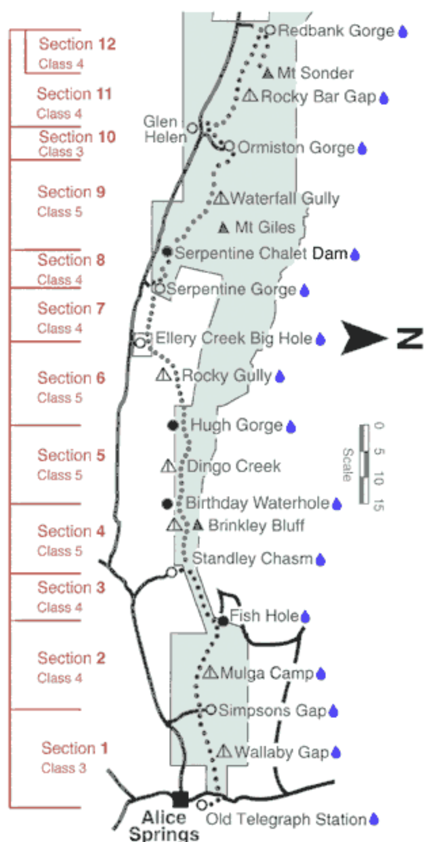
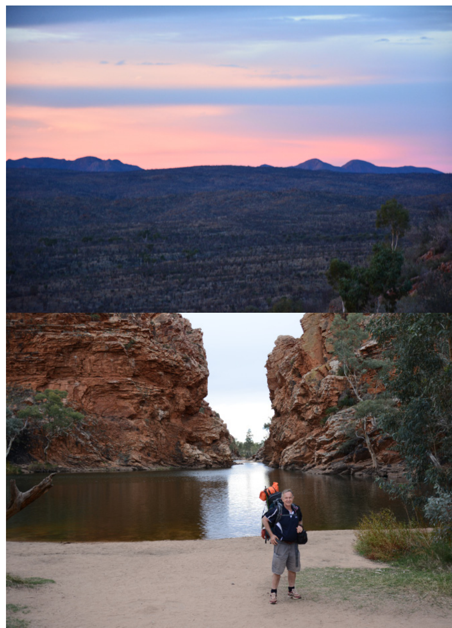


http://www.treklarapinta.com.au / larapinta_trail.html



Larapinta Trail, Alice Springs, Central Australia

The Larapinta Trail runs 225 kilometers west of Alice Springs, across the West MacDonnell Ranges. The official track opened in 2002 and has been described by Australian Geographic as "one of the world's best long- distance arid-zone walks". The Trail is divided into 12 sections and can be covered in 14 days walking – by a very fit hiker carrying all that is needed for the trip.

The Arrernte Tribal Group are the Traditional Owners and Custodians of the Central and Western Arrernte Country where the Larapinta Trail traverses the Western MacDonnell region in Central Australia. In Western Arrernte (pronounced AH-run-dah), Lhere means "river" and pirnte means "salt". Lhere-pirnte means "salty river" which is the traditional name for one of the oldest watercourses on earth the "Finke River".

The Finke River is seen from some of the ridges on the Trail and crosses its path on some of the later sections dotted with permanent waterholes along Larapinta. The Larapinta Trail snakes through the spectacular backbone of the West MacDonnell Ranges from Alice Springs to one of the highest peaks in Australia's Red Centre, Mt Sonder.

The vast and spectacular MacDonnell Ranges is a resplendent example of an ancient landscape climatically sculptured and proudly displayed in her natural glory. High exposed ridgelines give exhilarating views with stark contrasts broken by surprisingly tropical lushly vegetated gorges, winding dry river valleys and secluded waterholes providing an endless scenic pictorial.

As an independent walker I carried my own backpack, food, water, including my tent, a starting total of 18 kgs. I set up my own campsites within the National Park, happy that there are designated water tanks along the way. The path crosses a variety of terrains linking well known trail highlights where walkers are able to join or leave the trail. My section of interest covered Alice Springs to Ellery Creek and highlights in between. .

I enjoyed this aspect of the Larapinta Trail. The ranges rise dramatically from the Central Australian Desert covering the steep red slopes of the West MacDonnell Ranges typifying the rugged landscapes of the Red Centre with her changing signature mountain hues stealing across the rolling hills and dry river valleys. A perfect base to walk and explore the lands of my country; reminding me of her bejeweled geographical prisms interwoven with a rich historical fabric, unique plant life, fleeting sounds and smatterings of native wildlife, combining with the stunning pinnacle of nature's splendorous desert sunrises and sunsets. A daily ritual and awe inspiring spectacle spent in a time honoured way getting close to the lands of my country.

A warning or two. The weather was unseasonably overcast; nobody remembers having seen so many cloudy days in the Centre, so the photography was duller than I hoped. The Trail is rough rock which needs tough boots – my Asics were being ripped to shreds by the end of Day 3 and, although I had always used them for walking the central deserts, they were just not going to make the full distance on the quartz rocks over such a big distance. But enjoy the photos – Australia still boasts some of the best scenery in the world.

