RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter

JUNE 2012

Mt Beerburrum

See Mt Beerburrum Walking Trek and historical article in our regular Where We Live And Work segments page 3 5, and 20.

RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT

A few years ago I was asked by the media to provide a comment on the proposal to build a Private Hospital in the North Lakes district.

I recall a part of my answer quoted the statistic that within a five kilometre radius of North Lakes the final population was going to be of the order of 90,000 people. That is the population of Toowoomba.

That large population deserves a hospital of its own. Redcliffe Hospital to the east, Caboolture Hospital to the north and Prince Charles Hospital and Royal Brisbane Hospital to the south will not be able to manage the demand placed by such a large population.

What is developing in the North Lakes district is a Private Hospital. Now while the LMA should not be promoting nor condemning any particular private enterprise, certainly the development of day surgery and hopefully in the future the extended specialists and hospital inpatient services is something that this area is desperately calling for. Further it will reduce the excess load that the public hospitals in the area will be unable, with present resources, to accommodate.

This is a private enterprise with the ultimate aim to produce a profit for its shareholders. LMA members must be concerned that if this remains an exclusively private facility it will be a drain on the pockets of patients who attend.

While North Lakes found its history as a middle class or upper middle class environment, one suspects the present population does not have a very high level of private hospital insurance. Therefore any benefit that the community will gain from the inconclusion of a private medical resource will be limited by the size of the wallets and credit cards of those living in the area.

A good start but let's see Queensland Health come forth with more resources to meet the uninsured needs.

Wayne Herdy, RDMA President

DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

2012 Dates:

NEXT MEETING

Tuesday July 24

Annual General Meeting
Wednesday August 29

Tuesday September 18

Wednesday October 24

Year End Networking Function

Friday November 30

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JULY NEWSLETTER 2012

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

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

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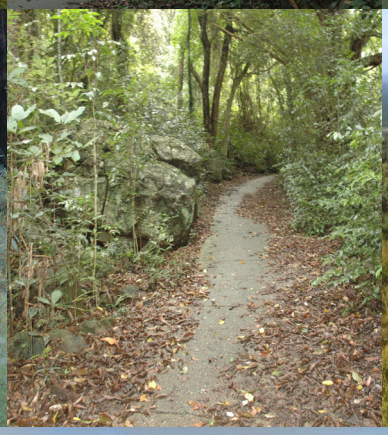
Mt Beerburrum








Mt Beerburrum Walking Trek - Wayne Herdy

There are several pilgrimages that most Australians aspire to – to see Uluru and maybe climb the rock, to visit Gallipoli, and (for the more adventurous and hardy) to walk the Kokoda track.

Your President has determined that this is the time in his life to walk Kokoda (actually next year, so wait for the pix and report).

In the meantime, the training programme focuses on carrying a pack up Mt Beerburrum, which gives the opportunity for the pictures that appear herein.

And a little-known fact is that there was a hospital at the base of the mountain opening after the First World War on the 4th February 1922, the Hospital on the Hill see our historical article on page 5.

By the way, the first white man to climb Mt Beerburrum was Captain Matthew Flinders. Captain Matthew Flinders, two sailors and Bongaree, a Sydney Aborigine, climbed Mt Beerburrum on 26 July 1799.

Timber getters, fettlers (persons who maintain railway lines) and gold prospectors were to follow, but it wasn't until the Commonwealth Government designated 51,000 acres around the Glasshouse Mountains as a Soldier Settlement Scheme in 1916 that Beerburrum became a substantial Community.

I can guarantee you won't be disappointed by the view at the summit of Mt Beerburrum. It is well worth your time and effort to make the climb.

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT

Dr Alex Markwell

Incoming AMAQ President

"Alex Markwell"

Update from AMA Queensland President

It is an honour to be writing this first update of my term as AMA Queensland President. I am excited about the coming year, and look forward to meeting many of you as we make our way around Queensland over the next few months. So far, we have visits planned for the Sunshine Coast, the Fraser Coast, Bundaberg, Central Queensland, Mount Isa, North Queensland, Far North Queensland and South West Queensland.

The focus of these tours is to see and hear first-hand the challenges that you, our members and your patients face on a daily basis. We welcome your suggestions to take part in events or visit places on the Redcliffe Peninsula and I encourage you to contact me to discuss.

With the transition to Hospital and Health Services from July, this will be particularly important. Clinician engagement is an essential component of ensuring a successful transition to the local board structure, and local delivery of patient care. Local Medical Associations (LMAs) are a key link in this process. We want to support existing LMAs, and help establish or rejuvenate LMAs in areas which have been struggling to connect the local medical profession.

Decisions are made by those who show up. We must be active participants in the decision-making that will shape the future of health practice.

There are also several specific health areas we will be focusing on in the coming months. After the success of Suicide Watch, we will also be looking at reducing another cause of preventable death and injury- Trauma.

We will also be actively promoting public health initiatives to improve the social and other determinants of health for our patients as well as looking at how we can improve health literacy & health education. Ensuring we have adequate medical training capacity for our future generations of doctors is essential, and must be addressed locally. We will be working with government and other stakeholders to provide advice and help guide these solutions.

I look forward to hearing your feedback and suggestions for future AMA Queensland activities and campaigns.

Dr Alex Markwell
AMA Queensland President
Contact:
Phone: (07) 3872 2222
Email: a.markwell@amaq.com.au

Hospital on the Hill

Beerburrum District Hospital was built after World War 1 to support an enterprising Soldier Settlement Scheme at Beerburrum. A new railway line north from Brisbane also helped open up the Sunshine Coast.

Families flourished, and when the Queensland Treasurer, Mr John Fihelly opened the hospital on February 4, 1922 he said it was "a crying shame that in country districts prospective mothers had to go by coach, on horseback or on foot 40-50 miles to receive proper attention".

