RDMA

REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter

MARCH 2014

Pine Rivers District History

European discovery

Under the leadership of John Oxley on 1 December 1823, a party navigated the North Pine River, landing at Oxley's Inlet commemorated by the John Oxley Reserve in Murrumba Downs. Oxley collected samples of Hoop Pines a year later during a second visit to the area where they grew prolifically. These pine logs were the first exports from the northern area of New South Wales later to become Queensland. In the 1840's the Pine River name for this area was in popular use. : Continued Page 20

Pine Rivers District

See Pine Rivers District History in our historical article in our regular Where We Live And Work segments page 20.

President's Message . Dr KIMBERLEY BONDESON

Public Hospital Doctors Contract Crisis continues.

The Premier, Campbell Newman, has told parliament "If people do choose to resign, we will have in place arrangements to replace those people and if we have to replace people from interstate or overseas... we shall do that."

The government hopes to force signatures on the new contracts by April 30th, 2014.

More than 1200 specialists unanimously voted on Wednesday 19th April, 2014 at a meeting between the state government and doctors to reject an 11th hour compromise. The meeting was held at the Pineapple Hotel.

One has to wonder exactly what the government plans – to destroy the public health system, cut the number of employed hospital doctors, destroy the training of future doctors and thereby seriously disadvantaging the public patients. They certainly are going about it in their present manner. Even the Assistant Health Minister, Dr Chris Davis, - former director of geriatric medicine at Brisbane's Prince Charles Hospital, has questioned the LNP publically over the new contracts and he was given a standing ovation for his speech at the recent "Pineapple Meeting" in Brisbane.

He stated that in his opinion, contracts should not proceed without transparent evidence of proposed efficacy and the due diligence. Dr Davis, who lost his stepdaughter, a medical student in a car crash over the weekend, also stated that "One should take extraordinary care when introducing organisational change that can affect thousands of employees and the untold numbers of patients who rely on them".

Our condolences to Dr Davis and his family for their loss.

Lets hope that the government listens to its own advisors, and the thousands of queensland doctors who are being affected.

It would appear that there is a large degree of bullying by the government to the doctors to try and force them to sign the contracts.

Private Health Insurance Companies

There is further speculation that two of the biggest insurance – NIB and Medibank Private – have put forth their interest in rewarding doctors "to keep their members out of hospitals" or even "handing GP lump capitation payments to manage the ongoing care of high risk patients".

This speculation is also concerning as it suggests that the Federal Government is looking at "easing legislative restrictions on private health insurance directly funding GP's". Any reforms would require legislative changes to end the ban on private health insurers funding out-of-hospital medical services covered by medicare.

This of course, is in light of Peter Duttons reply to my letter last month, concerning the "copayment "trial" by Medibank Private to Corporate GP's" as being considered not to be contravening the current legislative restrictions.

Looks like the government is doing exactly what it wants and turning a 'blind eye' when it suits them.

Kimberley Bondeson,

RDMA Welcomes A Message From Dr BOB BROWN,

President Northside Local Medical Association

"Enticement for Young Members" Cont Page 3

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

2014 MEETING DATE CLAIMERS:

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

CPD POINTS & ATTENDANCE CERTIFICATE AVAILABLE

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

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

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MARCH NEWSLETTER 2014

The 16th April 2014 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com

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

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NORTHSIDE LOCAL MEDICAL ASSOC PRESIDENT
Dr ROBERT (BOB) BROWN

"Enticement for Young Members"

I have been trying to write some copy for the soon to be updated website for the Northside Local Medical Association and I am having some difficulty in understanding just what may encourage younger doctors to consider joining our LMA.

This from a doctor who this year celebrates forty years since graduation! So here goes.

I joined the Redcliffe and District LMA around 1982. I had been a solo GP for 2 years and my reasons for joining Redcliffe were relevant to where I saw myself professionally at the time. At that time, there was no LMA in North Brisbane and a good number of doctors from this large area were crossing the old Hornibrook Highway for much the same reason as I did.

I felt isolated from my peers and colleagues. Some years later, Dr John Herron addressed our RDMA annual conference at Kingfisher Resort. In his keynote speech, he said the he believed that the most isolated medical practitioner in Australia was the solo urban GP. At the time, I also believed that to be true. That, despite the obvious tyranny of distance affecting the solo GP in far-flung towns in Australia. But, of course, he was talking about the professional isolation of many urban GPs at the time.

Now of course, there are not so many solo GPs, including me. Twenty years was long enough for me!

So many things have changed over the years, and in my various positions in the AMA, I was at the sharp end. Not least in the nearly 15 years that I spent in the AMA Council of General Practice, many involved in negotiations to improve GP financing. In fact, I was privileged to be involved. I got to meet a large number of doctors from all over Australia, rural and urban.

The one thing that has not changed for us doctors, GP and Specialist, is that Medicine is so much better and fun to practice if you share yourself with your medical colleagues. My first contact with an LMA was fun indeed. I got to meet hospital doctors, private Specialists and fellow GPs whom I knew of, or with whom I had exchanged letters and phone calls.

I still enjoy my involvement in the Northside LMA as well as our recent close co-operation with RDMA. I look forward to meeting old friends and colleagues but particularly I enjoy meeting new (to me) medical practitioners.

Sometimes, it just takes some time to take stock of where we are as a person or as a doctor.

Dr Bob Brown

Presidents Report – NLMA

ENT SPECIALISTS GP EDUCATION DAY

Presenters

Dr David McIntosh Paediatric ENT Specialist

Dr Daniel Timperley Rhinology and reconstructive nasal surgery specialist

Dr Theo Athanasiadis Laryngology and sleep apnoea specialist

Dr Sharad Chawla Specialist Otologist

Please join us for a day of education on modern ENT management

Date: Saturday 29 March 2014

Time: 9am-5pm, breaking for lunch which will be provided as part of the meeting

Venue: Mantra Hotel, Mooloolaba, Sunshine Coast

Cost: FREE for all RSVPs received by March 25

There will also be a general question and answer session where you can ask about any ENT topic of interest to engage in a group discussion.

