



Caboolture River Road Heritage Drive **A Journey Through Time.**

See the Caboolture River Road Heritage Trail pictorial in Where We Live And Work segments page 20.

140 years ago, early settlers travelled between Caboolture and Morayfield along what was a roughly hewn track taking several arduous hours to travel. The Caboolture River Road is a comfortable half hour's drive today but is forever linked with our pioneering history and the stories emitting from our past. This Scenic Heritage Trail commemorates these adventurous pioneers keeping our historic past alive and acknowledged today.

President's Message . Dr KIMBERLEY BONDESON



Health Insurers are still continuing, seemingly with the Government's approval.

The Federal Health Minister, Peter Dutton, has raised no objections to the 'trial' to make inroads into Primary Care.

The trial by Medibank Private, which is the government owned business in line for a \$4 billion float before the end of the year – is known as GP Access.

Medibank has done a deal with 26 clinics in Queensland owned by Sonic Healthcare which guarantees its policyholders a same day appointment if they call before 10am and agree not to charge any out-of-pocket costs.

The scheme also offers an after-hours home GP visit within 3 hours and some one-off health assessments for no cost.

Other health insurers (HCF and BUPA) are making similar forays into Primary Care.

HCF runs a scheme called 'My Home Doctor', where members have home visits from GP's without cost.

Bupa, offers its members guaranteed no-charge GP visits at some of its clinics. This is clearly the introduction of the American style "Managed Care", where those who can afford private health insurance are treated preferentially to those who don't.

Insurers will be able to determine what specialist you can be referred to, what tests

you are and are not able to have and what medications you should have.

The Greens have objections to this, and plan to introduce legislation into the Senate to ban it.

I thought it was already illegal – that you could not sign a bulk bill form, as well as a form for your private insurance to "pay the gap".

How the insurance companies are supposedly getting around this, is by paying a contribution called a "service fee" to the practice.

Under the Private Health Insurance Act, companies are prohibited from covering out-of-hospital services which are already applicable for Medicare rebates.

We will keep monitoring this issue.

Kimberley Bondeson, RDMA President

RDMA & NLMA's Joint Newsletter WELCOME FROM



**President
Northside
Local Medical
Association**

**Dr BOB
BROWN**

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

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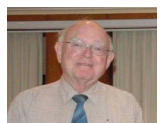
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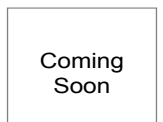
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RDMA 2014 MEETING DATE CLAIMERS:

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

**CPD POINTS & ATTENDANCE CERTIFICATE
AVAILABLE**

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 25th

Wednesday March 26th

Wednesday April 30th

Tuesday May 27th

Tuesday June 24th

Wednesday July 30th

Next Tuesday August 26th **AGM:**

Wednesday September 17th

Tuesday October 28th **Date Change**

NETWORKING:

Friday December 5th

RDMA NEWSLETTER DEADLINE

Advertising & Contribution is **16th August 2014**

Email RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2014 Bi-MEETING DATE CLAIMER:

For all Northside LMA Meeting & Membership queries
contact:

Meeting Convener:

Lucy Smith, QML Marketing Office,

Contact Details;

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

Email: lucy.smith@qml.com.au

Website and Link:

Northside Local Medical Association Website

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

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

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

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website www.redcliffdoctor.com.au



AUSTRALIAN MEDICAL ASSOCIATION QLD PRESIDENT

Dr Shaun Rudd



Dear members,

Over the past few weeks, AMA Queensland has been gathering feedback from members on the patient co-payment announced in the Federal Budget.

Since its announcement, the co-payment has been one of the most contentious and controversial initiatives in the Federal Budget. In order to guide our advocacy work and ensure we are representing the best interests of our members, we reached out to learn about how our members, their practices and their patients would be affected by the co-payment.

As a general practitioner, the health and safety of my patients is my first priority. Ensuring they have access to high quality healthcare, regardless of their financial situation, is vital. This is a sentiment that was echoed time and time again in the responses of members.

There are many vulnerable patients who are not able to pay even the \$7 co-payment. The last thing we want is patients not visiting their general practitioner due to cost.

There is another side to this too. It is unclear how the new system will be implemented, and members are concerned about the impact it will have on their practices. For small, busy practices, the co-payment will add a significant administrative burden that would require a reduction in other services or an increase in staffing.

A number of other concerns were brought up that are unique to individual locations and practices. Those who do home visits worry about how they would implement and enforce the co-payment. Those in very low income areas fear the sustainability of their business if they choose not to charge the co-payment.

Practitioners with a high number of Aboriginal and Torres Strait Islanders fear the co-payment would hurt efforts to close the gap.

In principle, AMA and AMA Queensland are not opposed to the concept of co-payments, but the current model has too many holes for it to be successfully implemented. We are already seeing the consequences of this, with members reporting significant drops in appointments since the co-payment was announced.

At national and state levels, AMA and AMA Queensland will continue to advocate for a better system that has stronger safety nets, clearer parameters and more practical considerations for implementation.

In the coming weeks, we will continue to provide members with updates on the co-payment via the AMA Queensland website.

We will be bringing the survey results and concerns surrounding the co-payment to government as we firmly believe these need to be addressed before a co-payment can be considered.