The hospital on the hill started out with two public and four private wards, including obstetrics. It was not long before plans were drawn up for nurses' quarters and infectious disease ward. Upon completion of the infectious diseases ward and nursing quarters the hospital was then able to care for up to 40 patients.

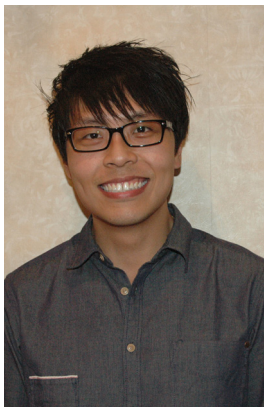
In the 1920's death from infectious disease was common, particularly amongst young Australians and many ex-servicemen. Soldier settlement families were particularly susceptible to whooping cough, diphtheria, pneumonia and poliomyelitis, known then as the diseases of poverty.

Sadly the grand Queenslander style hospital operated for barely nine years. It became a victim of the economic Depression which reverberated around the world after 1929. At Beerburrum, settler families struggled to make their small pineapple farms viable because of poor soils, agricultural inexperience and lack of follow through for processing and marketing of their produce.

Families literally walked out of their houses and off their farms. The hospital once built with high hopes of a vibrant new community, was broken up into sections in the early thirties and sent by road to enlarge the Maleny Soldiers' Memorial and Nambour Hospitals, both of which still operate today.

RDMA Meeting 30/05/12








RDMA Vice President Kimberley Bondeson opened the meeting introducing Murray representative for Sponsor Eli Lilly. Speaker for the night was Dr Saibal Guha whose topic was Mental Health: The Big Picture **Clock wise from Bottom left hand corner:** Kylie Walton Eli Lilly Manager and Speaker Saibal Guha, Bram Singh, Nayana Werrasinghe & Jai Raj, **(New Member)** Tammy Maxwell at Redcliffe Hospital, **(New Member)** Julian Chan, General Medicine Redcliffe Hospital, Past President Reg Neilsen with Margaret Fergerson. Simone Gonzo with Jaham Hussein, **(New Member)** Morgan Davidson at Redcliffe Hospital with Amelia Stephen, and **(New Member)** Nicholas Edgerton.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Tuesday June 19th 2012**

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc.
7.35pm	Sponsor: BD Diagnostics
7.40pm	Speaker: Dr Bryan Knight Topic: Advantages and Uses of Liquid Based Cytology
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Thursday 15th June

QML Pathology.

AMAQ BRANCH COUNCILLOR REPORT
North Coast area representative

Dr Wayne Herdy

Three Major Reforms; Medicare Locals, GP Superclinics, Patient Controlled Electronic Health Record (PCEHR)

In the coming months we are going to see three major plans of the Labor party's much vaunted health reform. None of these promises to actually change anything in the way we do business.

MEDICARE LOCALS

The first round of changes will be the last of the Medicare Locals. The Medicare Locals so far have not shown any significant change to the way GP's in any of their areas actually do anything. Even more so they have been branded as a failure by many branches of the medical profession and by many politicians. At the AMA National Conference last year, Peter Dutton the Shadow Spokesperson on Health told the AMA attendees that if the coalition were to win government they would "defund" Medicare Locals. When asked the same question at the AMA National Conference in Melbourne only a few weeks ago, Peter Dutton said once more that they would stop the Medicare Locals from being effective.

Since the current polls indicate that the coalition is very likely to win government at the next election when ever it is held, this does not auger well for the future of Medicare Locals. Many General Practitioners would applaud this as a good outcome because of the lingering belief that funding for Medicare Locals and the Divisions before them, was money that was put aside from direct GP funding.

Those of us who actually worked inside the Divisions, know that there was much waste, mostly because of the high compliance cost of reporting to government about how we spent their money. However, Divisions did many good things and were hampered in their efforts to do even better things, principally by the tied nature of the government funding. The demise of the Divisions and then the defunding of the Medicare Locals will leave a gap in population health that will be difficult to fill. Possibly worst of all will be that Medicare Locals at present are being funded especially to provide after hours services. Monies for after hours services previously paid to General Practitioners have been redirected to Medicare Locals. If General Practitioners have had some months or years of having after hours services directed as the responsibility of Medicare Locals, not of individual General Practitioners, it will be difficult to persuade General Practitioners to take up this mantle again if Medicare Locals cease to exist.

GP SUPERCLINICS

Second major reforms that are going to see a final stage development will be the GP Superclinics. The GP Superclinics have been the most monstrous white elephant in the history of Australian Health. Very few of the multimillion dollar GP Superclinics has even come into existence. Many attempted to open their doors without any General Practitioners present. In the case of the Sunshine Coast, the successful consortium had no experience in health service delivery, was not a local unit, was appointed in favour of a local applicant who already did have some experience at running a GP Superclinic elsewhere and the management of the consortium include former Labor Party cronies. On the Sunshine Coast doctors do not expect to see any real delivery of health services come from the GP Superclinic. The GP Superclinics are a failed exercise and one wonders how we could take the hundreds of millions of dollars that have been spent already and turn it into something that will really help patients at the coal face and not just provide additional funding for private shareholders.

PATIENT CONTROLLED ELECTRONIC HEALTH RECORD (PCEHR)

The third major reform will be the much awaited shared electronic health record. The AMA is still profoundly troubled by the fact that this is a Patient Controlled Electronic Health Record (PCEHR). We have no fundamental objection to patients controlling who has access to the record. We do have profound objection to the concept that anybody other than a clinician who is looking after the patient (and preferably a clinician whose discipline requires nation registration) is going to provide clinical material that will form part of that record. If the record does not have valuable, accurate, concise, and up to date relevant clinical information, doctors are simply not going to use it. The roll-out on the first of July will be step one in creating the database. All this will consist of is input of demographic material such as names, dates of births, addresses and so on. There will be no clinical material in the first stage of the PCEHR. Who is going to use that?