To RSVP your attendance, please email us your name and best contact number to the following:

entevents@outlook.com

www.redcliffedoctorsmedicalassociation.org

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

Meeting President:

Dr Robert (Bob) Brown

Website and Link:

Northside Local Medical Association Website

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

Meeting Times: 6.45 pm for 7.15 pm

2014 Dates:

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

Meeting Treasurer:

Dr Graham McNally

Contact Details;

Phone: (07) 3265 3111

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

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr Christian Rowan

New Obesity & Synthetic Drug Campaigns for 2014

A new year sees some challenges but also some great opportunities to make an impact on Queenslanders' health for the better.

Pharmacists and flu vaccines
Our GP and primary care members are facing their own challenges with the recent approval of a trial allowing pharmacists to provide in-store flu vaccinations from 1 April 2014.

The Government claims the convenience of this scheme will encourage a higher rate of immunisation across the community. While we strongly support efforts to boost immunisation, AMA Queensland opposes this scheme as only suitably qualified GPs should be administering vaccines that potentially carry serious health risks for patients.

Medicare Locals
Another issue for primary care is the review of Medicare Locals, announced by the Federal Government late in 2013.

AMA Queensland contributed to the AMA submission which called for a network of PHCOs that are:

- GP-led and locally responsive;
- focused on supporting GPs in caring for patients, working collaboratively with other health care professionals;
- not overburdened by excessive paperwork and policy prescription;
- focused on addressing service gaps, not replicating existing services;
- and better aligned with Local Hospital Networks, with a strong emphasis on improving the primary care/hospital interface.

We will continue to monitor the progress of the review which is being led by Australia's former Chief Medical Officer Prof John Horvath AO. We welcome any feedback or comments from members on the review of Medicare Locals or AMA's submission (which can be viewed in full at ama.com.au).

Synthetic drugs campaign
As an addiction medicine specialist, I was very pleased to take part in a campaign recently with the Queensland Police Service's Crime Stopper unit highlighting the dangers of new synthetic drugs.

The campaign New Synthetic Drugs: Real Damage, aims to inform Queenslanders of the damaging effects new synthetic drugs are having on the community.

At the campaign launch on 17 February, Queensland Police Commissioner Ian Stewart explained that the introduction of new state laws last year mean Queenslanders caught taking or trafficking new synthetic drugs will face serious legal consequences.

The Drugs Misuse Act 1986 now includes 35 synthetic drugs classified as 'dangerous drugs', meaning the possession, trafficking or sale of new synthetic drugs in Queensland will be treated under the same laws as other illicit drugs.

The campaign features a series of short video messages outlining the key medical and legal consequences of using synthetic drugs can now be downloaded and viewed via You Tube. This collaboration was a great opportunity to raise awareness of a devastating but rarely discussed problem within our community.

Dr Christian Rowan, AMAQ President

RDMA February Meeting 25.02.2014

Chair President Dr Kimberley Bondeson, Speaker 1: Tiki Osianlis – Scientific Director Topic: An Insight into IVF, a laboratory perspective Speaker 2: Dr John Chenoweth Topic: The changing face of IVF - New Pre-Implantation genetic diagnosis techniques Sponsor Monash IVF

NEW MEMBER: Chris Weekes

SPEAKERS: John Chenoweth & Tiki Osianlis

NEW MEMBER: Graham Hay Smith with Bernard Chan

NEW MEMBER: Tivita Rad

NEW MEMBER: Kerri Barnes

Tiki Osianlis, Libby Allen, Sam Taylor & Sahli McBride

Sean Hull, Amit Sidana, Tivita Rad, Graham Hay Smith.MB Radiology

NEW MEMBER: Donna Challinor

NEW MEMBER: Arte & Raahul Vaid with Pravin Kasan

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: Wednesday 26th March

Time: 7 for 7.30pm

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

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

Agenda:

7.00pm	Arrival and Registration
7.30pm	Be seated - Entrée served Welcome by Dr Kimberley Bondeson - President RDMA Inc.
7.35pm	Sponsor: Bayer Pharmaceuticals
7.40pm	Speaker: Dr Patrick Carroll Topic: The New Oral Anticoagulants-Your questions answered.
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 21st March 2014

AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

AN ALCOHOL SUMMIT?

Alcohol and its impact on society and medical practice have been getting increased publicity lately. And as far as I can tell, this is not the customary seasonal spotlight that shines on alcohol and driving over the Christmas season. The NSW government has taken an initiative over the past six months or so to curb alcohol-related violence. The Queensland Opposition (Courier-Mail 21st Jan) has followed up with a call for similar measures to apply in Queensland. And now the AMA, prompted by calls from its emergency physician members, has raised a demand for another alcohol summit. Overseas, Canada has publicly raised the debate for a zero-alcohol tolerance in drivers, citing evidence that there is no safe level for drink driving.

Doctors might be fond of our reds, and cardiologists love the protective effects of small doses of alcohol, but we also recognize only too clearly the medical sequelae of excess drinking. We have determined that "safe" drinking is two standard drinks per day for men and something less than that for women. That is for the medical consequences of alcohol such as liver disease. But the real dangers of alcohol lie in excess drinking, which is culturally ingrained into Australian society. We see short term physical problems such as violence and accidents (not only motor vehicle accidents). We see long-term issues such as social dysfunction, unemployment and homelessness.

The time might be right for another national conversation. That might take the form of a summit, but please don't let it turn into a gabfest without outcomes. It might produce legislation that curbs individual freedoms, and that will spark a civil-libertarian debate in itself. Ultimately we are looking at a need for cultural change, a generational and seismic change that won't occur in my lifetime. We will have once again the debate about how much the government should intrude into peoples' lives. But there should be no debate about the fact that the medical profession should be taking a lead in advising the community about a near and present social disaster.

PHARMACY FLU VACCINES.
The conflict between pharmacies and GP's about who is going to give flu vaccines has reared its annual head.
(i) There is considerable truth to pharmacists' assertions that GP's do not have enough available appointments to meet the brief seasonal demand for flu vaccination. We GP's have to re-examine our appointment schedules, at least for the month or so of the vaccination season.