Wayne Herdy

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr CHRISTIAN ROWAN

Right of Private Practice Billing, Educational Tax-Cap, New Prime Minister

Dear Members,

My term as AMA Queensland President has certainly gotten off to a busy start with the Auditor-General Report into right of private practice billing, the Federal Government's tax-cap on education expenses, the Health Ombudsman Bill and another change of Prime Minister.

As you may have seen in recent media reports, the Queensland Auditor-General recently released the first of two reports arising out of a performance audit of the right of private practice arrangements in the public health system in Queensland to determine whether the arrangements are achieving their intended public health outcomes and are financially sustainable.

For the purposes of the performance audit, the Auditor-General has considered whether the right of private practice arrangements:-

- have realised their intended health and financial benefits;
- have been or are being administered efficiently; and

are being participated in by practitioners with probity and propriety and in full compliance with their contractual conditions. This interim report only deals with systemic issues arising out of the first two matters. A further report dealing with the last matter is expected to be tabled in Parliament later this year.

The Report finds that whilst the scheme appears to have been successful in achieving the objective of recruitment and retention of doctors in the public health system, the system is not cost neutral which the report says was the scheme's other primary objective.

AMA Queensland acknowledges the content and recommendations of the report and recognises that the Report now provides the impetus for the system to be improved, effectively administered and for the scheme's purpose and operation to be clearly articulated. We will closely monitor developments and work with our members and Queensland Health. We will aim to ensure that any changes to the right of private practice arrangements (including any proposed changes to industrial arrangements or payment processes) are fair, lawful, transparent and well-communicated. All information gleaned from the consultation process will be provided to members.

There is no doubt that doctors working within the public health system are hard-working, honest practitioners dedicated to improving the health and wellbeing of Queenslanders and we will continue to clearly communicate this to government, the media and the public generally.

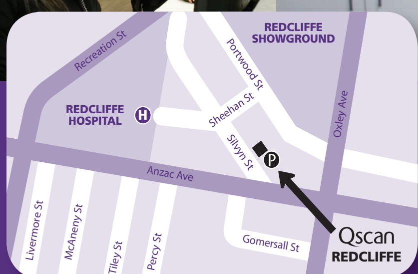
We realise this will have created some uncertainty among our SMO and staff specialist members and we encourage any members requiring more information or advice to contact our Workplace Relations team on 3872 2222. This month we also celebrated Family Doctor Week which highlights the important role GPs play in primary care and the community. The AMA used this opportunity to launch Key Health Issues for the 2013 Federal Election and also to protest the proposed $2000 tax-cap on self-education expenses from 1 July 2014.

More recently, I was pleased to join MDA National President A/Professor Dr Julian Rait to call for changes to the Health Ombudsman Bill 2013 which, if passed in its current form, will grant unprecedented power to the Health Minister and also allow for 'naming and shaming' of doctors. AMA Queensland and MDA National issued a joint statement on behalf of members highlighting the concerns of the profession.

These are complex and important issues that hold significant consequences for all medical practitioners and their patients, rest assured we will continue to work closely with AMA and LMA members to advocate for a safe, accessible and efficient health system for the benefit of all Queenslanders.

Sincerely,
Dr Christian Rowan
President AMA Queensland

Quality Medical Consultation rooms available



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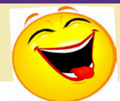
Interesting Tidbits NATTY MOMENTS:



Know Anyone Who Might Attend!!

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TOILET ROLLS- DO THEY GROW ON THE HOLDERS? **Roundtable discussion**

DIFFERENCES BETWEEN LAUNDRY BASKET & FLOOR **Practising with hamper (Pictures and graphics)**

DISHES & SILVERWARE; DO THEY LEVITATE/ FLY TO KITCHEN SINK OR DISHWASHER BY THEMSELVES? **Debate among a panel of experts.**

REMOTE CONTROL **- Losing the remote control - Help line and support groups**

LEARNING HOW TO FIND THINGS **Starting with looking in the right place Instead of turning the house upside down while screaming - Open forum**

DAY TWO

EMPTY MILK CARTONS; DO THEY BELONG IN THE FRIDGE OR THE BIN? **Group discussion and role play**

HEALTH WATCH; BRINGING HER FLOWERS IS NOT HARMFUL TO YOUR HEALTH **PowerPoint presentation**

REAL MEN ASK FOR DIRECTIONS WHEN LOST

Real life testimonial from the one man who did

IS IT GENETICALLY IMPOSSIBLE TO SIT QUIETLY AS SHE PARALLEL PARKS? **Driving simulation**

LIVING WITH ADULTS; BASIC DIFFERENCES BETWEEN YOUR MOTHER AND YOUR PARTNER **Online class and role playing**

HOW TO BE THE IDEAL SHOPPING COMPANION **Relaxation exercises, meditation and breathing techniques**

REMEMBERING IMPORTANT DATES & CALLING WHEN YOU'RE GOING TO BE LATE

Bring your calendar or PDA to class

GETTING OVER IT; LEARNING HOW TO LIVE WITH BEING WRONG ALL THE TIME **Individual counselors available**

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

LEADERSHIP AND DEMOCRACY.

