



See Where We
Work & Live on
page 20.

Immigration & Immigrant Ships Moreton Bay Part III The Famous Tea Clipper Continued:

Famous Tea Clipper.

Among the earliest of the Black Ball liners to come to Moreton Bay was the "Cairngorm"—a very famous ship in her day. She was built at Aberdeen in 1853, expressly for the purpose of wresting from the American tea clippers the supremacy which had been theirs for a number of years. The highest hopes of the builders were realised, and the "Cairngorm" made a succession of passages between the Chinese tea ports and London, which put all the performances of the Americans into the shade. In 1860, however,

James Baines was able to purchase the "Cairngorm" for the Black Ball line, and she was put into the Australian trade under Captain Robert Cairncross, a shipmaster who already had made a name for himself in Australian waters; and who, in his later years, settled permanently in Queensland. The first two outward voyages of the "Cairngorm" under the Black Ball flag were made from London to Sydney. In 1860 Captain Cairncross took the ship out in 88 days, a creditable performance.

Continued Page 20.

President's Report Dr Kimberley Bondeson

Welcome to autumn, it is good to know the end of summer is coming and we can enjoy the colder months.

This year's summer has been a particularly hot one. Many of our elderly patients have particularly suffered from the hottest summer in 100 years in Australia. It still amazes me that most of our nursing homes and schools in Queensland do not have airconditioning.

Our elderly are left sweltering, and our children are expected to learn and perform in a hot classroom at an optimal level.

Whether this unseasonal heat is caused by global warming, I am yet to be convinced.

If the coming winter is a cold one, then that cannot be attributed to global warming.

The train line is due to be completed in Kippa Ring, Redcliffe, in mid to late 2016. It will also have a train station at Mango Hill, and this will mean that it will be much easier for many of our patients to travel to the Health Precinct at Mango Hill.

Currently, services that were supplied at Redcliffe Hospital, have for the last 2-3 years being only available at North Lakes, Mango Hill, and transport has been extremely difficult.

Other good news is that the new Hepatitis C antiviral medications are available now on the PBS. They are known as direct-acting antiviral therapies (DAAs) and are advertised as having cure rates as high as 90%, with minimal side effects and only 12 weeks of treatment.



Currently these DAA's still require that the GP can only prescribe these drugs in consultation with a specialist hepatologist, gastroenterologist or infectious disease specialist.

Easter is coming early this year, and seasons' greetings to everyone.

Kimberley Bondeson
RDMA President



**RDMA & NLMA's Joint
Newsletter**

Welcome from
**Dr Robert (Bob)
Brown**

President Northside Local
Medical Association

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for more than 30 years.

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

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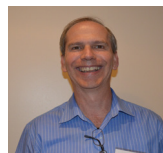
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Meetings' Convener: TBC

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Ph: 3265 3111
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RDMA 2016 MEETING DATES:

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

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Wednesday	May	25th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 15 April 2016

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org

NLMA 2016 MEETING DATES tbc:

For all queries contact Graham McNally
Meeting Convener: Phone: (07) 3121 4029
Email: gmcnally1@optushome.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th

NEXT MEETING DATE 29TH MARCH 16

Dr Kimberley Bondeson, President Redcliffe & District Local Members Association introduced the Sponsor Representative David Baker for the night: Neotract and the speaker, Dr Tim Nathan: Topic: Update on Management of BPH Symptoms

Clockwise Below : Drs Emily Kwan with Dr Tim Nathan Speaker, Dr Catherine Yelland with Dr James Collins, GP Liaison Officer at Redcliffe Hospital, Neotract Representative David Baker with Glenn Sproles and Geoff Talbot in the background, David Baker, RDMA Vice President Dr Wayne Herdy with New Member Dr Harjinder Kaur.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: Tuesday 29th March 2016

TIME: 7pm Arrival for 7.30pm Start

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: GSK

7.40pm Speaker: Nessa Banville

Topic: "Precise: Because different patients have different needs. Tailoring pharmacology to the individual needs of your asthma and COPD patients.

8.15pm Main Meal, Question Time

8.40pm General Business, Dessert, Tea & Coffee

RSVP: By Thursday 24th March 2016

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AMAQ BRANCH COUNCILLOR REPORT

NORTH COAST COUNCILLOR REPORT

DR WAYNE HERDY



OFFICE OF THE HEALTH OMBUDSMAN AND AMA FEDERAL ELECTIONS.

OFFICE OF THE HEALTH OMBUDSMAN.

The Office of the Health Ombudsman has come fairly and squarely within the crosshairs of the AMAQ. I can do no better than to give a quote from the AMAQ President Chris Zapalla, and then quote the first page of the Issues Paper.