(ii) Doctors claim that only medical centres should administer vaccines, for reasons of safety. In fact, significant influenza vaccine reactions are rare, so we must admit this argument has only relative value. The chance of a material adverse event requiring medical intervention is tiny. That disquiet does not apply to vaccinations other than the relatively innocuous flu vaccine. Other vaccines are not as forgiving.

(iii) I am troubled by the possibility that, if doctors allow pharmacies to administer flu vaccines because of their good safety record, that will open the door for pharmacies to seek to administer a much wider range of not-so-innocuous vaccines.

(iv) Doctors are always troubled by fragmented care and fragmented records. Vaccines administered outside our own clinics are rarely recorded on our own records. But then we encounter the same problem with employer-sponsored vaccination programmes (including most hospitals). The PCEHR will partly solve this dilemma – but only if every health provider contributes to the record.

(v) We are unhappy that the person administering the vaccines may not be as well qualified as the vaccine nurses in our own practices. Before we argue this too strongly, we need to examine our own houses. Are our practice nurses as well qualified and experienced as we claim? In most cases, because we are administering childhood vaccines year-round, this is a pretty safe assertion.

(vi) Deep down, my own strongest personal objection is the issue that the person prescribing the vaccine is effectively the same person as is obtaining a financial benefit from dispensing the vaccine. The potential financial conflict is, in reality, the real reason why most pharmacies do want to run their own vaccination clinics.

(vii) And an extension of that concern is the progressive encroachment of pharmacies into areas of practice traditionally the domain of the family GP. I shudder at the advice from some of their diabetes "specialists" and their

AN ALCOHOL SUMMIT continued

ultrasonographic diagnoses of osteoporosis borders on criminal negligence.

At the end of the day, permitting pharmacy vaccination clinics is likely to increase the overall rate of immunization and increase herd immunity, so there is good reason for doctors to enter into meaningful dialogue with pharmacy about a mutually agreeable compromise. This is the decade of team care, and pharmacists are legitimate aspirants to be part of the team, a role that they have been unenthusiastic about embracing. But I still do not see a genuine need for pharmacies to embark on what is for them a risky strategy when most of them operate within direct sight of the nearest GP.

GP CO-PAYMENTS.
Is this a real debate, or was it a political strategy to keep boats off the front pages? If the latter, it didn't really succeed, did it?

If it is a real debate, what is it really all about?

On the one hand, the government's pot of gold for health is limited, so the medical profession must be prepared to examine any alternative ways of getting more dollars into the system. Co-payments, whether paid directly by the patient or indirectly by the patient through their insurance premiums, are a way of attracting more non-government dollars into our own pockets (yes, I know, "government dollars" is the same as taxpayer dollars and more or less the same as patients' dollars, but we're looking at varying pathways, not varying the ultimate source of the cash).

We all like the idea of sending a price signal to our patients to make them think twice about whether the consultation is really necessary. It won't make any difference to our end-of-year vacation funding, but it will make a difference to our appointment schedules. Or will it? In the brief experiment with co-payments in the 1980's, the trend was starting to show that the price signal was not going to reduce the number of consultations.

What a price signal will do is to create a barrier for the genuinely disadvantaged. Non-bulk-billing practices will confirm that our average pensioner actually takes some pride in the fact that they are contributing to the cost of seeing their doctor, an experience that was also voiced during the 1980's experiment. But of the 80% of patients who are currently bulk-billed, none of us needs to look too far to find at least a few, and probably a majority, for whom $6 would become an impenetrable barrier. And we fear that it would be mostly the children that we would see less frequently. GP's would retain the discretion about individual billing, but we cannot run a charity service indefinitely.

A complication is whether the Medibank Private agreement with IPN comprises a co-payment. I'll argue all day that it does. I at least wouldn't like to be defending the GP who wants me to argue otherwise in the High Court. The complication isn't so much over the question of whether private insurers should be paying a co-payment on behalf of their clients. The complication is that, historically, insurers have never resisted the temptation of intervening in patient care. Insurer involvement is inevitably a fast-track to managed care and economic rationing. Insurers should only be allowed into this game if the rules forbid them from ever becoming involved in clinical decision-making.

And the cost of GP consultations represents a small percentage of the national health bill. GP's are the reason why Australia enjoys the second-highest life expectancy in the world. The high end of health costs is in hospitals, and in high-tech medicine which adds regrettably little to the average life expectancy of the population. Are we barking up the wrong tree altogether?

Wayne HERDY,
North Coast Branch Councillor, AMAQ.

Reminder:
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1
January
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AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
Dr KIMBERLEY BONDESON

HOSPITAL DOCTORS CONTRACT DISPUTE

The Hospital Doctors Contract Dispute is continuing, with threats by senior hospital doctors to resign en mass, and several senior doctors already doing so.

The AMA and AMAQ are doing their best to stand up for the hospital doctors, and to resolve the dispute. However, it certainly appears that the Government and the hospitals are trying to "bully" the doctors into signing the contracts.

We have also become aware of episodes of "Institutional bullying of doctors, which pre-date the Contract Dispute.

I am personally aware of a situation where a hospital bullied a doctor by reporting them to the CJC, on nonsense charges, investigated the doctor and agreed that the doctor had indeed committed some offence. The legal advice received at that time by the doctor was that if the doctor resigned from the hospital, all charges would be dropped. The doctor subsequently resigned and left the hospital.

The hospital paperwork involved in the report to the CJC was quite incredible – in fact, it more or less grew and grew, with assumptions and accusation here, there and everywhere, based on heresay and "rostering evidence?".

The issue of institutional bullying of doctors is not a new one, as I am sure many of you are aware, and at some stage may have experienced it in some form or another.

Kimberley Bondeson,

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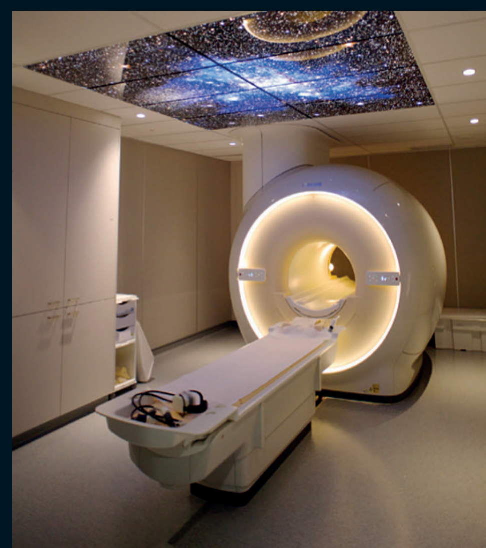

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Cash Out and Re-contribution Strategy in Superannuation.