Kevin Rudd has been resurrected to the office of Prime Minister. One of his first acts was, unsurprisingly, to propose radical reform to the way that leaders of the Labor Party are chosen and replaced. Their process is about as undemocratic as you can get, short of outright monarchy or dictatorship.

In May, Steve Hambleton was elected unopposed for an unprecedented third term. He put his hand up and there was no democratic process to install him. I hasten to add that I have no problem with the outcome – I have publicly stated on more than one occasion that I support Steve as probably the best President that the AMA has ever had. Nor do I have a problem with his being returned unopposed - it is hard to imagine anybody who could have run a credible campaign against Steve. However, I do have a problem with the process.

This gives us the occasion to think about how the AMA chooses its leaders. Because our process is as undemocratic as that followed by the Labor Party – we as afflicted with “faceless men” to the same extent that they are. A few years ago, a member asked me who our President was. When I named the person (and at this stage I cant remember who the incumbent was), my member said “I cant remember having voted for him.” And he was right. Our members don’t vote for their leaders.

The process in Federal AMA is undemocratic. The top four jobs (President, Vice President, Chair and Treasurer) are selected by 150-odd delegates at National Conference, not by the broader membership. Those 150 delegates include 34 Federal Councillors (30 of whom are elected by the members) and 120-odd other delegates. Members get to vote for the 30 elected Federal Councillors, but often the positions are filled by default rather than by real election. The 120 other delegates are chosen mostly by the States. In reality this means that anybody who wants to go can go, because usually it is difficult to find enough volunteers to fill all the nominated positions. So the top positions are selected by 30 Councillors who may or may not have been elected, and 120 others who qualify mainly because they are prepared to give up a long weekend for the AMA (and a few nice dinners). The majority of members don’t know who the candidates are (possibly don’t care) and have little idea what they have to offer the position.

Even among the Federal Councillors, there are major inequities. A State (elected) representative might represent something like 5000 members while the smallest craft groups have a Councillor speaking for only 300 members. In domestic politics, that inequality of representation would be a major gerrymander demanding an immediate and radical redistribution of electoral boundaries.

This has to change, just as the union-dominated Caucus of the Labor Party has to change. And change it will. The Federal AMA has been soul-searching for some years to find a better way; constitutional reform has been actively on the agenda for at least three years. But policy in the AMA moves slowly, and many incumbents are reluctant to give up their positions (or at least the electorates that they represent are reluctant to relinquish their disproportionate voice).

Watch this space for the reforms that are coming. Last year, Federal AMA ran a roadshow taking this message to the membership. It is likely that within a few more electoral cycles the entire membership will be voting directly for the President. It is also planned that the Council will be modernized and streamlined – the Council will be limited to a policy-making body and their fiduciary duties will be reduced to a more conventional Board of directors (but that is getting away from the thrust of this article, which is about leadership and democracy).

Wayne Herdy
North Coast Branch Councillor, AMAQ

RDMA May Meeting 25.06.2013

Chair Vice President Dr Kimberley Bondeson, Speaker Dr Patrick Carroll Topic: Appropriate Usage of New Anticoagulants in the Treatment of DVT and Prevention of Stroke and Systemic Ebolism in NVAF . Sponsor Bayer Pharmaceuticles Representative: Ian Adams & Matt Nixon.

Centre Left Clock wise;
Amelia Stephens, Georgie Heathcote with **RDMA Vice President** Dr Kimberley Bondeson,

Above Glen Sproles and Emily Kwan, Peta McLaren and Megan Appleton, Below: Andrew Houston & Arnold De LaCruz, Bayer Pharmaceuticals Sponsor: Matt Nixon and Ian Adams with Speaker Dr Patrick Carroll, Matt Nixon, Bram Singh & Ian Adams,

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Wednesday 31st July 2013

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: GSK Pharmaceuticals
7.40pm	Speaker: Dr Andrew Rosenstengal Topic: An Update on COPD Management – with Case Studies
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 26th July 2013

REDCLIFFE & DISTRICT MEDICAL ASSOC VICE PRESIDENT

Dr KIMBERLEY BONDESON

ASYLUM SEEKERS, FUTURE MEDICAL SYSTEM AND MEDICAL CULTURE

Well, it is definitely winter, lovely cold mornings and mainly sunny days. We live in a beautiful part of the world on the Redcliffe Peninsular, and for the most part, are separated from some of the ongoing dreadful atrocities occurring around the world, and on our own doorstep. Sending asylum seekers to PNG has been received with mixed emotions. Anyone who has lived in PNG in recent times will have unfortunate stories to tell, and the World Health Organization's own visit and report has pointed out that there are integration problems with the asylum seekers settling into PNG.

It will be interesting to see what eventuates.

What sort of world are we leaving to the next generation? What sort of medical system will they be trying to work in?