Sincerely,

Dr Shaun Rudd, President AMA Queensland

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Scheuermann Disease

Findings

Significant anterior wedging of T7, T8 and T9 (greater than 50%) with schmorls nodes endplate irregularity and mild scoliosis.. Lesser degree of wedging of the subjacent craniocaudal vertebral bodies. Kyphotic deformity of thoracic spine with mild scoliosis is also seen.



• Location

It typically affects the thoracic spine with changes dominating at the T10-L4 level.

• Treatment

Treatment is largely dependent on the degree of kyphosis

- < 50 % - conservative, stretching, postural changes.
- 50-75% - brace
- > 75% - surgery

Diagnosis



SCHEUERMANN DISEASE (involvement of three or more vertebral bodies with greater than 40% kyphotic deformity).

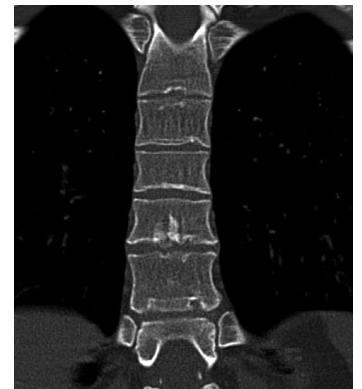
Discussion

• Epidemiology

Typically affecting adolescent males. There is no recognised gender predilection, however there is a strong hereditary predisposition (perhaps autosomal dominant).

References

<http://radiopaedia.org/articles/scheuermann-disease>



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AMAQ BRANCH COUNCILLOR REPORT NORTH COAST AREA REPRESENTATIVE Dr WAYNE HERDY



A STORM IN A TEACUP - OR A GREATER STORM LOOMING?

The collective Australian GP heart was set aflutter a week or two ago when Medicare sent out a message to practices stating that the well-established practice of charging for nurses' time for developing Extended Primary Care items was not legal.

All GP practices had formed a business model based on previous advice that we could charge for nurses' time for these items. This has always been an anomaly, that we could charge for something other than our own face-to-face time, but we all understood that was an intentional anomaly.

Suddenly, our business models were destroyed. Hundreds or thousands of practice nurses were suddenly unemployed. GP's were navel-gazing about the cost-effectiveness of continuing to perform EPC items under the new rules. We were worried about having to repay substantial amounts of Medicare money wrongly claimed.

Within a week, Medicare had issued a corrective statement, which SEEMS to restore the status quo, but the wording is vague. We have yet to be reassured that the old rules still apply. At the time of writing, the ruling remains unclear, but we expect that the old rules apply, at least for the time being. So, was it all a mistake, a storm in a teacup, and will it all go away?

The short answer to that question is that we don't know. My feeling is that the government is going to come back with a revised statement that has stronger legal backing, and that we are NOT going to be able to charge for our nurses' time. My main reasons for believing that are (a) it is inconsistent with the rest of the Schedule that attendance items can be charged for anything less than persona face-to-face time, and (b) I have a strong belief that the government and its adherence to its wavering Budget policies are intent on screwing down Medicare funding as far as possible.

My readers need to understand a little about

the basics of how laws are made. Introductory Law 101 teaches that laws come from three sources:

(a) Parliament can make any law that the Constitution permits, which really means any law that the government of the day thinks it can get away with before the next election. But statutes are decided by a lengthy and tedious process and usually take a long time to get policy translated into a new law.

(b) Courts INTERPRET those Parliamentary laws (statutes), but if there is no statute then the Courts can invent the law – this is what is known as the “common law” and is fairly predictable because Courts are bound by the precedent of what other Courts have decided in previous similar cases.

(c) Then there are “Regulations”. Regulations are rules that are attached to statutes, and they can be changed very quickly, literally overnight. Statutes, and especially Regulations, are subject to the whim and opinion of interpretation of bureaucrats. The Commissioner for Taxation is forever handing down “determinations” which have the same legal effect as Regulations, except that they are the personal opinion of a bureaucrat which have the effect of law until a Court strikes them down as illegal.

What appears to have happened with the EPC ruling on practice nurses was a decision by some Canberra bureaucrat who decided that the rules under which we were practising were wrong. I don't know if anybody has yet identified which person was responsible for that decision. At this stage, Medicare is appearing to accept that the individual acted hastily and the “determination” has been set aside – at least for the time being.

My problem for my readers today is that an awful lot of what we do with Medicare billing is based on capricious determinations and Regulations and is not necessarily set in stone in Parliament-made statute, the interpretation of which has been confirmed by a hearing in

Federal Budge, AMAQ Executive, COAG Reform Council cont: by Wayne HERDY, North Coast Branch Councillor

a superior Court. If you still have a copy of the Medical Benefits Schedule, you can see that the first 110-odd pages are devoted to interpretation. Most of that interpretation has a very flimsy basis in real law. That means that anything that is not unequivocally spelled out in the legislation can be changed by the flick of an SMS message to our practice managers, just as happened with the billing for nurses' time for EPC items.

We have already seen that general practice is under attack on many sides from changing Medicare provisions. We have seen that every aspect of medical expenditure in the country was placed under a microscope (sorry, wrong type of lens – I should have said “cross-hairs”) in the Budget process. I cannot help but feel that the decree about practice nurses was NOT a mistake, but a deliberate experiment to identify how strongly the medical profession would respond to law-changing by “determination”. Some practices make a lot of money from EPC items, but for most GP's it represents a small proportion of

their cash flows. I think the government was not expecting that many GP's would respond negatively to the change of rules, and was taken by surprise by the ferocity of the response from GP representatives including the AMA.