It looks like a long time before the next step, which may or may not include the insertion of valuable material, is ever going to happen. So with these changes in the way the government is directing health administration we are seeing nothing useful arise in the final clinical input that patients will enjoy. Worse, we are seeing hundreds of millions of dollars of taxpayer's money going to advertising. Dollars that should have gone and could have gone to clinical assistance, are being spent to tell everybody how good a system is being introduced, when the system is going to be introduced and people are going to be a part of it anyway. Why spend money advertising something that is inevitable?

Wayne Herdy

SNAPSHOT FROM THE PAST - Secretary Calls It Quits

REDAMA Newsletter from Series 2 No 1 June 1990, page 1

REDAMA Report

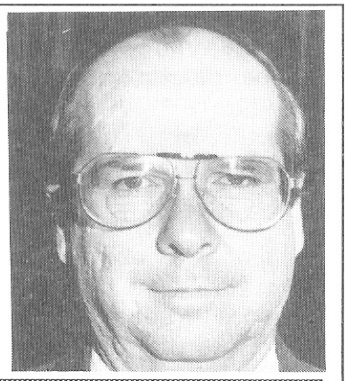
Official Newsletter of the REDCLIFFE & DISTRICTS LOCAL MEDICAL ASSOCIATION

Series 2 No 1 FREE JUNE, 1990

MINISTER DELAYS VISIT...

AND

...Doctor not replaced on Hospital Board

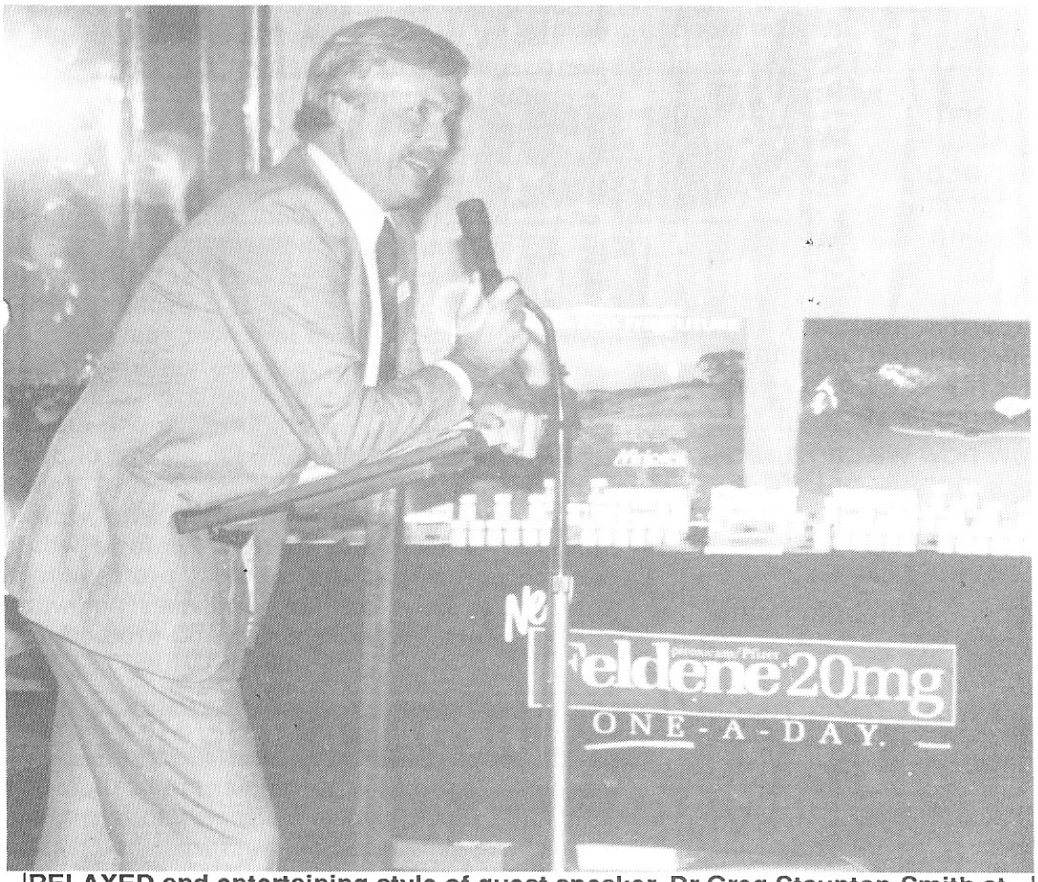


Both stories - Page 3

• Positions Vacant

SECRETARY TO CALL IT A DAY AFTER 6 YEARS

A six year term as secretary will come to an end in July when Dr Helen Mahoney steps down from her position on the Redcliffe and Districts Local Medical Association.



RELAXED and entertaining style of guest speaker, Dr Greg Staunton-Smith at the May meeting of the Redcliffe and Districts Local Medical Association. Against the backdrop of the sponsors, Pfizer, display, he updated members on latest developments in the treatment of rheumatology. FULL REPORT, page 9

Dr Mahoney's decision to not seek re-election follows her transfer to the Brisbane offices of QML.

And president, Dr Kerry Garske has decided to follow tradition and serve only one term.

This means at least two positions will be left vacant when the annual meeting is held at the Golden Ox Restaurant on July 27.

Nominations are now open for all positions: president, vice president, secretary and treasurer and may be made in writing to the secretary.

The treasurer, Dr Frank Cunningham, and vice president, Dr Bob Brown, have indicated they will re-nominate for a further term.

Dr Garske has appealed to all members to consider offering themselves for election.

"This is the biggest local medical association in Australia and a keen interest by members in accepting executive positions will ensure it remains that way," he said.

Qscan™
RADIOLOGY CLINICS
trusted analysis

Shoulder Pain-Diagnosis Management at Qscan

Shoulder pain and dysfunction is a very common patient presentation. There are many causes, the most common being the shoulder impingement syndromes. Other causes include biceps tendon pathology, calcific tendinosis, glenohumeral joint arthritis, frozen shoulder, shoulder instability, SLAP tear, and AC joint pathology. Occasionally more central pathology can mimic shoulder pathology including cervical spondylosis and brachial neuritis.