This strategy is all about increasing the tax free portion of a member's superannuation balance. Depending on the member's circumstances and if a member meets the condition of release (eg permanent retirement after attaining preservation age) they withdraw a lump sum. They then redirect it back into their super account as a non-concessional component (tax free component). The purpose is to replace the funds from a taxable component to a tax free component.

There are two main benefits of the cash-out and re-contribution strategy:

1. Increase estate planning benefits by maximising the tax free component of a member's superannuation benefits. This results in a significant tax saving for members whose superannuation death benefit will be paid to non-dependant (adult children) for tax purposes.
2. Minimise tax payable on super pension payments for members under age 60. Members who commence an income stream prior to age 60 will have the taxable component of the pension payment taxed at their marginal tax rate (generally with a 15% tax offset applying). In contrast, any tax free component of the pension payment will be received tax free. The re-contribution strategy reduces any tax payable by increasing the tax-free proportion of the income stream.

The best time to carry out this strategy is immediately before an income stream pension is commenced. This is because the tax free and taxable components are fixed at the start. So if an income stream is commenced with 100% tax free components then all future pension payments, lump sum withdrawals and the death benefit paid from the income stream will also be 100% tax free.

This death benefits tax strategy is best explained in an example: John is 60 and has permanently retired. He has $400K in superannuation benefits (100% taxable) in accumulation phase which he intends to use to commence an account based pension (ABP). He is widowed and has an adult non-dependent daughter to whom he intends to leave all of his superannuation in the event of his death. Assume John dies 10 years later, leaving behind an ABP valued at $500,000. The table below shows the benefit to John's daughter had he cashed out and re-contributed his entire $400,000 super balance immediately before commencing his ABP.

CASHOUT RE-CONTRIBUTION VS NO CASHOUT RE-CONTRIBUTION

	No cash out re-contribution	**Cash out re-contribution**
Gross death benefit	$500,000	$500,000
Taxable component	$500,000	Nil
Tax free component	Nil	$500,000
Death benefit tax @ 16.5% includes Medicare levy	$82,500	Nil
Net death benefit to daughter	$427,500	$500,000

Assumption: the super fund does not pay anti-detriment payment and John has not used any of his non-concessional cap or triggered the bring forward provision in the year he commences the pension. (Source: FirstTech Strategic Update Feb 14). In this case study, by implementing the cash out and re contribution strategy John's daughter is able to save $82,500 of death benefit tax on his ABP when it's paid to his daughter.

Of course no situation is the same and by structuring your superannuation in the most tax effective way will save you and your family tax in the future. It is always best to get some good advice to see if this strategy applies to your personal circumstances.

Good investing

Kirk Jarrott - Partner

Telephone me on 07 54379900 if you would like to discuss.

The cash out and re-contribution strategy is a common strategy used to increase the tax-free component of a superannuation interest in order to minimise death benefits tax when paid to a non-dependant (eg independent adult child). In this article we will look at the cash-out and re-contribution strategy in detail, including what to be mindful of when implementing it, and how it interacts with the anti-detriment payment.

One of the advantages of investing in superannuation is that it may offer protection from creditors in the event of bankruptcy. This protection is particularly important for small business owners or clients in high risk professions. In some situations superannuation is not protected. If your client is facing bankruptcy, it is important to consider the bankruptcy trustee's powers to recover superannuation contributions made prior to bankruptcy. It is also important to consider the impact of commencing an income stream on the bankruptcy trustee's access to super benefits.

MEDICAL MOTORING

with Doctor Clive Fraser

Safe motoring,

doctorclivefraser@hotmail.com.

Mitsubishi Mirage ES "It's a mirage!"

Chinese-made cars have been on Australia's roads since 2009. Their only selling point is that they are cheap to buy, but that does not mean that they are good value. We have all heard stories of how Chinese manufacturing will keep bringing prices down and we have all seen over the last few months how un-competetive Australian car manufacturing has been driven into the ground.

It is entirely logical to believe that cars will always be more cheaply made overseas in countries where there is no annual leave, no superannuation, no worker's compensation and where wages are low.
When Australian workers' conditions drift downwards to be similar to those in China we'll then be able to compete with the Chinese on price. Will Australian workers be happy to give up their hard fought conditions? I think not. But Campbell Newman is testing the water in Queensland where he's asking 3,500 senior medical officers to sign contracts which are simply unfair.

Doctors in Queensland, most of whom have been very devoted to the public system throughout their careers, face a very uncertain future. The contracts provide no protection for unfair dismissal and can be changed by Queensland Health any time after being signed by the doctor. Signing a contract with Queensland Health is like signing a blank cheque. Whilst public hospital doctors have been told that they can trust the government "to do the right thing", experience in Queensland suggests otherwise. And in a State with no Upper House, no proportional representation and only one major newspaper (controlled by an American), Queenslanders will always have to fight for fairness.

My own recent experience with Queensland Health may serve as a warning of what lies ahead. I have worked for Queensland Health ever since graduating, 32 years ago. I have been a loyal employee. I have always put the patients' interests first. I have always enjoyed teaching and the collegiate atmosphere of the public hospital. I also have a busy private practice. Suffice to say that in September 2013 I was given three hours notice of a meeting where my "position" was going to be "discussed".

When I complained that three hours was not enough notice I was really left with no option other than to go to the meeting where I was told that my VMO position had been "abolished". I had worked as a VMO at the local public hospital for 24 years. I was told that I had three options.
The first one was to seek a transfer, but there were no other VMO positions to transfer to.

The second option was that I could appeal against the decision to abolish my position in which case I would be given three months notice in writing and my employment would be terminated anyway.

The final option was to accept a redundancy package. And if I decided to accept redundancy I would also have to waive my rights to receive 14 days written notice of the offer and I would have to sign all the paperwork sometime in the next 24 hours. It all seemed very hasty and disorganized, but most of all it seemed very un-fair.