Having had this little experience – if it was a deliberate experiment – the government is going to be sure it has stronger legislative footing before it makes its next move.

And, pardon my paranoia, I think that we are going to see a number of similar moves to reduce Medicare funding as far as it can be trimmed until the Parliament passes into law as much of the Budget proposals as Clive Palmer and his PUP are prepared to accept.

The opinions expressed in this column are, as always, those of your correspondent,

Wayne Herdy



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AMAQ BRANCH COUNCILLOR REPORT

GREATER BRISBANE AREA

Dr KIMBERLEY BONDESON



Medicare Co-Payment

The National Health and Medical Research Council is working on plans how to allocate funding under the current government proposed \$20 billion medical research future fund.

Already the University and NHMRC are squabbling amongst themselves on which research programs should be funded. This funding is proposed to come from the controversial \$7 Medicare co-payment.

I don't think this one has been thought through properly:

1. It will cost more than \$7 to operate and monitor the co-payment per patient.
2. This co-payment has more unintended consequences – the patients who can least afford it will be required to pay.
3. How will the hospitals ask patients for money, is the triage nurse going to say to someone with a sick child with a temperature that they must be \$7 first, or will not be seen?
4. How will demented patients in nursing homes, who have no money, pay ?
5. What about the homeless, and minority disadvantaged groups how will they pay?

My questions are, where was the money for medical research coming from in the past and why should the struggling healthcare industry, particularly General Practice, which costs only 5% of the healthcare budget, be expected to fund this proposal?

It is with interest that we watch what is happening

in the senate with the proposed Medicare copayment.

It is the people themselves, who are fighting against this, not just the medical profession

Dr Kimberley Bondeson
AMAQ BRANCH COUNCILLOR

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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 2
COST for non-members:
\$30 for doctor, non-member

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with Doctor Daniel Mehanna

“The Frontier - Gadget Review”



Many years ago the battle for consumers' hearts and minds exploded in the computer rooms of the world. Then, the battle was between Apple and the PC.

This raged on for years and was ultimately won (if market share is the yardstick) by the forces of the PC (or perhaps more accurately “Wintel” - Windows and Intel).

After the introduction of the Smartphone or specifically the Iphone by Apple, a whole new battlefield emerged. Apple essentially opened up a new market and became the undisputed king. The smartphone to have was the Iphone. Sleek, sexy and desirable.

Microsoft was caught well and truly napping and are still paying the price for their complacency today. Google finally awoke and saw the market's potential and challenged the mighty Apple and have now established a lead in terms of market share.

Who makes the better product is something I will not dwell on today, suffice to say that it is a truly personal decision.

But in the world of electronics, just to be content with keeping pace with the competition is to fall behind – just ask Blackberry.

So what is the next battlefield? Undoubtedly the battle will move from the (saturated) smartphone arena into smart wearables (smartwatches and the like) and into the living room (and cars) which brings us onto this month's gadget – Google Chromecast.

So what it is, why is it so interesting and why should we (and Australian cable TV providers) be interested?

Chromecast is an USB flash-drive stick-sized device that plugs into the HDMI port of your digital TV that enables you to send anything you can see with the Chrome Web browser to your TV (and more).

Once plugged in and its power supply connected (it derives its power from a spare TV USB port or from a power adaptor) it is incredible easy to set up only taking literally a couple of minutes. You do need to obviously be connected to a wireless network.



With it, it is possible to cast music, videos movies and pictures from your android device (or Windows/ Apple) to your TV. The easiest way to do this is via a service such as youtube where it is so easy that last week, my 4 year old to the great surprise of our guests, suddenly hijacked

the lounge room TV and put on his favourite episode of the Octonauts!

It is also possible to stream the output of your chrome web browser (and also now the video output of your android phone) directly onto the TV screen and also possible to stream video files directly to the TV – without cables and amazingly simply.

But where it gets even more interesting (or worrying if you are a cable content provider such as Foxtel) is that it is possible to subscribe to other content providers via the internet and access much more content much sooner and much more cheaply.

You can begin to image just how worried the traditional content providers are.

And how much does Google Chrome cost? \$49. An absolute bargain.

MEDICAL MOTORING

with Doctor Clive Fraser

Harley Davidson “Easy Rider!”

Motoring Article #113

Safe motoring,
doctorclivefraser@hotmail.com



I've always had a fascination for motor-cycles for as long as I can remember. For me nothing came close to the acceleration and that sense of being part of the machine. As a medical student motorcycling also provided me with very affordable transportation and the convenience of parking wherever my bike would squeeze.

I've made some great friends over the years through owning a bike and I've always enjoyed the mate-ship of going on “a ride” with friends on a Sunday afternoon.

My love affair with bikes was tested by stints in the Emergency Department and orthopaedic wards where frequently it was a collision with a car that brought the rider to hospital.

I remember very fondly my registrar in the children's surgical ward offering to take the kids for a ride on his motorbike around the hospital, and before the paranoia of workplace health and safety rules actually doing it. He's now a prominent surgeon who still rides a bike.