As doctors we are the leaders of the medical profession, yet we seem to be pushed around, bullied, and simply ignored. Look at vaccinations. A recent article in one of the local medical publications, told of a story of death and horror following a diphtheria outbreak in a small town in Australia in times past. Yet we are seeing the anti-vaccination groups receiving more media coverage, saying that doctors do not know what they are talking about. This group gives instructions on how to "bully" your doctor to get what you want, and if you don't get what you want, to report the doctor to medical complaint bodies. Whatever happened to the family doctor, the doctor that the entire family visits, who looks after generations of the same family.

We need to do something about this culture. What sort of a medical environment are we leaving for the next generation? We need to support our medical leaders, give them the support to stand up for the medical profession, and not to back down on basic medical commonsense.

Kimberley Bondeson
Vice President

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Meet Our Specialists

Dr Moemen Morris, FRANZOG

Dr Morris is a consulting Gynaecologist & Obstetrician with special interest in advanced laparoscopic surgery. Prior to completing his FRANZCOG in 2007, Dr Morris worked at the Nambour Hospital, Royal Brisbane Hospitals and continues to conduct private practice at Caboolture. Dr Morris is a member of the examination board for medical students at the University of Queensland and is actively involved in medical education and the training of Resident Medical Officers and Registrars. **Ph: (07) 3833 6754**

Dr Mahilal Ratnapala, FRANZOG

Dr Ratnapala is a Generalist Obstetrician & Gynaecologist with special interests in Pelvic Reconstructive Surgery which includes treatment of uterovaginal prolapse and recurrent vaginal prolapse using mesh, urogynaecological surgery including treatment of urinary incontinence using slings and Hysteroscopic & Laparoscopic Surgery including Hysteroscopic resections, Endometrial Ablations and Laparoscopic Hysterectomies. His other clinical interests are colposcopy and treatment of cervical precancer (CIN), and urodynamics for investigation of urinary incontinence. **Ph: (07) 3833 6754**

Dr Archna Saraswat, FRANZOG

Dr Archna Saraswatis a Gynaecologist with special interests in Laparoscopic Surgery, Incontinence Surgery and Urodynamics, Pelvic Health, Endometrial Ablation, General Gynaecological Surgery and Colposcopy. After completing her FRANZCOG in 2008, Archna worked at the Royal Brisbane and Women's Hospital as a Senior Registrar. Since then she has been successfully practicing at Caboolture before expanding her practice to North Lakes Day Hospital. **Ph. 1300 780 138**

Dr Lata Sharma, MD, FRANZOG

Dr Sharma is a Gynaecologist with special interests in Management of Menstrual Disorders, Management of Chronic Pelvic Pain, Management of Abnormal Pap Smears, Management of Urinary Incontinence, Management of Infertility, Laparoscopic & Hysteroscopic Surgery and General Gynecological Surgery. Dr Sharma has over 25 years of experience in Obstetrics & Gynecology having worked in district and in tertiary hospitals, both overseas and in Australia. In addition to being a full time clinician Dr Sharma has been actively involved in teaching & training IMG's, GP Diploma Obstetrics Trainees, RANZCOG Specialist Trainees. **Ph. (07) 3833 6754**

Dr Martin D'Arcy-Evans, FRANZOG, MRCOG, MBBS

Dr D'Arcy-Evans has extensive specialist experience in Northern Brisbane. He has been in full private practice since late 2005, since then he has been one of the busiest North West specialists, having delivered over 1800 babies, with many parents returning to have their 2nd and 3rd babies. Before that he had been established as a senior consultant at Redcliffe & Caboolture Hospital with long years of experience. He was active in training doctors to become specialists, as Training Supervisor and Training Accreditation Committee member of the College (RANZCOG). Now back in his original area providing both Gynaecology and Urogynaecology services. **Ph. (07) 3353 6965**

NORTH LAKES
—DAY HOSPITAL—

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Public Transport "Just The Ticket!"

After writing this column for the past 10 years I can report that the email feedback that I receive is polarized in two opposing directions.

Firstly, I receive many requests to review high-performance eco-unfriendly vehicles. German cars, V8s, anything that goes fast and who cares how much fuel it uses to get there.

I then equally receive requests from green doctors to review relatively environmentally friendly cars. Hybrids, electric cars, anything that goes a long way without producing too much CO_2.

In deference to the second group I thought that this month I'd take a different look at how to get from A to B. That is, no car review this time, but a peak at the public transport system.

To set the bench-mark as high as possible I road-tested the public transport system in Hong Kong to see what might lie ahead for all of us in a world without cars.

My journey started at the airport where I bought an Octopus Card for $300 HKD (about $42 AUD). This included an each way trip on the Airport Express to the city and unlimited MTR (train and bus travel) for three days.

Oh, and as an added bonus the Airport Express part of the journey also includes free transfers to and from your hotel on a local bus.

Once purchased the Octopus Card can be topped up for travel on other modalities such as trams and ferries.

And the same card can be also used to pay for small value items at hundreds of locations and can even be used in some taxis.

The Octopus Card is so smart that it only needs to be in the vicinity of the reader and doesn't even have to leave your wallet or purse to be read.

Public transport in Hong Kong is unbelievably cheap with a scenic bus trip across the island to Stanley only costing $1.10 and travelling the whole 13 kilometres of historic tramways costs only 32 cents.