On my first day of absence, the patients arrived, but no doctor was rostered to be at my clinic. Just as well that it was an ECT Clinic, and not brain surgery. This is the sort of experience that I think my public hospital SMO colleagues can expect if and when their conditions of employment change.

Just like there are more people who believe in God and attend Church after experiencing an earthquake, there will be many more doctors who will become AMA members simply because collective negotiation is really the only thing which gives workers any hope of being represented.

So I have been waiting for quite a while for Chinese cars to flood the Australian market. It does not seem to have happened, though there are plenty of cars coming to Australia that are made in Thailand, Malaysia and South Africa. Without import tariffs on cars we were all given the prospect that you might be able to buy a car in Australia for under $10,000 on the road. Whilst cars have never been cheaper I have struggled to find that deal. That was until two weeks ago when I saw that you could buy a brand new Mitsubishi Mirage ES Manual for $9,990 on the road drive-away.

A colleague had just bought an automatic Mirage LS for $14,200 including on-road costs, but his car was an automatic and had additional features such as a Sports Kit, 15 inch **Continued Page 15**

'All quiet' after Johns fails to prove swipe at Redcliffe doctors

A SWIFT response by Redcliffe and Districts Local Medical Association has defused an attempted attack on the medical profession by federal politician Gary Johns.

Mr Johns, the member for Petrie, has backed down from claims of a dissident group of doctors attempting to mislead the public and using scare tactics.

In a release sent to local newspapers, Mr Johns claimed the originators of a poster should be reprimanded for using general practitioners surgeries as a vehicle for the alleged "misrepresentation."

But past president, Dr David Brand, acting as spokesman for the LMA in the absence of president, Dr Bob Brown, shot the accusation down in flames when he reminded Mr Johns the poster was an initiative of the State AMA.

In a response media release, Dr Brand accused Mr Johns of using deliberate untruths and trying to stifle public debate on the National Health Strategy being supported by his own Health Minister.

He said he was stunned at the 'naive and uninformed' claims attributed to Mr Johns - a line which was used in headlines by local newspapers.

Dr Brand said the circular which had upset Mr Johns had been written and authorised by the Queensland AMA as a direct response to its own study of the National Health Strategy discussion papers.

"The Health Minister (Mr Howe) has asked for public discussion on the recommendations and in a letter to the State AMA, he even conceded they were the government blueprint for the future of general practice in Australia," Dr Brand said.

"Mr Johns is Mr Howe's Parliamentary Secretary but he obviously has not been told what the Minister is doing with this matter or he is trying to stop the public becoming aware of what is contained in the papers.

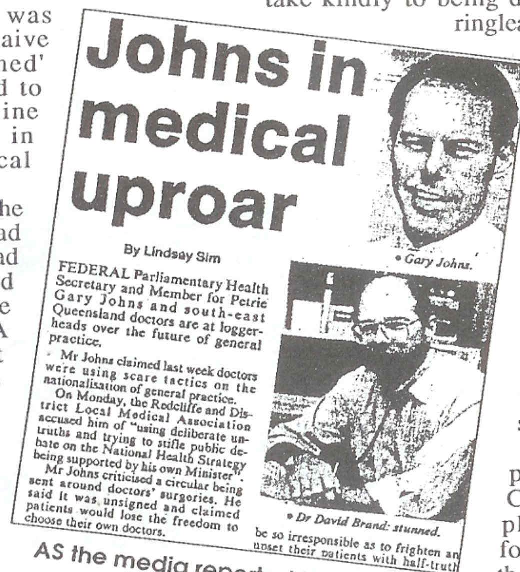
"The LMA suggests that the public be allowed to make up their own minds on this issue by getting a copy of the papers and analysing the recommendations.

"They will find that Mr Johns has been deliberately misleading by saying that the Royal College of General Practitioners and the AMA were involved in the discussions headed by Ms Jenny Macklin.

"At no time was either group directly involved although they did attempt to make written submissions, but Ms Macklin and her committee insisted that they would accept only solicited submissions.

"There were no practicing general practitioners on the committee and the medically qualified committee members had only tenuous links with day-to-day medicine.

"The State AMA certainly does not take kindly to being described as the ringleaders of a dissident group and doctors who display the poster are exercising their democratic right to generate public awareness and debate on a matter that affects the whole community," Dr Brand said.



Johns in medical uproar

By Lindsay Sim

FEDERAL Parliamentary Health Secretary and Member for Petrie Gary Johns and south-east Queensland doctors are at loggerheads over the future of general practice.

Mr Johns claimed last week doctors were using scare tactics on the nationalisation of general practice.

On Monday, the Redcliffe and District Local Medical Association accused him of "using deliberate untruths and trying to stifle public debate on the National Health Strategy being supported by his own Minister".

Mr Johns criticised a circular being sent around doctors' surgeries. He said it was unsigned and claimed patients would lose the freedom to choose their own doctors.

• Gary Johns.

• Dr David Brand: stunned.

be so irresponsible as to frighten an[d] unset their patients with half-truth[s]

AS the media reported the dispute

The release provided the Canberra telephone numbers for any member of the public wishing to obtain copies of the Strategy Papers but they were not published by the newspapers.

Since the initial outburst, Mr Johns has been totally silent on the subject, prompting suggestions by the LMA executive that he is licking his wounds.

EXECUTIVE MESSAGE

By Dr ROBERT BROWN
President

IT would be quite easy to despair over the apathy and ignorance of the medical profession.

This has never been more evident than in the past four weeks, since the last *Redama Report* hit the practice desks.

We have, beyond doubt, the greatest crisis facing us, since the poorly understood and "oh, so easy" changes to health funding by the Gorton government.

But what has happened to our side?

• A meeting held at Redcliffe (at night) by the Sunshine Coast Regional Health Authority, calling for expressions of interest and submissions by those interested in the "supply side" of health on the peninsula, was not attended by any private medical practitioners, according to the RHA director, Dr John Menzies.

• On the broader front, the State branch of the RACGP, which has manfully supported a joint initiative with the AMA in response to the GP crisis, has been censured by the national body of the RACGP for perceived outspokenness, as we understand.