There were those of course who rode bikes for a different sort of kinship in what we call outlaw motorcycle gangs. Extortion, violence and all sorts of criminality never seem to be too far away from that group. But I should point out that our politicians also aren't above the law with my own ex Queensland Health Minister (Gordon Nuttall) still in jail.

In the past 25 years seven other Queensland cabinet ministers have gone to jail for crimes like mis-appropriation of public funds, extortion and child sex offences. Whilst they were all elected representatives, none were bikies and altogether three were Health Ministers.

After some very prominent public acts of violence culminating in a bikie brawl at Broadbeach and a besieged police station at Surfers Paradise the Queensland Government enacted the so-called VLAD law.

It is an unfortunate acronym because the other Vlad (aka Dracula) was a Romanian medieval tyrant known for impaling his opponents. In Queensland “VLAD” stands for the Vicious Lawless



Association Disestablishment Bill (2013).

It's an interesting piece of legislation because for the first time in my memory you can be convicted of a crime because of who you are, rather than because of what you've done. And in another twist it's also up to the

defendant to prove that they are not an office bearer of the organization rather than for the prosecution to prove that they are.

And don't think you'll just get a slap on the wrists for having a beer with your mates at the Yandina pub because the penalty can be up to 25 years imprisonment! Some very prominent legal figures have expressed concern about



the legislation including its architect and Solicitor-General (Walter Sofronoff QC) who has since resigned in protest.

The political storm shows no sign of calming with a torrent of current and former legal luminaries such as Tony Fitzgerald QC expressing concern about the recent appointment of Queensland's Chief Justice. With nowhere to hide from what is another classic chapter in Queensland's political history I decided to pay a visit to my local Harley Davidson dealership to see what all the fuss was about.

It was airy and spacious and my first impression was that it was a retail clothing outlet with a few bikes dotted around as props.

The staff were chatty and courteous and most of the customers were mums and dads just like me. In pride of place was a replica of Peter Fonda's Harley from the movie “Easy Rider”. It's been 45 years since that Harley thundered across the screen to introduce a whole generation to Cocaine, LSD and free-love in main-stream movies.

Technology has moved along since the Captain America bike hit the road with some noticeable components missing. For starters there are no indicators or instruments, but also there's no front brake and no suspension on the rear of the rigid frame. The pillion passenger (Jack Nicholson) did need to keep his right foot off



Continued Page 12

Interesting Tidbits **NATTY MOMENTS:**

Ever wonder about those people who spend \$2.00 a piece on those little bottles of Evian water? Spell Evian backwards: **NAIVE!**
~~*~*~*~*~*~*~*~*

Why do croutons come in airtight packages? Aren't they just stale bread to begin with?
~~*~*~*~*~*~*~*~*

Why is a person who plays the piano called a pianist but a person who drives a race car is not called a racist?
~~*~*~*~*~*~*~*~*

Why isn't number 11 pronounced onety one?
~~*~*~*~*~*~*~*~*

If lawyers are disbarred and clergymen are defrocked, are electricians delighted, musicians denoted, cowboys deranged, models deposed, tree surgeons debarked, and dry cleaners depressed?
~~*~*~*~*~*~*~*~*

If Fed Ex and UPS were to merge, would they be Fed UP?
~~*~*~*~*~*~*~*~*

Do Lipton Tea employees take coffee breaks?
~~*~*~*~*~*~*~*~*

What hair color do they put on the driver's licenses of bald men?
~~*~*~*~*~*~*~*~*

Ponderisms



I was thinking about how people seem to read the Bible a whole lot more as they get older; then it dawned on me ... they're cramming for their final exam.
~~*~*~*~*~*~*~*~*

Why do they put pictures of criminals up in the Post Office? What are we supposed to do, write to them? Why don't they just put their pictures on postage stamps so the mailmen can look for them while they deliver the mail?
~~*~*~*~*~*~*~*~*

If it's true that we are here to help others, then what exactly are the others here for?
~~*~*~*~*~*~*~*~*

You never learn to swear til you learn to drive.
~~*~*~*~*~*~*~*~*

Ever wonder what the speed of lightning would be if it didn't zigzag?
~~*~*~*~*~*~*~*~*

At income tax time, did you ever notice: When you put the two words 'The' and 'IRS' together it spells ... 'THEIRS'?
~~*~*~*~*~*~*~*~*



<http://www.myjokemail.com/jokes/ponderisms/>

Harley Davidson "Easy Rider!"

Continued from Page 11

the peg which sat below the swept up exhaust. But if you wear a football helmet when you ride you won't notice a third degree burn on your calf.

Whilst I felt quite at home at the Harley dealership I should not neglect to mention that the local chapter of an outlaw motorcycle gang had its "clubhouse" in an industrial estate only 500 metres away. But that's not there anymore since it became illegal in Queensland for three or more members to meet.

Captain America - Harley Davidson Hydra-Glide 1949-1952

For: Patriotic paint job.

Against: Not too good at stopping. This bike would suit: Queensland cabinet ministers with a stash of corruptly received money who need to make a fast getaway.

Specifications:

73.66 cubic inch twin cylinder petrol (1207 cc)
8.0:1 compression ratio
4 speed manual

PS: There was a secret compartment hidden in the fuel tank where Peter Fonda hid the cash.