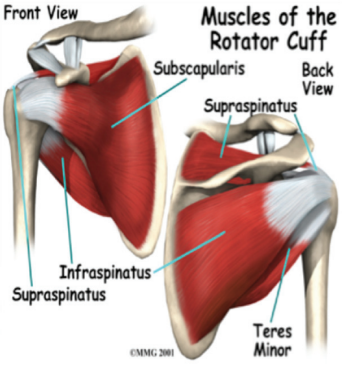


Figure 1. Illustration of the rotator cuff

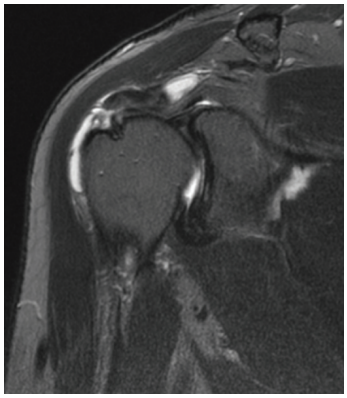


Figure 2. MRI showing high grade near full thickness bursal surface tear of the supraspinatus tendon at its humeral attachment associated with subacromial bursitis (high signal fluid distending the bursa).

1. Shoulder Impingement Syndromes

This refers to the insidious onset of pain with overhead activities potentially leading to loss of power and motion. It may be a cause of night pain. Multifactorial in aetiology including narrowing of the coraco-acromial arch, supraspinatus tendon hypovascularity, mechanical wear and tear and overuse syndromes. It leads to a spectrum of rotator cuff tendinosis, partial to full thickness tendon tears and subacromial bursitis.

2. Long Head of Biceps tendon Pathology

Proximity to the supraspinatus tendon makes the long head of biceps tendon vulnerable to the effect of impingement. Pathology includes tendinosis, tendon tear and bicipital tenosynovitis. Tears typically occur proximal to the bicipital groove and results in inferior retraction of the torn tendon and biceps muscle into the upper arm.

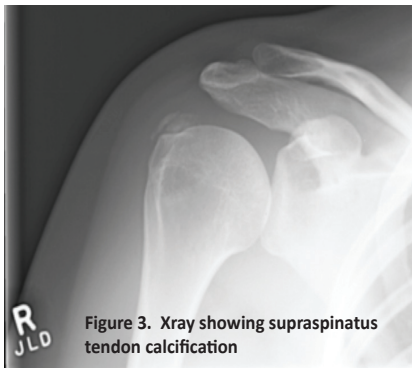


Figure 3. Xray showing supraspinatus tendon calcification

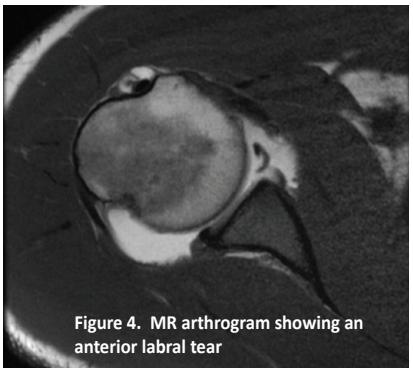


Figure 4. MR arthrogram showing an anterior labral tear

3. Calcific tendinosis and Bursitis

Calcium hydroxyapatite deposition frequently affects the rotator cuff tendons, particularly the supraspinatus tendon. The calcium may rupture into the bursa. Pain often mimicks impingement.

4. Glenohumeral Joint Arthritis

Osteoarthrosis of the shoulder is generally infrequent in the absence of prior trauma, rotator cuff tear (cuff tear arthropathy) or shoulder instability. Inflammatory arthritides includes rheumatoid arthritis, CPPD, gout, SLE, etc.

Qscan Locations offering shoulder pain management:

SOUTHPORT | Pacific Private Clinic, 123 Nerang Street, Southport 4215 | Ph: 07 5591 5422 Fax: 07 5532 6130
BURLEIGH WATERS | Treetops Specialist Medical Centre. 2 Classic Way, Burleigh Waters | Ph: 07 5593 6955 Fax: 07 5593 6059
ANNERLEY | Shop 7/310 Ipswich Road, Annerley 4103 | Ph: 07 3357 0388 Fax: 07 3357 0380
WINDSOR | 142 Newmarket Road, Windsor 4030 | Ph: 07 3357 0333 Fax: 07 3357 0300
MATER PRIVATE CLINIC | Suite 6/Level 6, 550 Stanley Street, South Brisbane 4101 | Ph: 07 3357 0361 Fax: 07 3010 5791
EVERTON PARK | 456 South Pine Road, Everton Park 4053 | Ph: 07 3355 4422 Fax: 07 3355 4943
CLEVELAND | 177 Bloomfield Street, Cleveland 4163 | Ph: 07 3821 1766 Fax: 07 3821 1100
REDCLIFFE | 6 Silvyn Street, Redcliffe 4020 | Ph: 07 3357 0922 Fax: 07 3283 4277
Doctor Priority Line | Ph: 07 3357 0315

Interesting Tidbits NATTY MOMENTS:

APHORISM: A SHORT, POINTED SENTENCE EXPRESSING A WISE OR CLEVER OBSERVATION OR A GENERAL TRUTH; ADAGE

1. The nicest thing about the future is that it always starts tomorrow.

2. Money will buy a fine dog, but only kindness will make him wag his tail.

3. If you don't have a sense of humour, you probably don't have any sense at all.

4. Seat belts are not as confining as wheelchairs.

5. A good time to keep your mouth shut is when you're in deep water.

6. How come it takes so little time for a child who is afraid of the dark to become a teenager who wants to stay out all night?