The AMA nationally, has lot its way, by indulging in internecine argument. What a great present to Mr Howe.

• The specialist colleges, and their members, have, to all intents and purposes, shrugged their collective shoulders, yawned, and gone their own way, leaving General Practice to its own fate.

What are the results of this collective stupidity?

The major hurdle must now be that the Government and our patients must see that this well remunerated and intelligent profession is an opinionated, selfish and lazy group of "layabouts" with a "crying need for regulation and restructure."

The result of these changes?

A highly regulated, government controlled health system with the well-recognised mediocrity of government institutions.

In other words, a third world health system.

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Inala	07 3278 9644	Southport	07 5680 0060
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We are a three doctor, fully computerised, non-bulk-billing practice established since 1986 in an outer, semi-rural northern suburb of Brisbane. The ideal candidate would be of an age where taking over the whole practice eventually would be a distinct possibility.

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

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

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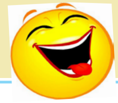

ZEN Teachings

1. Do not walk behind me, for I may not lead. Do not walk ahead of me, for I may not follow. Do not walk beside me for the path is narrow. In fact, just disappear and leave me alone.
2. Sex is like air. It's not that important unless you aren't getting any.
3. Always remember you're unique. Just like everyone else.
4. Never test the depth of the water with both feet.
5. If you think nobody cares whether you're alive or dead, try missing a couple of mortgage payments.
6. Before you criticize someone, you should walk a mile in their shoes. That way, when you criticize them, you're a mile away and you have their shoes.
7. If at first you don't succeed, skydiving is not for you.
8. Give a man a fish and he will eat for a day. Teach him how to fish, and he will sit in a boat and drink beer all day.
9. If you lend someone $20 and never see that person again, it was probably well worth it.
10. If you tell the truth, you don't have to remember anything.
11. Some days you are the dog, some days you are the tree.
12. Good judgment comes from bad experience ... and most of that comes from bad judgment.

13. A closed mouth gathers no foot.
14. There are many arguments for reasoning with women. None of them work.
15. Generally speaking, you aren't learning much when your lips are moving.
16. Experience is something you don't get until just after you need it.
17. Never, under any circumstances, take a sleeping pill and a laxative on the same night.

alloy wheels, climate-control air-conditioning and automatic headlamps and wipers. Either way all Mitsubishi Mirage's come with 5 doors, 5 seats, 5 years roadside assistance and a 5 year warranty.

I rang him to tell him that I finally found a new car for sale in Australia for under $10,000 on the road. I was excited. It was almost like the day I graduated. He was disbelieving. He said to me, "Are you sure that's the right price?" I said, "It's there in black and white, it's right in front of me, it's $9,990 drive-away". It was then that I realised that I had failed to read the fine print.

Whilst the car was "brand-new" there was a note next to the picture of the car that said there was "slight hail damage". This note was not actually in fine print and I could never complain about the advertisement being misleading. I had just seen the price and forgotten to look at the rest of the page.

I think there is a lesson in this for all the doctors who are being asked to sign the Queensland Health contracts. There will always be a catch and one should not trade off hard-earned employee entitlements simply because the government has such a large majority and believes that it can bully its workers into submission.

2014 Mitsubishi Mirage ES
For: Economical, lots of fruit, good value, NRMA "2013 - Cheapest car to own and run".
Against: Plenty of great second-hand cars for the same money.
This car would suit: Medical students.
Specifications:
- 1.2 litre 3 cylinder petrol
- 57 kW power @ 6,000 rpm
- 100 Nm torque @ 4,000 rpm
- 5 speed manual
- 4.6 l/100 km combined
- $12,990 drive-away (without dents)

Fast facts:
The Mitsubishi Mirage is built at Laem Chebang (25 kilometres north of Pattaya) in Thailand.

PS there is of course one Chinese-made car for $9,990 drive-away.

It's the Chery J1. Whilst it does have four cylinders it prefers PULP and uses 46% more fuel than the Mirage.

It's also heavier, slower and less safe (only 3 stars on ANCAP) than its competitor.

For my money the Mitsubishi Mirage is better value, even with the dents!

Safe motoring,
Doctor Clive Fraser
Email: doctorclivefraser@hotmail.comr

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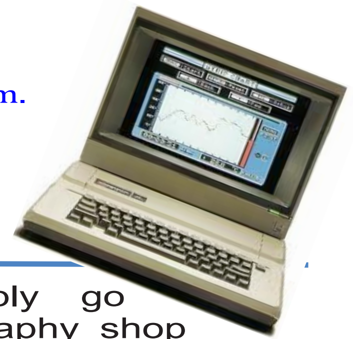
with Doctor Daniel Mehanna



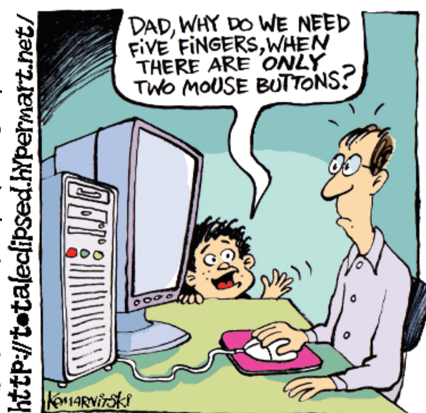
“The Pace of Progress”

Several days ago, in a casual conversation with my dad I made the offhand comment that it will be strange that Thomas (my son) will grow up not knowing what life would be like without the internet.

Although just three years of age, he is already a relative whizz at all thinks electronic. Give him an iphone or my android phone and he can navigate it with ease. Not just choosing games or apps but also going through the sub menus to change such settings as sound and screen brightness. All this and he can’t yet even read! Even at games (I am ashamed to admit) he now can put me to shame (Temple Run 2 being his current favourite!). But all this is not unusual at all. From what I have observed Thomas is more the rule than the exception (many parents I speak to are amazed at just how adept their children are with gadgets). He even has his own ipad and his own TV remote control!