Safe motoring, Doctor Clive Fraser

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



RDMA June Meeting 24.06.2014 Sponsor: Experien

Chair Vice President Dr Wayne Herdy Speakers: Craig Wright Topic: Life Insurance Response to our Nation's Health Crisis. Jeff Miller: Doctors are different, Understanding financial Options.



TOP LEFT: RDMA Vice President Wayne Herdy Chair of Meeting with Speaker Craig Wright, Experien Insurance,

CLOCKWISE; Kimberley Bondeson RDMA President with Speaker Jeff Miller, Investec.

Medical Students Yen Huan, Ian Lin and Jane Wee with Wayne Herdy RDMA Vice President.



Wayne Herdy commented that unless Medical Students and young graduates come along to meetings, Local Medical Associations (LMA's) do not have a future. Please come along you are most welcome.

Redcliffe Hospital Director of Medical Services Craig Margetts with RDMA Meeting Convener Mrs Margaret McPherson



REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

- Date:** Wednesday 30th July
- Time:** 7 for 7.30pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Financial members - FREE, Doctors in training - FREE
Non-financial members \$30 payable at the door. (Membership applications available)
- Agenda:**
- 7.00pm Arrival and Registration
 - 7.30pm Be seated - Entrée served
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
 - 7.35pm Sponsor: Moreton Eye Group
 - 7.40pm Speaker: Dr Graham Hay-Smith
Topic: Modern Cataract Surgery - the art of the possible and the promise of the impossible
 - 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 25th July 2014



Walk the Ancient Road: Camino Walk Spain / France

By Cheryl Ryan

Who thinks that a 900km walk to pilgrimage site Santiago de Compostela is an ideal holiday? Religious fanatics? Or fitness freaks? What if we told you that you could be neither and yet come back from this "walking holiday" with a sense of peace and a renewed sense of purpose because that is what this epic journey will be – life changing!

In the middle ages pilgrims took this road to reach Santiago. "El Camino de Santiago" translates to "Saint James Way" and takes between 30 to 40 days to traverse if you choose to walk the whole road. Of course you may choose to walk only part of the way which could take 10 days to a fortnight. It is perhaps a testimony to the enduring charm of this walk that many pilgrims return again and again to complete this journey in parts. You do not need to be an experienced walker to complete this soul-searching journey. There is something about the route, the air that pushes you on!

Tracing the footsteps of Santiago – the highlights Although in the modern day there are possible 8 different routes to Santiago, all starting in France, the classic route starts at the foot of the Pyrenees Mountains in the picturesque French town of **Saint-Jean-Pied-de-Port**. Expect the first day to be an uphill climb.

To qualify as a "pilgrim", you must choose to either walk or go on a mountain bicycle or horseback. Of course there are train options for those who choose to use neither of these modes. The walking experience however is unbeatable as you traverse the country practically crossing over from North East to North West Spain. And the added bonus? Walk at least 100 km and you can receive the "Compostella" or the official certificate of pilgrimage.

The journey has to be neither religious nor a test of endurance. There is no fixed itinerary so you can take your own time



as you pass through mountains and cross plains, passing idyllic villages, orchards and majestic vineyards and generally be one with nature.

The walk takes you through the cities of **Pamplona** with its distinct Gothic cathedral, **Burgos** with its magnificent cathedral and **Leon** with the monastery of San Marcos. The journey ends in **Santiago** where you can attend the midday pilgrim mass at the cathedral and soak in panoramic views of this ancient city from atop the hilltop park of Alameda.

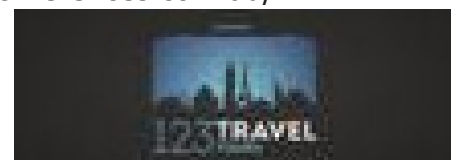
Throughout the route, there are economical places to stay and even enough options for those who want to go posh. The scenery is simply sensational and the food options available are a food lover's paradise and all this on the Camino before you even reach Santiago!

The Camino walk was an important communication link between the different cultures in Europe and the influences through trade and artistic exchanges are evident throughout the route.

One thing is for certain – the walk will change you in some way. You are guaranteed to meet people from a host of different nations but all joint in this quest they have embarked upon.

So be prepared to emerge a different person, open up and discover that you have returned with friendships that will last a lifetime!

www.123Travelconferences.com.au/



EXECUTIVE MESSAGE

By Dr **ROBERT BROWN**
President

THE weekend of August 1 and 2 is an important one in the State AMA calendar, for it includes a leadership and Public Relations Workshop for any AMA member who wishes to attend, as well as the annual Convocation.

This should focus our attention on what we believe the AMA should be doing for us, and more importantly, what we should be doing for ourselves.

The AMA has become more representative of the profession through its restructuring and now is the time that its members should be letting their area and craft councillors know what their concerns are.

Our profession desperately needs more of us to be active. This could be in many varied ways, depending on our own desires.

We have the opportunity to be positive influences in society through our own practices and in the community.

In fact it has been long agreed that we have an obligation to do so.

This is where your LMA can be made to work for you, and in the broader picture, where the LMA should be an active voice in the community.

It is true that the LMA should represent your views, and with that in mind, we are asking you to complete a questionnaire to canvas your views on a wide range of subjects.