7. Business conventions are important because they demonstrate how many people a company can operate without.

8. Why is it that at class reunions you feel younger than everyone else looks?

9. Scratch a cat and you will have a permanent job.

10. No one has more driving ambition than the boy who wants to buy a car.

11. There are no new sins; the old ones just get more publicity.

12. There are worse things than getting a call for the wrong number at 4 am - it could be the right number.

13. No one ever says "It's only a game." when their team is winning.

14. I've reached the age where the happy hour is a nap.

15. Be careful reading the fine print. There's no way you're going to like it.

16. The trouble with bucket seats is that not everybody has the same size bucket.

17. Do you realize that in about 40 years, we'll have thousands of old men and old ladies running around with tattoos? (And rap music will be the Golden Oldies !) No! Say it isn't so!

18. Money can't buy happiness -- but somehow it's more comfortable to cry in a Porsche than in a Yaris.

19. After 60, if you don't wake up aching in every joint, you are probably dead!

SNAPSHOT FROM THE PAST - No Doctor On Hospital Board *REDAMA Newsletter from Series 2 No 1 June 1990 page 3*

The proposed visit of State Health Minister, Ken McElligott, has been put back to the August meeting of the Redcliffe and Districts Local Medical Association.

The original invitation to Mr McElligott was accepted for August but he was invited to the June meeting after he indicated he was available earlier if required.

Mr McElligott has now advised that he would prefer to wait until the August meeting. after receiving a report on the recent visit of the member for Redcliffe, Ray Hollis.

Minister's warns on what he expects of August meeting

Mr McElligott said he had been disappointed at the "negative" report and he warned that he expected a better reception than the one given to Mr Hollis.

The comments were made during an official visit to the Gold Coast General Practitioners Association at which he paid a vote of confidence in local doctors.

The Minister told the doctors the public hospital system was being overcrowded by patients with complaints which could well be treated by general practitioners.

He said he would be looking at ways of educating the public to use public hospitals for accident and emergency treatment and not as an alternative to their local doctor.

After the meeting, Mr McElligott said he had been impressed with the reception and hoped the same attitude would prevail when he met the members of the Redcliffe association.

Mr McElligott also revealed that he was proceeding with a review of the structure and responsibilities of the Medical Board of Queensland.

He said he was concerned at the number of complaints about the Board and the fact that even though the Board was appointed by the Government, there was no compulsion for it report its findings or actions on complaints it investigated.

The survey was underway and was expected to be completed by the end of the year, Mr McElligott said.

No doctor on Hospital Board

There will be no member of the medical profession of the Board of Redcliffe District Hospital in its last year of operation.

The Health Minister has told the Board there will be no replacement appointed for Dr Mal Aitken who officially resigned on May 23.

Mr McElligott says he is satisfied the five remaining members of the board can carry out the duties satisfactorily until the Board is disbanded on June 30 next year.

But there is confusion about the identity of the board members.

According to the Minister's office, a Mr James Egerton was appointed on May 3 to fill a vacancy caused by the resignation of Ms Sharon Stewart.

He joins the chairman, Brian Dobinson, Cr Shiela Wilson, Bob Sutherland and Alex Brown as the remaining board members.

MEDICAL MOTORING
with Doctor Clive Fraser

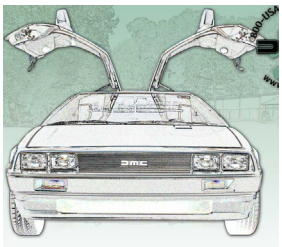
Motoring Article #92
Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com.

DeLorean DMC-12
"Back To The Future"

In the 1980's Northern Ireland was still deeply embroiled in what came to be known as "the Troubles". With so much political turmoil Ulster was always going to be an unlikely place to set up a factory to manufacture a brand new supercar. But it was in Dunmurry that an adventurous engineer named John DeLorean set up a factory to build his name-sake vehicle.

DeLorean had made a sparkling entry into automotive engineering with a 1964 project to build what was probably the world's first muscle car, the Pontiac GTO. The success of that model propelled him into automotive stardom and ultimately led to his push in the 1970's to create an all-new car carrying his own name

With 304 grade stainless steel skins over fibreglass body panels and gull-wing doors the DeLorean DMC-12 was unique and the styling was still fresh in 1985, 1989 and 1990 when the car featured in the "Back To The Future" film trilogy.



Whilst the styling of the car was futuristic, the car's Achille's heal was its powerplant. In the movies the DMC-12's flux capacitor was capable of producing "1.21 gigawatts" of power. In real-life the DeLorean struggled with a Renault made 2.8 litre V6 producing only 110 kW. This was exactly the same engine that powered the Volvo 760.

Once emission controls were applied for the US market the engine's power dropped to only 95 kW and lack-lustre performance from the DeLorean meant it wouldn't reach the speedo's top speed of 85 mph. Hollywood upped the ante by claiming that Doc's DeLorean would need to reach 88 mph to travel back in time.

Back in the 1980's a new DeLorean would set you back $25,000 US ($63,900 in today's dollars). It has been thirty years since the last of 9,200 DeLoreans left the production line in 1982, but miraculously you can still buy a new DeLorean from an enterprising Texan firm. Pricing starts at $57,500 for a car based on a new stainless steel chassis.

The "new" cars are made up from what is called new/old stock, OEM and reproduction parts. It's possible to specify a high performance engine, Sat Nav and Bluetooth in your 2012 DeLorean, or you can go back to the future and keep your newly constructed DeLorean just as it was back in 1982.

1982 DeLorean DMC-12
For: The best looking car of all-time.
Against: Slow and it's hard to keep finger-prints off the stainless steel.
This car would suit: Time travellers.
Specifications:
- 2.8 litre 12 valve V6 petrol
- 110 kW power
- 0-60 mph 8.8 seconds (Europe)
- 95 kW power
- 0-60 mph 10.5 seconds (US)
- 5 speed manual or 3 speed automatic
- $25,000 US in 1982, $57,500 US in 2012

Redcliffe Hospital
News for GPs
May 2012

Teamwork Delivers at Redcliffe

Redcliffe Hospital's Obstetrics and Gynaecology team operates under a collaborative style of service delivery to patients. Medical, Nursing and Allied Health staff work closely together, in a culture of collegial respect across the professions.