> Technological progress has merely provided us with more efficient means for going backwards.
>
> *Aldous Huxley*
>
> meetville.com

This is in stark contrast to our generation. As children and even as young adults we had relatively little. No fancy phones, high definition TVs, internet, movie cameras, TV remote controls or indeed digital photography!. Who of us can still remember going to the local photography shop to get our camera films developed?. After taking our 36 pictures, we would unquestionably go to the local photography shop where we would drop off our film roll. A week later we would return with fingered crossed to pick up our pictures hoping at least some of them came out OK. How primitive! Our children would probably not believe us when we tell them in many years to come that we did things that way!



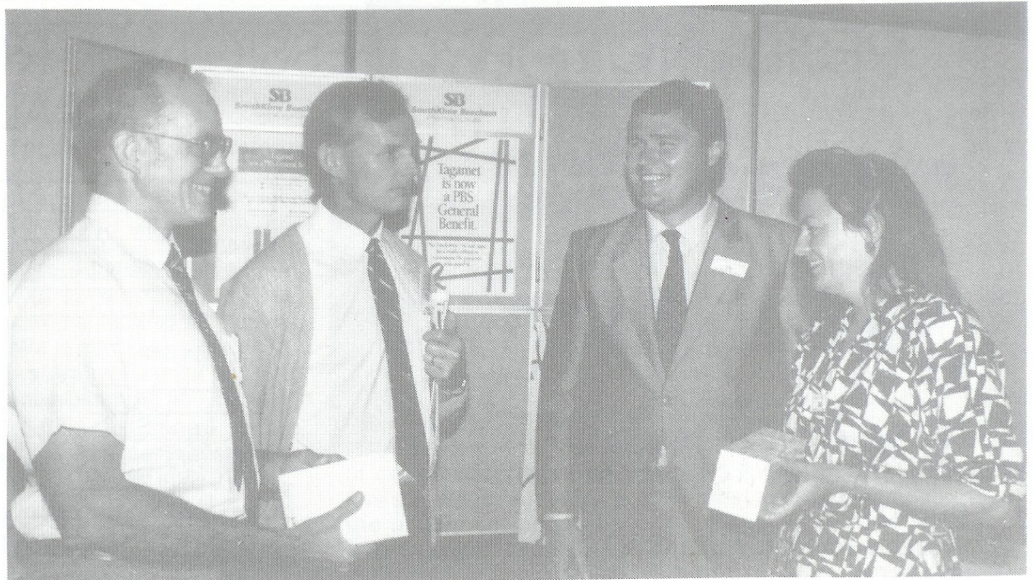
But am I being too harsh in mocking how things “used to be”? Am I making too much of a generalisation by saying that things were primitive back then but somehow not now? Is it really as simple as that?

Well, maybe not, as my dad commented. Sure we have more advanced “technology” now but there was still “technology” back then. You see, technological advancement if a gradual process and our place in it is but a snapshot of a long continual process evolving over time. Just as we may chuckle in disbelief at the apparent lack of the internet and the like of yesteryear our children will no doubt take delight in teasing us about our primitive “technology” we have today.

"How come you have given me only a name but no password?"

It is perhaps human nature to naively believe that what we currently have is the “be all and end all” but next time you think how primitive things used to be 30 years ago, spare a thought for what our children and grandchildren will be saying about us in many years to come.

Speaker helps overcome political indigestion



PICTURE shows the SKB representatives Lindsay McQueen and Debbie Waddell (right) discussing their company's products with Caboolture GP Dr Owen Humphrey (left) and anaesthetist, Dr Geoff Talbot after the meeting.

THE clinical talk by Dr Michael Miros at the April meeting of the Redcliffe and Districts Local Medical Association came at an appropriate moment.

Dr Miros, a specialist gastroenterologist, spoke on management of Acid Related Disorders, at a meeting where doctor's indigestion was not improved by the latest news from Canberra and the Federal Health Department.

Clinically, the talk had a lot to interest doctors and sparked a long session of questions from members in attendance.

The meeting was sponsored by Smith Kline Beecham, manufacturers of Tagamet.

The company was represented by State manager, Lindsay McQueen and northern area representative, Debbie Wardell whose mind was diverted to the Olympic selection of her husband, Andrew a few days earlier.

With president Dr Bob Brown on holidays, vice president Dr Geoff Hool had his first experience as chairman of the meeting.

Convocation offers training for future LMA leaders

PRESIDENT Dr Bob Brown and secretary Dr Alan Mahoney will be the Redcliffe and Districts Local Medical Association delegates to this year's Convocation at Bond University.

The three day annual conference will be held on July 31 and August 1 and 2 to decide State AMA policies for the next 12 months.

LMA vice president, Dr Geoff Hool is a member of the planning committee for the Convocation.

Dr Hool said the first meeting of the committee had decided to return to Bond University which had been a popular venue for last year's convocation.

Dr Hool said members of the LMA were invited to submit in advance topics for discussion on policy, strategy and philosophy of the AMA.

Dr Hool said any members planning to stand for election to the LMA executive would gain great benefit out of attendance at the seminar.

"Based on our experiences last year, we have instituted a number of improvements," he said.

For the second year in a row, the conference will include special courses on Leadership and Public Relations, which are open to all doctors.

Dr Brown has commended the two courses to doctors planning a future role in AMA administration at any level.

The Leadership programme includes speakers on networking, negotiation and motivation skills, public speaking and presentation and strategic leadership planning.

The public relations course covers marking, advertising, public relations analysis, writing for the media, preparing for an interview, public speaking and presentation and lobbying.

The fee for the conference is $325 which includes accommodation for two nights at the University Motel, conference registration, all meals and an AMA shirt.

Registration forms are available from the LMA.

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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

AMA Position Statement on Private Health Insurance and Primary Care Services 2014

The AMA today released its new Position Statement on Private Health Insurance and Primary Care Services 2014.

AMA President, Dr Steve Hambleton, said today that the AMA believes it is time for the Government, Private Health Insurers (PHIs) and the medical profession to look at models that would support a greater role for GPs in caring for privately insured patients.

Dr Hambleton said that GPs provide holistic and well-coordinated care for patients, including preventive health.

"By supporting a greater role for GPs in private health insurance arrangements, there is the potential for the coordination of patient care to be improved, for care to be provided in the most appropriate clinical settings, and unnecessary hospital admissions to be avoided," Dr Hambleton said.