We want to hear from you!

The State branch of the AMA recently held a promotional "Family Doctor Week" - a worthwhile concept, but once again, leadership from the top rather than involvement of the 'grass roots' through the LMAs.

One major thrust was to try to generate community interest in Aged Care, and there was interest shown by the print and electronic media.

The funding for Geriatric Services in Queensland is some 46% below the national average on a per capita basis, which may help to explain facts such as the 60 respite beds available in North Brisbane where the target population greater than 65 years is around 50,000 people.

The governmental move from institutional to home care (HACC programme), has meant a change of the ratio of nursing home to hostel beds from 60-40 per 100,000 people over the age of 70 years, to a ratio of 40-60.

However, the system of funding is seriously flawed.

Institutional nursing home care has its Governmental funding from the Commonwealth, whereas funding for the HACC programme is an equal mix of Federal and State funds, and there in lies the flaw.

Some better form of management of the funds has to be organised, and an improved consultative process must be found.

In particular, family doctors need to be heard, and their knowledge of individual circumstances is generally superior to that of any other community worker.

CONSULTANT RUNNERS OPEN TO CHALLENGES

REDCLIFFE'S self-proclaimed "age-ing" consultants believe their record of winning the first two Medical Challenge Runs is under threat in this year's Jetty to Jetty Run on August 23.

Challenge organiser, Dr Peter Stride, says he has been told there is a brigade of younger doctors, nurses and paramedics preparing for the run in the hope of lifting the Pfizer Trophy off the consultants for the first time.

"But I will believe it when I see it," Dr Stride said.

"I think it might be a lot of talk and no action and it will be interesting to see who turns up on August 23."

The Medical Challenge is run as part of the Moreton Bay Runners Club's annual fun run from the Redcliffe Jetty to Woody Point and return.

Medical teams of any size from two runners to six can

take part, either in the full or half course, and a formula has been devised to determine "adjusted times" and handicaps to decide the winner of the trophy.

Dr Stride said last year's run had attracted teams from pharmacists, nurses, paramedics and consultants but support from general practitioners had been limited.

He is hoping to have a contingent of runners from the Gold Coast AMA Runners Club take part.

The success of the Medical Challenge has encouraged the Runners Club to include team events in its programme this year.

The first 500 runners to finish will receive a free breakfast and all runners will be eligible for a random prize of a five day holiday at Lake Corribha, near Noosa.

Dr Stride said medical teams should enrol with the Runners Club and advise him of their entry.

10 ...years of service for ...good reasons

10 years of service

We installed our first medical system ten years ago. Ten years on, and 300 practices later, we are still going strong. How computers have changed in that time! So have our competitors - we have seen them come, and go. It takes time and experience to grow a company, to train people, to fine tune programs. We know, we have done it. If you need help to manage your practices better, please call us. We can be of service.



All the same reasons that make a good medical practice: commitment to professional standards; technical competence; sensitivity to client needs; and a willingness to learn through experience. Medipak's success is based on the ten building blocks of our pyramid - giving strength and stability for the future. We have grown through the recession. We have taken new initiatives with our programs. Talk to us about your needs - about your success.

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Fax: (07) **394 3817**

DIRECT LIFE INSURANCE, NOT SO CHEAP



Today we are bombarded with direct insurance advertisements on TV and social media. Companies such as Real Insurance, Choosi, Suncorp and the most recent one Coles Insurance all claim to be the cheapest and easiest to apply. Coles even has a “Price Beat Guarantee” stamp on their Life insurance so it must be the cheapest right? Wrong.

Firstly, let’s look at the price of these policies compared to a normal retail policy which can be offered through an insurance adviser. I am 30 years old, non-smoker and want \$1MIL Life cover. Coles Life insurance will cost me \$66.93 per month which includes their 20% discount if I am a frequent flyer member and Suncorp will cost me \$81.98 per month for the same cover. If I apply with Suncorp I get a \$50 gift card and 10% back on my premium every 3 years. When I compare this to a retail insurance policy with Asteron, \$1MIL of Life cover will only cost me \$45.87 per month. This is a premium saving of over 45% compared to Coles and a 70% premium saving compared to Suncorp, even though Suncorp owns Asteron. Even with Suncorp’s 10% back every 3 years I will be around \$350 p.a. better off with Asteron.

The second issue is policy ownership. All of the direct insurance companies are very limited as to who can own the policy and in most situations the policy must be owned by the life insured/self owned. The issue with this is that the premium then needs to be paid in after tax dollars out of the personal account and the premium is not tax deductible. This is opposed to retail insurance policies where I can own the policy through a Self Managed Super Fund (SMSF) or get any other superannuation fund I have (e.g. Colonial First State, MLC, Sunsuper etc.) to pay for the premium. The premium then does not affect my personal cash flow, is funded by existing super fund account balance and/or employer contributions and the premium is a tax deduction to my super fund.

Applying for cover sounds so easy with direct insurers? Good marketing is the key as you normally only require a short form application which can be done over the phone or online. The maximum cover you can normally apply for is \$1.5MIL with no blood tests or medicals. The reality with retail insurance policies is that you can apply for up to \$2.5MIL with no blood tests or medicals if you are under age 45. The application can also be done over the phone with the insurance adviser for convenience. There is also no limit with the level of cover you can apply for with retail insurance. I myself have \$2.3MIL Life cover as I have two young children, my wife is a full time mum and we have a mortgage. My premium is also funded by my Superannuation Fund. On this basis a direct insurance company would not meet my needs.