The Star Ferry to Kowloon across the harbour only costs 35 cents each way and the views of the sky-line and the laser light show are free.

When using public transport in Hong Kong there are some idiosyncrasies to master, such as on buses you pay on the way in and on trams you pay on the way out.

Whilst all the signs are bi-lingual there is still room for confusion as there are two stations on the train network with what seems like the same name (Wan Chai and Chai Wan).

In providing what is arguably the best public transport system in the World it does help that Hong Kong is still the most densely populated city on earth.

There are twice as many sky-scrapers in Hong Kong as there are in New York.

Hong Kong also boasts more Rolls Royce per capita than anywhere else, but apart from the trip to Stanley there isn't really anywhere to drive to.

For those that like walking Hong Kong also boasts the longest escalator system in the World.

At 800 metres it takes locals down-hill from Soho in the morning and at 10.15 AM it reverses its direction to take them home.

Hong Kong is a great city, and like all great cities you don't need a car to get around.

Safe motoring,
Doctor Clive Fraser

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

SMSF Maintenance Tips - Keep the ATO away from your SMSF nest egg

By Kirk Jarrott and David Darrant at the Poole Group

It is common knowledge that the government's revenue base is declining, and with an election coming any thoughts of substantially increasing tax rates is not vote winning. However the government can increase it's revenue base by imposing fines and penalties that currently exist under the law. So if you are the trustee of a SMSF be aware. From the 1st of July 2013 administrative penalties will automatically apply to various breaches under the SIS legislation and can be up to $10,200 for each trustee. These fines have increased in value, and many must be paid by the trustee from private funds not the SMSF back account.

The Australian Taxation Office is the regulator of SMSFs and according to the ATO's Compliance Focus 2013-14 Publication, it revealed how the regulator will scrutinise SMSF's activities over the coming 12 months.

Over the last 12 months the ATO stripped 132 SMSF's of their complying status which means that the market value of the SMSF is taxed at the top marginal rate less any non-concessional (after tax or Undeducted) contributions. This could remove almost half of the fund's assets and or impose the penalties mentioned above.

This far more aggressive approach is very different to that traditionally taken by the ATO so limit your risk here.

Their annual compliance program can serve not only as a warning of where the tax office is looking but as a reminder of areas where your self-managed fund could possibly improve.

During 2013-14, the ATO intends to particularly focus its SMSF attention on:

- Prohibited loans. (SMSFs are prohibited from making loans to fund members and their relatives or providing other financial assistance to them.)
- Funds with a history of non-compliance, including failure to lodge annual returns on time. The ATO is also keeping an extremely close watch on the compliance of new SMSFs.
- Incorrect reporting of tax-exempt pension income. (The tax-exempt treatment of pension assets is a valuable tax break that some SMSFs incorrectly claim.)
- Tax losses. (The ATO wants to ensure that funds are correctly calculating any claimed losses.)
- Related-party transactions. (Generally, an SMSF is barred under the in-house asset rules in superannuation law from leasing or having investments with related parties involving assets that are worth more than 5 per cent of a fund's total market value. Business property is among the few exceptions to the rule.)
- Non-arm's length transactions. (Self-managed funds are required to invest on a commercial, arm's length basis, including transactions involving related parties.)

Poole Group is offer a service to help reduce this compliance risk while still contributing to the end of year compliance cost, killing two birds with one stone. If you wish to know more contact Kirk Jarrott or David Darrant on 07 5437 9900 or Email: kjarrott@poolegroup.com.au; ddarrant@poolegroup.com.au

CLASSIFIED
SPECIALIST ROOMS AVAILABLE FOR LEASE IN CALOUNDRA

- **Seeking expressions of interest from Specialists currently or intending to work out of Caloundra.**
- **All consulting rooms and procedure room generously proportioned and undergoing new renovation to a high standard.**
- **Co-located with Caloundra's newest comprehensive Radiology practice. Pharmacy on site.**
- **Please direct enquiries to Mr Trevor Gourlay**
- **Ph: 0434 250 531 or 5409 2800**
- **Trevor.gourlay@pacifi cradiology,com.au**
- **May 2013**

COMPUTERS & GADGETS

Email: apndx@hotmail.com.

with Doctor Daniel Mehanna

"Battle of the Giants""

Now that we know about the beginnings of Apple and Android from last month's column we can now concentrate on which is the better operating system and who deserves your hard earned cash.

Unfortunately, however, like much in life, the answer is not strictly black and white but depends on a few things…not unlike the battle between Holden and Ford.

Let's go!