"Private health insurers provide their members with access to services such as telephone coaching, exercise physiologists, dieticians, and physiotherapists to better manage their chronic conditions.

"While these programs can potentially be of benefit to patients, they generally work in isolation from the usual GP who understands the patient's overall care needs.

"This is a significant problem with the potential to fragment patient care.

"The AMA supports limited and well-targeted reforms that have the potential to improve patient care and save the health system money.

"We do not support any move to completely deregulate the funding of GP services by PHIs, or any changes that would undermine the principle of universal access to health care."

Areas that the AMA believes could be explored are wellness programs, maintenance of electronic health care records, hospital in the home, palliative care, minor procedures, and GP directed hospital avoidance programs.

Any model implemented would need to: recognise and support the usual GP as the central coordinator of patient care;
adopt a collaborative approach to care, with the usual GP retaining overall responsibility for the care of the patient; provide patients with appropriate access to care based on their clinical needs;
preserve patient choice;
protect clinical autonomy; and
recognise the rights of medical practitioners to set their own fees.

"The AMA believes that any move to expand the role of private health insurers (PHIs) should be carefully planned and negotiated with the profession to ensure that the outcome is in the best interests of patients, and does not compromise the clinical independence of the profession or interfere with the doctor-patient relationship," Dr Hambleton said

The AMA Position Statement on Private Health Insurance and Primary Care Services 2014 is available at https://ama.com.au/position-statement/private-health-insurance-and-primary-care-services 21 February 2014

20 MARCH 2014

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 Benefits

Don't waste time! Join now!

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Rounded off with the End of Year Networking Meeting

Get your membership benefits! Socialise! Broaden your knowledge!

Dear Doctors

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

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

RDMA SUBSCRIPTION FORM – INTERNET PAYMENT PREFERRED

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

ABN 88 637 858 491

1. **One Member (July to June: $100; Oct.-June: $75; Jan-June: $50.00; April-June: $25.00)**
2. **Two Family Members ($25 Discount each) ($150 pro rata)** (Please supply details for both members)
3. **Doctors-in-training and retired doctors: FREE**

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(First Name) *(Surname)*

2. Dr. ____
(First Name) *(Surname)*

1. ***EMAIL ADDRESS***: ______________________@______________________

2. ***EMAIL ADDRESS***: ______________________@______________________

Practice Address: ______________________________ Post Code: _______

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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

Pine Rivers District History (cont P1)

Pastoral pioneers

Settlement of the Pine Rivers region began in 1842 after the closure of the Moreton Bay Convict Settlement. Nearly the whole of the area occupied by the Pine Rivers Shire was divided into two runs; the Whiteside Run owned by Francis Griffin and Family on the northern river side and the Samford Run owned by James Sibley and Joseph King on the south side of the river. In 1859 after Tom Petrie married Elizabeth Campbell in 1858 he purchased the lease of ten sections of land from the Griffins to form the Murrumba run. Mrs. Griffin raised money by mortgaging Redbank, technically she was unable to make an agreement with Petrie who subsequently found himself left without clear title. Changing land laws from 1862 and in order to protect his investments Petrie was obliged to purchase some of the land becoming one of the first freehold landholders north of the North Pine River.

Pine settlements

Pine Rivers region road access was limited until the discovery of gold at Gympie in 1867. Roads at this time crossed the South Pine River at Cash's Crossing and the North Pine River at Gordon's Crossing or Young's Crossing. In 1868, the new coastal route to Gympie allowed Cobb and Co. coaches to expand

Pine Rivers District History

local passenger and mail services opening up the area. Tom Petrie's Murrumba homestead (meaning 'good' in the local Aboriginal dialect) extended from Sideling Creek in the west to Redcliffe in the east, was the location for the first change of horses after leaving Brisbane with a mail office and hostelry becoming the centre of the North Pine (Petrie) township.

First inhabitants

Pine Rivers area was home to a number of Aboriginal clans belonging to the Turrbal, the, Kabi (Kabi Kabi or Gubbi Gubbi) and Waka (Wakka Wakka) language groups prior to European settlement. At this time during the mid 19th century, Dalaipi, a distinguished elder of the North Pine clan of the Turrbal people encouraged one of the district's best-known pioneers, Tom Petrie, to establish a cattle run in the North Pine area.

Tom Petrie

Tom Petrie (1831-1910) the third son of Andrew Petrie who was the first civilian public servant appointed on 28 August 1837 as the Superintendent of Government Works, at the Moreton Bay convict settlement. Andrew and his descendants made an enormous impact on the history of the Pine Rivers Shire. Andrew was the first European to climb Mount Beerwah, one of the Glasshouse Mountains and he was also the first person to bring back samples of the Bunya Pine.

As a young child, Tom mixed freely with Aboriginal children and was accepted by the Aborigines as a friend. He was encouraged to share in all their activities and he learnt to speak the Turrbal Aboriginal language. During journeys with his father, he gained knowledge of bushcraft and surveying becoming indispensable as a messenger or companion to early exploration parties. By 1888 the Petries' still held 3,000 acres which were closely fenced and well stocked for horse and cattle raising. By this time, Murrumba had become an important centre for the local community. Tom was a foundation member of both the Caboolture and Redcliffe Divisional Boards and he continued to play a significant role in local affairs until his death at Murrumba 26 August 1910.

The following year, the Department of Railways changed the name of the North Pine Station to Petrie with a stone memorial was unveiled in his honour. Tom Petrie's epitaph, engraved on the stone obelisk, reads "Pioneer, Patriot, Philanthropist" with Petrie and Petrie Street, the name of the locality of Murrumba Downs celebrating Tom Petrie's achievements.

Urban growth

By the early 1970s, the district's population had exceeded 25,000 and the main industrial area at Brendale had been established. The North Pine Dam was also built to supply water to the City of Brisbane and the districts of Pine Rivers, Redcliffe and Caboolture during this period. Lake Samsonvale was created by the Dam, which was opened in 1976, and named in recognition of the historic property.

The growing Shire has retained a unique locality and characteristic where people can live and prosper in a pleasant, family oriented community and retain contact with the natural environment.

http://www.moretonbay.qld.gov.au