The hospital's 16 bed Maternity Unit comprises a 3 bed antenatal day assessment unit and a 4 bed birthing suite, with a 9 bed capacity in the Special Care Nursery (SCN).

The SCN accommodates babies after 32 weeks gestation. Babies with more complex neonatal health issues are referred to tertiary hospital facilities in the catchment area.

Redcliffe Hospital's Antenatal Unit supports pregnant women with access to midwives, doctors and multidisciplinary teams. Issues managed include gestational diabetes and high BMI.

Population data for the catchment area served by Redcliffe Hospital shows an ageing population, resulting in an increase in gynaecological health issues usually seen in older patients. Conversely, a growing number of young people has seen a marked increase in the local birth rate and consequently, the pressures placed upon the hospital's Maternity Unit. This has been assisted by the cooperative relationships the hospital has enjoyed with GPs on the Peninsula and its surrounding communities.

Several models of antenatal care are offered in Obstetrics and Gynaecology at Redcliffe Hospital:

General antenatal and maternity care – a combined approach with support from both doctor and midwife

Amity Team – a midwifery continuity of care model for low risk patients which is usually established after a referral from the patient's GP. The first patient visit to Amity is ideally around the 12 week mark of the pregnancy.

Shared care of patient by the Antenatal Unit and GP

Young Parents Group – established for parents under the age of 20 years The group meets at the Redcliffe Hospital and the Community Health Centre on Anzac Avenue

Ngarrama Antenatal and Birthing Program – established to support Aboriginal and Torres Strait Islander women. More overleaf

Redcliffe Hospital has a dedicated team of five Staff Specialists and two Visiting Specialists.

Dr Graeme Jackson

Dr Graeme Jackson is a graduate of UQ and has a long association with the Redcliffe Peninsula.

Following ten years' experience in private practice and as a VMO, Dr Jackson has worked full time at Redcliffe Hospital as Director of Obstetrics and Gynaecology since 1998. His special interests include high-risk obstetrics and the treatment of stress incontinence.

Dr Alka Kothari

Dr Alka Kothari has worked at Redcliffe Hospital since 2004, after completing her training in Obstetrics and Gynaecology in India and Australia. Dr Kothari's special interests include obstetric ultrasound and maternal-foetal medicine.

Dr Moeman Morris

Dr Moeman Morris completed his specialist training in Brisbane before his appointment to Redcliffe Hospital in 2008. Dr Morris' special interests include high-risk obstetrics and general gynaecology.

Specialists continued

Dr Katharine Louey

Dr Katharine Louey completed her specialist training in 2000 and has worked at Redcliffe Hospital since 2008. Dr Louey's special interests include urodynamics and colposcopy.

Dr Mamta Vyas

Dr Mamta Vyas undertook specialist training in India and the UK before being awarded her FRANZCOG in 2010 and being appointed at Redcliffe Hospital. Dr Vyas' special interests are indigenous women's health and the management of dysfunctional uterine bleeding.

Dr Pravin Kasan

Dr Pravin Kasan has been a VMO at Redcliffe Hospital since 1981.

Dr Kasan's practice is now solely in gynaecology, with his special interests including the investigation and management of infertility.

Dr Deepali Shirkhedkar

Dr Deepali Shirkhedkar is an endochrinologist with special interests in obstetric medicine, gestational diabetes and thyroid disease.

Dr Shirkhedkar visits the Antenatal Clinic on Monday mornings and the Specialist Outpatient Department on Monday afternoons

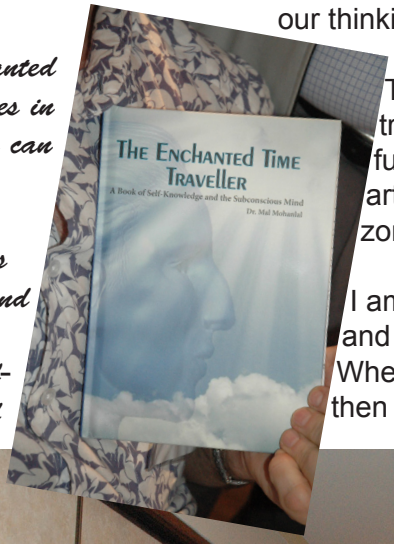
BOOK LAUNCH : The Enchanted Time Traveller