Feature	Apple	Android	Winner
Ease of Use	Easy to use	Not as user friendly for the novice although improving on recent versions of the operating system (eg. "developer options" now hidden in most recent version of Android).	**Apple**
Screen Size	Limited to only 4 inches in the latest iPhone 5.	Varying sizes up to 5 inches (and more) – Take your pick. (the IPhone 5 gives you *63 percent* as much screen real estate as the Galaxy S4)	**Android**
Screen Quality	Apple has the "retina" display which is a fancy way of saying that it packs a lot of pixels into each square inch of disply (326ppi)	To end Android phone have similar specifications.	**Equal**
Extra Features	What you see if what you get.	The Android manufactures are much more adventurous in the features they offer (esp Samsung). Features such as NFC (near field communications) allowing you to swap webpages, videos, contacts with just a tap of the phone is just one. The S4 has a bunch of others	**Android**
File management	Abysmal. Apple does everything in its power to limit user ability to easily move, edit and manipulate files.	Android is much better in this regard.	**Android**
Security	Very good – the app store is tightly regulated by Apple	Not as good (especially if the phone is "rooted"). The Google apps store is not as tightly regulated and controlled as Apple	**Apple**
"Sexiness"	The iPhone has been seen as the Phone to have but interesting is loosing its appeal.	Android, and specifically the Galaxy S4 is taking the fight right up to Apple of this front. The "S4" is now seen a premium, trendy cool and desirable phone.	**Apple (just)**
App Store	Apple has the most comprehensive and well established app store	Anroid has made great progress in recent years in terms of quality and quantity	**Apple**
Price Range	There is very little room to move in terms of cost for the phone. Apple makes the phone and sets the prices. As the phone is seen as a "premium" phone, there is a premium price to be paid. The is talk of Apple releasing a cheaper, less featured iPhone but this remains speculation.	A wide price range. Google actually supplies the android operating system for free to the phone manufactures. The manufacturer then designs and builds the phone. An advantage of this is not only competition between phone manufacturers but a range of prices – from the very cheap ($100) to the full featured premium phone (Samsung Galaxy S4)	**Android**
Cost	Expensive – a new iPhone will cost a whopping $799 (apple store)	Much more affordable – a very reasonable Android phone (the LG Nexus) will cost about $400	**Android**

So which one is for you?

If you just want the phone to work and don't mind being restricted in terms if both hardware and software and don't mind being imprisoned in the Apple ecosystem, then Apple is for you. If you are a bit more adventurous and want a phone with limitless options, price points and possibilities then Android beats Apple hand down – especially if you have a love of technology and tinkering.

CONVOCATION '91

Several key issues were covered at the State AMA Convocation at Bond University earlier this month.

Redcliffe and Districts Local Medical Association Vice president, Dr Geoff Hool, who was an official delegate at the meeting, reports on key issues raised.

SUPPORT FOR REDCLIFFE ON 'QUICKIE' AIDS TEST ISSUE

REGIONAL HEALTH

Eighteen of the 88 members of the Regional Health Authorities throughout Queensland are doctors according to Dr John Cox from the RHA.

On the Sunshine Coast Regional Authority, the only doctor is Dr Golledge, a Nambour surgeon, while Dr Cox in Toowoomba is the only medical person on his RHA.

Only six of the Regional rectors were doctors.

Dr Cox believes it important for LMAs to have close contact with their regional directors.

Redcliffe and Mackay were commended for having already met with their Regional Director.

The RHAs appeared to be another buffer between the health system and the government.

Problems facing the RHAs were the new nurses career structure which it anticipated would add $100m to the payroll and the Health 2000 funds which were just about to run out.

HEALTH RIGHTS COMMISSION

The AMA were ..lowed access to the draft of the Bill after a submission to the Commission.

Six principles thought to be important were:

1. Equality between the provider and the providee;
2. Independence;
3. Confidentiality;
4. The primary role should be resolution and not prosecution;
5. Members should be selected for their conciliatory skills;
6. No intrusion to be made on existing regulatory bodies.

Medical Migration

Statistics indicated Australia as having the greatest number of medical schools per head of population (one medical school per 1.6m).

The number of doctors was believed to be one in 450 people after only 32,000 of 48,000 registered nationwide with Medicare are classed as active doctors.

Of the overseas trained doctors passing the AMEC exam, this year reached 26% of the output of our own medical schools of 1250 graduates.

The problem was seen as one of distribution: too many doctors in the city and not enough in the country; and too many GPs and not enough specialists.

A national registration scheme had been proposed whereby registration in one State allowed practice in any other.

This was thought to be satisfactory for Australian and New Zealand graduates of the AMEC exam, though some States (Tasmania) had a less stringent registration policy.

A quota was suggested for immigrants, as local children might be preferred as future doctors.

Some of the AMA members present had themselves migrated here years ago and felt injured by adverse comments about migrants.

AIDS TESTING

Former president David Brand put up a successful motion that the State Branch of the AMA support the wider access of rapid HIV testing kits (such as the AGEN Simpli RED HIV-1) to the medical profession.

Dr Brand said this test had a much better specificity and sensitivity than the mammography screening now being done by government.

Dr Whitby successfully proposed that private pathology laboratories be able to perform this test.

ELISA technology required is available in many private labs which also use this technique for CMV and hepatitis B testing.

Diverse views in advertising debate

LOBBYING

AMA staff member Mrs Jan Fletcher spoke of the importance of lobbying politicians and how to do this positively and proficiently.

Mrs Fletcher, who worked for politicians before joining the AMA staff, explained that politicians expected to be lobbied and were in fact surprised no attempt was made.