Finally and most importantly is the claims management. Who will handle the claim for your spouse or your estate if you pass away? I’m sure the 16 year old check out boy at Coles won’t provide any assistance. Having an insurance adviser who provides a claims management service will ensure your claim is handled efficiently and professionally with the insurance company directly on your behalf which saves a lot of time and stress for the dependent family members.

For more information please don’t hesitate to contact Hayden White (Risk Specialist) at Poole Group on 07 5437 9900 or hwhite@poolegroup.com.au.

Australian Medical Association Limited

ABN 37 008 426 793

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 Website : <http://www.ama.com.au/>



MBS HEALTH ASSESSMENT ADVICE STILL UNCLEAR - AMA

AMA President, A/Prof Brian Owler, said today that general practices remain uncertain about whether practice nurse time can be counted for health assessments, with the latest advice this week from the Department of Health adding more confusion rather than clarification.

A/Prof Owler said that GPs must be advised immediately in plain English that they are permitted to take into account the time spent by general practice nurses in completing health assessments.

“The latest advice from the Department is vague and unclear,” A/Prof Owler said.

“At no time is it stated clearly that the practice can add the practice nurse time to the doctor’s time to determine the appropriate Medicare health assessment item.

“The Department advice says only that *‘a practice nurse may assist a GP with performing the health assessments’*’.

“The AMA calls on the Government to provide certainty to GPs about the processing of health assessment items.

“This only requires a small amendment to the latest advice so that it reads: *‘The time spent by the GP and the practice nurse is one consideration but not the only consideration’*’.

“This change will ensure that general practice can continue to provide high quality preventive health care. It will also provide greater job security for practice nurses and ease the administrative burden on practice managers.

“The patients most affected by this confusion are the most vulnerable patients – the elderly, children, and the disabled.

“GPs need greater support, not greater hurdles, to provide care for their most needy patients” A/Prof Owler said.

A/Prof Owler said that the original Fact Sheet for the Health Assessment items was very clear with its advice, stating: *‘A registered Aboriginal health worker or practice nurse can assist the medical practitioner by undertaking the information collection stage of a health assessment and by providing patients with information about recommended interventions (at the direction of the medical practitioner). The time needed to undertake aspects of the health assessment may be added to the time taken by the medical practitioner to complete the assessment’*.

This clarity is missing from the latest advice.

4 July 2014

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Odette Visser 02 6270 5464 / 0427 209 753

“PRIMARY HEALTH NETWORKS MORE EFFECTIVE THAN MEDICARE LOCALS”

AMA President, A/Prof Brian Owler, said today that the AMA wants to work closely with the Government to make Primary Health Networks (PHNs) more effective facilitators of primary care services than the under-achieving Medicare Locals they are replacing. A/Prof Owler said that the implementation of Medicare Locals had been slow and uneven, and few had reached the potential that the former Government had predicted for them. “The AMA wants PHNs to be better targeted and more driven by family doctors at the local level,” A/Prof Owler said. “The AMA has been working on a plan for effective PHNs to improve access to care for patients”

The Government announced the establishment of PHNs from 1 July 2015, in line with the recommendations of the Horvath Review, which examined the performance of Medicare Locals. Key findings of the Horvath Review include:

- the performance of Medicare Locals has been highly variable and, while some have achieved a great deal, as a network they have failed to present a compelling argument to continue in their current form;
- many patients were continuing to experience fragmented and disjointed health care that negatively impacted on health outcomes and increased health system costs;
- Medicare Locals have generally failed to appropriately involve or engage with GPs despite their role at the centre of the primary care system; and
- Medicare Locals have been duplicating existing services that are already available, and this must end.

The AMA plan proposes that PHNs should focus on the following areas:

- Population Health Identifying community health needs and gaps in service delivery; identifying at risk groups; supporting existing services to address preventative health needs; and co-ordinating end of life care.
- Improve the capacity for General Practice to deliver quality primary care, supporting practice infrastructure through:
 - IT support;
 - Education and training of practices and staff;
 - Supporting quality prescribing;
 - Training and supporting the use of e-Health technology and systems; and
 - Facilitating the provision of evidence based multidisciplinary team care.
- Engage with Local Hospital Networks/Districts identifying high risk groups and developing

appropriate models of care to address this (e.g. those at high risk of readmissions including noninsulin-dependent diabetes mellitus, congestive cardiac failure, chronic obstructive pulmonary disease and other chronic diseases); and improving system integration in conjunction with local health networks.

A/Prof Owler said that evidence from countries such as New Zealand shows that GP leadership and input is vital for PHNs to be effective. “GPs are generally the first point of call in the health system and they can provide high quality clinical input as well as first-hand knowledge of where improvements in the health system need to be made,” A/Prof Owler said. “Not only should GPs be included in Clinical Councils, they should also participate at all levels of governance, including on the PHN Board.

“While some Medicare Locals have clearly done a good job in improving access to care, the overall Medicare Local experiment has clearly failed – largely due to deliberate policy decisions to marginalise the involvement of GPs. “We can’t afford to get it wrong a second time, and the AMA stands ready to work with the Government to ensure that PHNs are an effective and integral component of the health system.”