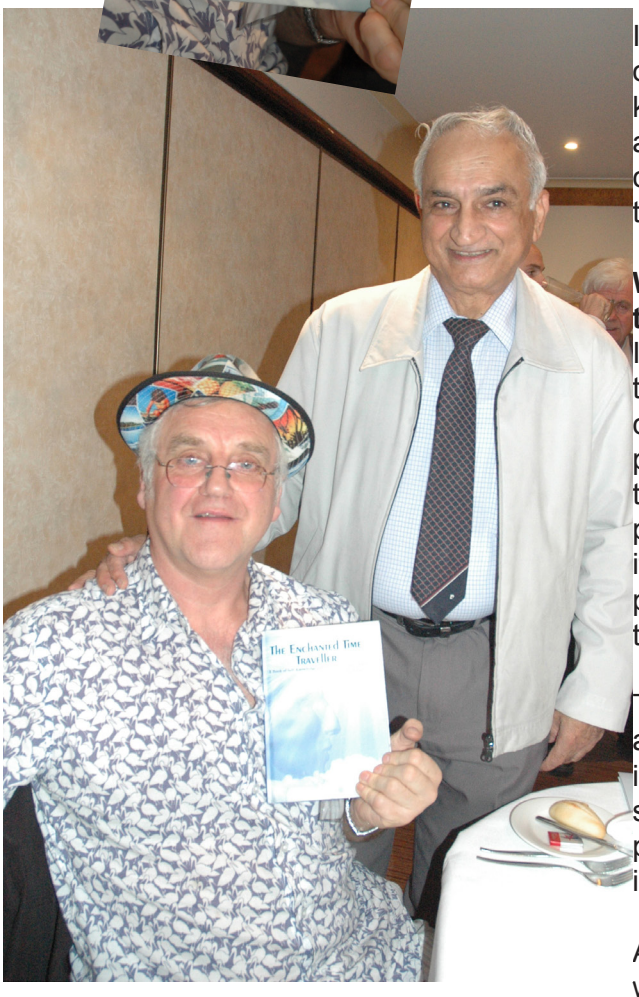
AUTHOR
Dr Mal Mohanlal

Dr Mal Mohanlal AUTHOR INTERVIEW by [LoveofBooksAustralia]

Understand why and how Dr Mal Mahonlal wrote the book The Enchanted Time Traveller. Dr. Mohanlal writes in a way that a wide variety of readers can clearly understand and relate to.

He does not elevate himself above his audience and delivers only reliable and useful information, making it clear that this book is not just another self-indulgent attempt to affirm and feed an author's ego, but that it is a perceptive and dynamic book that comes from a place of compassion and a desire to serve others.





Author Interview by Mal Mohanlal,

What is the book all about?
To me it is all about how we use our thinking process to travel in time and our thinking process is made up of words and processes.

If those words and sentences you use are negative you will feel negative. If those words and sentences you use in your mind are positive you will feel positive. It is all about ego and how we stimulate our subconscious mind and how we become happy or sad.

In my practice I meet patients with problems and I give them advice and they are quite happy to go on and solve the problems. They always tell me afterwards that I should write a book and I thought this was a good idea and this is how I managed to inspire myself to write the book.

Who is the target market for the book?
The target market is for all of us as we all are time travelers. We have hypnotised ourselves through our thinking process to travel in time.

Through those words and sentences we travel through the past, present and the future. That's how we create time. It is an artificial way of creating time. It is a timeless zone right now and we should be enjoying it.

I am normally a happy go lucky type person and I hate to sit down in one place for hours. When I am confronted with some problem then I am passionate about solving it.

In writing this book, it is a form of a passion. I have a certiain knowledge of the mind and I am passionate in wanting to communicate these views with the rest of the world.

What would you like readers to take from the book.
I would like readers to change their personalities, if they can. If they are miserable personalities then I want them to be happy go lucky personalities. They can do it by actually applying the principles I have mentioned in the book.

The first 50 pages in the book are essential reading because in those pages I reveal certain secrets of the mind, about perceptions, awareness and insights.

A person who has insight we can help them but a person without insight we can't help, as they will be depending on the medications we prescribe them.

This book is about straightening out your perceptions, helping you understand yourself and not taking life too seriously.

http://www.youtube.com/watch?v=b-l7p3JnLCg

EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL

Dr Donna O'Sullivan

Redcliffe Hospital "Upgrades For Kids"

It's always a pleasure to be the bearer of good news and it seems we have had many reasons to celebrate and commemorate at Redcliffe Hospital in recent times.

Our hospital is nearing its 52nd year of operation in July and as you might expect, many physical changes to the hospital's layout and structure have been wrought during that time – always placing the needs of our patients at the centre of all our decisions.

Redcliffe Hospital's recent 60,000th baby celebration has placed the spotlight on our younger patients, so I'm pleased to be able to tell you about a project we have been working on since early 2011.

Upgrading the Paediatric area of the facility has been an ongoing process, incorporating a new 6 bed short stay ward and undertaking internal works within the existing ward areas.

Those viewing the hospital from its exterior north face will have noticed the new, distinctive blue panelled construction on the third level – affectionately known as the "Rubik's Cube".

This is the exterior of the new 6 bed short stay ward which has now been completed.

Also completed on time and within budget, are the internal upgrade works, which was performed by our own Building, Engineering and Maintenance staff.

These changes include a new playroom and parent's area, plus a staff handover room.

Improvements were also made to the single patient rooms to provide clearer patient viewing windows.

We are also finalising details on creating a more child-friendly area within the Emergency Department.

The changes demonstrate two of our hospital's determining values we strive for daily:

- to create an environment and culture of safety for our patients, visitors and staff and
- planning and taking responsibility for what we do and how we do it.

Donna O'Sullivan
Executive Director
Redcliffe Hospital

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Dr Thomas Hess
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Dr Tanya Wood
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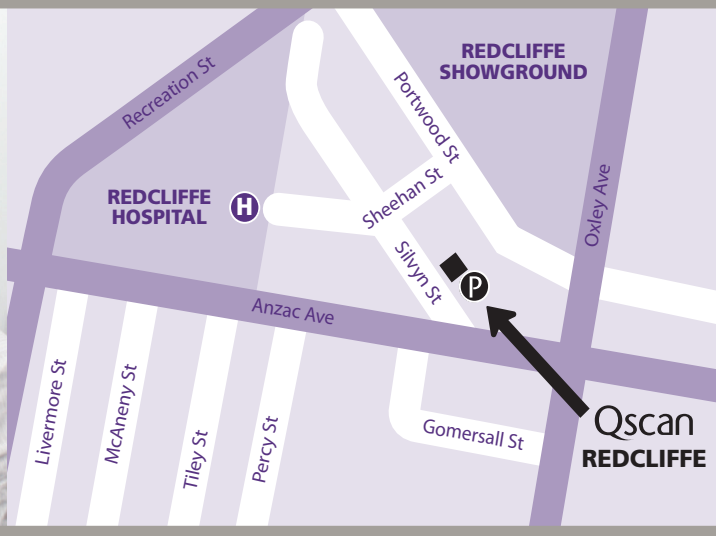

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Redcliffe Hospital

Redcliffe Hospital, Anzac Avenue, Redcliffe Q 4020

Our 60,000th Baby Arrives

The journey of Redcliffe Hospital from its early beginnings to the modern facility of today is one which is strongly rooted in the local community – and which began with the determination of the local people to establish better healthcare options for their region.