"It is important to have a plan, have a professional presentation and to maintain the pressure to achieve success," she said.

ADVERTISING

As the Medical Act is to redrawn soon, the AMA had been approached for input on the advertising guidelines.

Members found advertisements of the hours of a practice, the after hours phone number, and any languages spoken to be acceptable.

Leaflets given to patients in the surgery were deemed acceptable but it was not acceptable for letterbox distribution.

Billing practices were allowed in the surgery though not on a street sign.

Inducements such as "free condoms on a Friday" were not acceptable.

An area of difficulty seemed to be the fact that AMA members could be prevailed upon to adhere to an appropriate standard of conduct while non members and non-medical companies did as they pleased.

The lack of enforcement procedures was seen as a vital factor in the current problem.

It was suggested that all advertising material should be reviewed in advance by the AMA.

Whether membership of the AMA (and adherence to its code of ethics) was marketable was also considered.

A motion was passed asking the executive to investigate the NSW system of advertising control.

OWNERSHIP OF MEDICAL PRACTICES

Non-medical entrepreneurs with large bulk-billing 24 hour clinics were perceived to be deriving an unfair advantage over ethical practitioners by not being subject to the Medical Act, according to Federal vice president Dr Brendan Nelson.

There were also legitimate reasons for practices to be owned by family companies and the doctor's own superannuation fund.

Public and private hospitals were also seen as medical practices not owned by doctors, although it was seen important that doctors not be instructed by their non-medical employer as to how to practice.

One medical owner of a 24 hour clinic spoke out in defence, stating his clinic practised peer review and he had in fact dismissed some doctors.

It did not necessarily follow that a practice conducted for profit was conducted in an unethical manner.

The meeting passed a motion that employed doctors be held responsible for the acts of their non-medical employers.

A final motion carried "without dissent" was that the structure and financial control of a medical practice should not impair a doctor's ethical practice.

Narangba Family Medical Practice

Job Vacancy

A part-time *(with view to full time if required)* VR Family Doctor for the Narangba Family Medical Practice (www.narangba-medical.com.au) as one of our doctors (Dr. Orr) is leaving to specialise.

We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane. The ideal candidate would be of an age where taking over the whole practice eventually would be a distinct possibility.

Contact: Dr Peter C. Stephenson, Mobile: 0403 151 602.

Practice Location: **Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.**
Street Address: **30 Main Street, Narangba Q 4504.**
Postal Address: **P.O. Box 3 Narangba Q 4504**

MAJELLAN
MEDICAL CENTRE

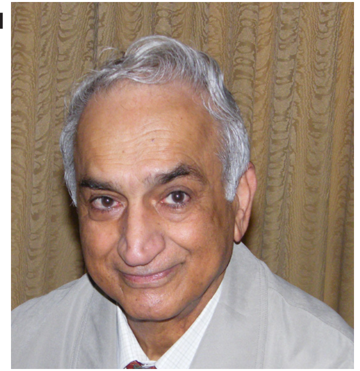
Job Vacancy

A VR, GP is required for a Scarborough Beachfront, Non-Corporate Practice which is 30 minutes from Brisbane's CBD. The Accredited Practice has private billing facilities, modern equipment and has staffing of nine doctors and registered nursing support.

The Medical Centre has a Computerised Skin Cancer Clinic, ultrasound machine and operating microscope. Allied Health staff are also on site. A candidate who is fluent in English, Afrikaans, Dutch, German or French languages would be an advantage.

Contact: **Angela De-Gaetano (Practice Manager)**
Practice Location: **Majellan Medical Centre, 107 Landsborough Avenue, Scarborough Q 4020**
Practice Phone: **(07) 3880 1444** Practice Fax: **(07) 3880 1067**

THE PAST, THE PRESENT AND THE FUTURE



AUTHOR:

Dr Mal Mohanlal

So you think there is a future and it is real. That is why we all seem to be travelling in time going from the past, to the present and into the future. Everyone seems to be rushing, rising in the morning, going to work or study, then coming home in the evening looking after other chores, and then going to bed. Even when reading, watching TV or listening to the radio we seem to be constantly travelling in time. We hardly sit still in the present. The entertainment we have devised is basically all designed to make us escape from reality, yes escaping from the present. So, whether we like it or not we are all caught in the web of time and thus have become time travellers.

To break free of the time and discover the timeless dimension we have to understand our thinking process, that is, how we think. We have to understand what the past, the present and the future means and the conditioning effect of time.

Now when one looks at the past, one can see that it is only a memory. It is no longer real. One cannot touch it. One cannot change it. It is now unreal.

The present of course is always real. We can talk to each other, touch each other, enjoy each other's company etc. Do you know that in the present lies the magic moment? Each time you blink there is a picture of reality displayed in front of you and at the same time that moment is turning into past. But no one seems to be appreciating this magic moment because we are constantly travelling in time as if there is a real future ahead. We fill our mind with inane chatter, with words, words and words.