The AMA has produced videos to promote Family Doctor Week 2014:

- Family Doctors provide targeted health care for patients at all stages of life with expertise, understanding, and distinction <https://www.youtube.com/watch?v=y-n2mEfFdlg>
- The wide range of preventative care administered by family doctors ensures quality of life for patients and a sustainable health system https://www.youtube.com/watch?v=_i4c0-IFHdc

This video (mute) has been produced so that general practices can play it in their waiting rooms for the information of their patients:

- General practitioners can help people reduce their risk of illness and disease, such as diabetes, heart attack, obesity, and depression https://www.youtube.com/watch?v=J79_1LdJApA
- All the videos can be downloaded from the AMA Family Doctor Week website at <https://ama.com.au/familydoctorweek2014>

AMA Family Doctor Week is sponsored by Australian General Practice Training.

24 July 2014

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Sanja Novakovic 02 6270 5478 / 0427 209 753



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,
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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**

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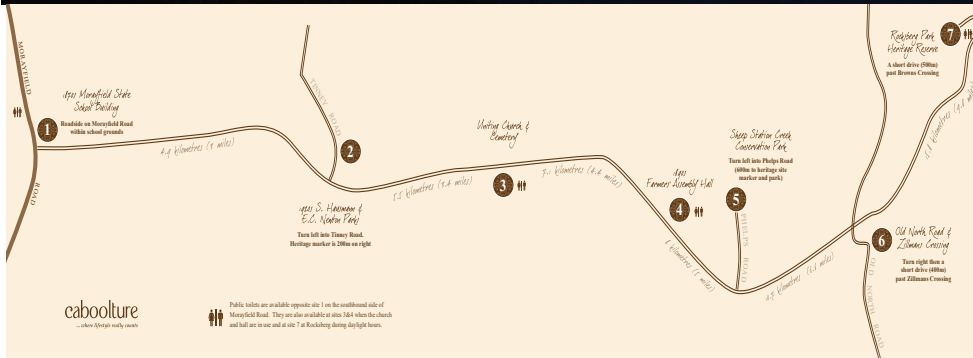
Phone: _____ Fax: _____

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

METHODS OF PAYMENT:

1. **PREFERRED INTERNET BANKING**
2. **PAYMENT BY DEPOSIT SLIP:** Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:
3. **ENCLOSED PAYMENT:** (Member Subscription Form on website, type directly into it and email)
 - i) **Complete form & return:**
 - c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020
 - ii) Or by email to GJS2@Narangba-Medical.com.au

Where We Work And Live



Caboolture River Road

HERITAGE DRIVE a journey through time

Some 140 years ago, the rough bush track between Caboolture and Morayfield was an arduous hours for early settlers to travel. Today, the Caboolture River Road is a comfortable half hour drive, but it will forever be linked with stories from our pioneer past.

This Scenic Heritage Trail commemorates just a few of them.



Caboolture River Road

HERITAGE DRIVE a journey through time

Caboolture River Road Heritage Drive

A Journey Through Time - Heritage Walks

<https://www.moretonbay.qld.gov.au/subsite.aspx?id=61307>

SITE 1



1870s Morayfield State School Building

SITE 2



1820s S. Hausmann & E.C. Newton Parks

SITE 3



Uniting Church & Cemetery

SITE 4



1890s Farmers Assembly Hall

SITE 5



Sheep Station Creek Conservation Park

SITE 6



Old North Road & Zillmanns Crossing

SITE 7



Rocksberg Park Heritage Reserve

Artists statement

After assessing several designs, Council commissioned local sculptor Paul Johnson to design and make the heritage drive markers.

The artist developed a deliberately contemporary form using rock and rusty steel to capture a tough agricultural past in which man battled against nature.

The cairn-like form suggests the object is not merely a marker, but also a memorial.

A traditional plaque with words and photos describes the relevance of the marker to each site. There is also a childlike drawing cut into the rusty steel that evokes the emotive aspect of the place.



ON YOUR JOURNEY

- SITE 1***
The Morayfield State School building is within the school grounds and an appointment must be made with the school to view it closely.
- SITE 2**
Once you've enjoyed the S. Hausmann & E.C. Newton Parks, follow Tinney Road for 2.3km to reach an alternative route to site 5 that involves walking through Sheep Station Creek Conservation Park and following track directions to Phelps Road.
- SITE 3***
The Uniting Church must be contacted for appointments to view the interior of the building.
- SITE 4***
An appointment is required to view the inside of the Farmers' Assembly Hall. To make arrangements call 5496 7834.
- SITE 5**
Sheep Station Creek Conservation Park has a good variety of walking tracks and horseriding trails. The trails have hitching posts and mounting blocks.
- SITE 6**
There's a small picnic area at the Zillmann's Crossing site. Old North Road continues through to the village of Wamuran and then a short drive to historic Woodford which has a charming old world character and several heritage-listed buildings.
- SITE 7**
Rocksberg Park Heritage Reserve features several picnic tables in an authentic rural setting beside a creek.

*Sites 1, 2 & 4 are normally closed to the public. Those with a special interest may be able to see the interiors by making a special appointment directly with the venue.