In the 1950s, the closest hospital option for pregnant mothers in our area was a long trip to the Royal Women's Hospital at Herston. Many a baby was delivered on the side of the highway, until the government of the day built a hospital for the Redcliffe community.

In its first year of operation in 1965, Redcliffe Hospital had recorded 463 births, and by 1978 this had grown to 1305 births per year. We are currently approaching 1700 births per year. What has changed dramatically is the length of time mothers stay in hospital.

A 5 to 10 day stay some years ago, is now a stay of between 6 hours post birth to 3 days. Mothers are supported post discharge by the Home Maternity Service and Child Health Services.

The 60,000th baby born at Redcliffe Hospital, little Katelyn Pavey of Bracken Ridge, was born in December 2011. A celebration at the hospital to mark the event was enjoyed by current and former nursing and medical staff and families.

Referrals

Patients are able to access antenatal and birthing services at Redcliffe Hospital with a letter of referral prepared by their GP. This can be done as soon as the pregnancy is known and will assist in hospital planning activities to better support the patient's needs.

The process of referral is the same as for any provate specialist referral. Simply address the referral to the private clinic including a named specialist.

If the patient has seen a specialist at the hospital previously, please ensure the specialist's details are included in the referral to avoid the patient seeing another specialist.

Referrals are valid for twelve months unless a shorter period is specified.

E-Referrals

Redcliffe Hospital is now able to receive E-Referrals. Auto-populating fields and drop-down menus make creating named referrals easy and convenient.

E-Referrals are transmitted directly to the hospital, reducing paper use and are saved directly into practice and hospital information systems.

Future enhancements will provide automated referral confirmation

Central Referrals Unit

PH: 3883 7100

FAX: 3883 7901

E Mail: redh_sopd@health.qld.gov.au

Or: http://www.gpqld.com.au/eHealth/eReferrals/#Templates

Ngarrama
Guardian Birth Spirit

Ngarrama Antenatal and Birthing Service

A new antenatal and birthing project for Aboriginal and Torres Strait Islander women was launched at Redcliffe Hospital on Harmony Day – 21 March. Ngarrama Service, now delivered across Metro North Health Service District, is aimed at addressing Indigenous perinatal morbidity rates in the district, which are three times higher for Indigenous women than for non-Indigenous women. Indigenous mothers are also twice as likely as non-Indigenous mothers to give birth to low birth weight babies.

Ngarrama is now the first port of call for all Aboriginal and Torres Strait Islander women planning on giving birth at Redcliffe Hospital, providing one on one childbirth education sessions in the home, access to midwives and health workers by text or mobile phone and a friendly, holistic midwifery model of care.

Ngarrama is also delivered at Caboolture Hospital, Kilcoy Hospital and the RBWH, as well as an intensive home visiting service.

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

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

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COAG REPORT CONFIRMS NO IMPROVEMENT IN PUBLIC HOSPITALS AND SHORTAGE OF HOSPITAL BEDS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA President, Dr Steve Hambleton, said today that the COAG Reform Council's latest report on the National Healthcare Agreement confirms the findings of the AMA's annual Public Hospital Report Cards – there are not enough hospital beds and there are too many patients languishing on waiting lists.

Dr Hambleton said that, on the basic measures, there has been no real change in the capacity of our hospitals to meet demand. "Despite an almost 10 per cent increase in recurrent expenditure on public hospitals, there has been no real change in the key performance measures," Dr Hambleton said.

"Doctors on the ground, working in public hospitals every hour of every day, know that there has been little change to relieve the stress on hospitals and the health professionals who work in them.

"There were 872 more public hospital beds than in the previous year, but the number of beds per 1,000 population did not change. This means the new beds merely kept pace with the population and did nothing to increase the capacity of the hospitals.

"This has a direct impact on elective surgery performance, which is not improving. This is not acceptable to the patients waiting long periods for treatment." Dr Hambleton said the situation is even worse when you consider the hidden waiting lists. "There are people who have been referred by their GP and waiting to see a public hospital specialist to be assessed for surgery who are not counted in the waiting list data. They only get counted after they see the specialist and get booked in for surgery.

"This is the sort of information that patients want and need to know. It is a real measure of the health system," Dr Hambleton said.

"The AMA recommends that, as well as measuring the hidden waiting lists, the COAG Reform Council should adopt the AMA's Bedwatch proposal to conduct a national stocktake of the actual numbers of beds needed in each hospital to provide safe care.

"Bedwatch would track existing beds, new beds and bed occupancy rates to ensure that bed occupancy rates in public hospitals meet the AMA's preferred level of 85 per cent bed occupancy," Dr Hambleton said.

The Reform Council Report highlights affordability as a reason for people delaying or not going to a GP. Dr Hambleton said this is not consistent with Medicare data that show 80 per cent of GP services are provided with no out-of-pocket costs for patients.

"Our hardworking GPs are bearing the financial burden of providing safe, high quality, affordable primary care to the Australian community," Dr Hambleton said.

14 June 2012

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

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REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

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

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

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

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CHANGES TO CLASSIFIEDS

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

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

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

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc.

ABN 88 637 858 491

NOTICE TO ALL NEW AND PAST MEMBERS

Membership Subscription due for the period: 1st July 2012 to 30th June 2013

Dear Doctor

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

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

Please can you endeavour to pay your subscription by internet banking as it is so much easier for all concerned as it saves you writing cheques and us having to bank them. You will receive your receipt by email if you supply your email address to me on **GJS2@Narangba-Medical.com.au.**

Yours sincerely

Dr Peter Stephenson
Treasurer

ABN 88 637 858 491

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