So what is future? Future is anything that can happen ahead in time. Now nobody knows what lies ahead. If you are worried about tomorrow, what is the point? Anything can happen tomorrow. Tomorrow an atomic bomb might explode, or a tsunami might come and we might all be gone. But the fact is it has not happened. Tomorrow does not exist. It is unreal and only exists in our imagination. So if the future like the past is unreal, how do we create our future?

It is quite simple. If you have not already realised it, you will appreciate the fact that we are all dreamers. Our desires make us dream. We are constantly dreaming. We plan. So for example if you want to build a house in the future, we dream. We design and plan where the kitchen, the bathroom and bedrooms etc will be.

However, if we keep dreaming and do not take any action in the present, our present becomes our future, no house.

So to **create** that house we desire in the **future**, we have to **take action in present** that is, buy a block of land, hire an architect etc; otherwise our present becomes our future. So you see in reality there is no such thing as future. You have to take action in the present to create your own future.

Hence if you have a problem that is getting you down, you have to take action in the present to solve that problem, otherwise your present becomes your future, more problems. Positive action creates a positive future. Negative action will create a negative future. Such is the law of the mind.

Read **The Enchanted Time Traveller** and learn how you can free yourself from time. Discover the Timeless and the power within you.

Visit website**:** http://theenchantedtimetraveller.com.au/ . The book is also available as an eBook.

RDMA Annual General Meeting - 27th August 2013

At the AGM, members will be electing the executive committee to steer RDMA through the coming year.

The committee has four positions - President, Vice President, Secretary, and Treasurer. All four positions will be declared vacant.

All four present office-bearers are eligible for re-nomination, but we encourage new faces and strongly encourage especially,our younger members to start taking an active role in the social and political activities that enrich our chosen profession.

Any financial member is eligible to nominate. Potential candidates who are unsure whether to get involved in this rewarding activity are
welcome to speak with any of the present committee - we would be delighted to help you make a decision that could turn out to merely give
you an interesting year or could well turn out to be a life-changer.

Nomination forms are in this Newsletter, or contact the Secretary.

Dr Wayne Herdy, RDMA President

Redcliffe & District Medical Association Inc

Motion on Notice for Annual General Meeting to be held on 27/08/13

It is open to all financial members of the Association to present Motions for debate. They should relate to the organisation and future functioning of the Association. They should also be in a form that at the end of the debate financial members present can vote Yes or No.

Motion:- That the Redcliffe & District Local Medical Association

....

....

....

Moved by ....

Seconded by...

Notices of Motion should to be in the hands of the Association Secretary at least **one week prior to the AGM** to allow their electronic circulation to all members. Movers will be allowed 3 minutes to speak to the motion, Seconders will be allowed 2 minutes. After debate, Movers will be allowed one minute to respond.

Redcliffe & District Medical Association Inc

Nomination form for the positions of President, Vice President, Secretary, and Treasurer for the year from the end of the AGM of 2013 to the end of the AGM of 2014

These positions will be declared vacant at the Annual General Meeting and are open to all financial members of the Association.

Person nominated:- ....

Position nominated:- ....

Nominator signature:-...

Seconder signature :-. ....

Nominee signature :- ....

All Proposers, Seconders, and Nominees must be financial members of RDMA.

Completed forms must be in the hands of the Returning Officer prior to the commencement of the Annual General Meeting.

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/

AMA

AMA RAPT with "COALITION SCRAP THE CAP CALL".

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Steve Hambleton, said today that the Coalition has shown a strong commitment to education and medical excellence with its call on the Government to scrap the proposed cap on work-related self-education expenses.

Dr Hambleton said the AMA strongly welcomes the Coalition call to scrap the cap, which is effectively a tax on learning.

The Shadow Minister for Education, Apprenticeships and Training, Christopher Pyne, made the call following a meeting with a Scrap the Cap Alliance delegation, which included Dr Hambleton, at his electorate office in Adelaide this morning.

Dr Hambleton said the AMA and the Alliance have been lobbying the Government for months to publicly guarantee that genuine professional development such as medical training would be exempt from the proposed tax changes.

"We have been asking for a simple explanation from the Government that it did not intend to send medical education in Australia back to the Dark Ages," Dr Hambleton said.

"The proposed cap on self-education would be a huge disincentive for doctors, especially young doctors and rural doctors, to improve their skills and provide better medical care to their patients and communities.

"The cap is a new tax – it is a tithe on training, a levy on learning, and an excise on excellence.

"The AMA is pleased that Shadow Minister Pyne and the Coalition have recognised the harm that would be caused by the cap and have now joined the growing chorus to scrap it."

The AMA is a founding member of the Scrap the Cap Alliance, which now has more than 60 member organisations covering more than 1.6 million professionals, including universities, nurses, engineers, accountants, lawyers, veterinarians, allied health professionals, and small business operators.

For more information on the Scrap the Cap Alliance and campaign go to http://www.scrapthecap.com.au/

25 July 2013

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

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

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

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

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

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

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CHANGES TO CLASSIFIEDS

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

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

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

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription Benefits

Don't waste time! Join now!

Monthly Newsletters, Topical Educational Meetings, 3 Course Cuisine, 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 Live And Work