The OHO is intended to create a non-adversarial environment for investigation of concerns about health practitioners. Some of us have memories about the NSW Medical Board of a bygone era, where the intimidating use of wigs and gowns created a Court atmosphere where the truth was never going to win out over “the law”. We do not want to see a return to the formal legalistic inquisitions that this tribunal fostered – great for lawyers but lousy for complainants and defendants.

Chris Zapalla says:

AMA Queensland has been working for many months on producing a vision paper for reform of the Office of the Health Ombudsman (OHO) in Queensland.

I regard this as a crucial piece of work that our Association has been required to undertake due to ongoing deficiencies in the system. An effective and fair medical regulator is of interest to us all and proposed reform requires a united voice from the profession.

The initiative for this reform paper came from the numerous doctors who contacted AMA Queensland to voice their concern. This was not just from individual doctors who were the subject of complaints, but also system managers and colleagues who struggled to interact positively with, or understand the OHO. We have consulted widely with the legal profession, including the Queensland Law Society and medical defence organisations. We’ve also had some input from patients. Our vision paper reflects a carefully considered view of what the critical deficiencies are in the current system and suggests numerous positive reforms.

AMA Queensland has pointed out that medical expertise is absolutely required at all stages of complaint handling. In particular, at the triage stage this might give greater opportunity to deal promptly with trivial claims and/or divert to alternate forms of resolution without resorting to lengthy investigations. There clearly needs to be enhanced communication and sharing of knowledge between the OHO and the Medical Board of Queensland and potentially greater use of the skills of our Medical Board focused on rehabilitating doctors, as well as protecting patients. Most concerning however is the lack of clarity surrounding what constitutes a serious matter and what standards of professionalism and conduct are being applied by the OHO.

There is much work to be done with the Queensland Parliament at this precarious time, to divert attention towards evolution of the medical regulatory system. My hope is our members of parliament will see the required reform as a genuine need for the community and not subject to disputatious political conflict. It is important for the profession to have a well articulated proposal known to all, so that we can collectively persuade regarding the need for reform. I encourage all doctors to have a voice on this issue to help us achieve favourable reform of the medical regulatory system within Queensland.

The first page on the AMAQ website reads:

Queensland requires an effective health service complaints regulator. Ensuring a fair and fast response to the handling of medical complaints should be one of the highest principles of such a body. A well resourced and appropriately governed regulator would help ensure the public is protected from both individual and broader systematic problems, and would help to maintain high professional standards among the medical profession. By ensuring a fair and fast response

Continued Page 6

to the handling of medical complaints it would retain the trust and confidence of both the profession and the public. The Office of the Health Ombudsman (OHO) was established by the Queensland Government in 2013 to strengthen the health complaints management system. It replaced the Health Quality and Complaints Commission (HQCC), an organisation that had been criticised for fundamental deficiencies in the way it handled complaints, as well as unjustified delays in dealing with complaints against medical practitioners.

The OHO has, in our view, succumbed to the same inefficiencies and poor complaints management processes that drove the Government to replace the HQCC. AMA Queensland seeks to highlight the following problems within the OHO and possible areas for reform, namely:

1. The Absence of Medical Practitioner Leadership and Guidance

AMA Queensland considers that clinical guidance and oversight is absolutely essential. We have concerns that there are no legislated requirements for medical leadership and advice in the notifications process. It is possible, in theory, for a serious matter to be resolved without any appropriate clinical input whatsoever.

2. Structural Conflicts That Inhibit Fairness and Impartiality

We have significant concerns over the structure of the OHO and its ability to truly act independently and fairly. We are concerned that the independence of the OHO is compromised because it ultimately reports to, and can be directed to investigate by, the Queensland Health Minister.

3. Suspension of Natural Justice and Procedural Fairness in Investigations

Our members have repeatedly indicated that they have had negative experiences with the conduct of the OHO in how it undertakes investigations. An effective medical regulatory system must maintain procedural fairness to both parties. Our members have found the approach of the OHO unnecessarily antagonistic.

4. Unreasonably Prolonged Complaints

Resolution Time

Our members have consistently raised concern regarding the considerable delays in OHO decision-making, even where the matter is trivial or vexatious. Given the mandated time frames were a key feature of the Health Ombudsman Bill 2013 (Qld) they should be strictly followed and, if not, appropriate explanations must be given as to why not. This is aggravated by the 'bounce' phenomena wherein complaints are part handled by the OHO and AHPRA further adding to delays in resolution.

5. Health Ombudsman Weakening the National System

We have major concerns that OHO, as it currently operates, weakens the national regulatory system through the creation of differing standards and thresholds between itself and the Medical Board of Australia. This, in turn, reduces the consistency of decisions, the comparability of data, and the ability of both medical practitioners and patients to have confidence in the decisions of both bodies. AMA Queensland believes the OHO has the potential to be an effective regulator. To this end, we have undertaken extensive consultation with members of the medical and legal communities to find solutions to the issues that are preventing the OHO from effectively acquitting its duty to the public, the practitioner, and the broader health system.

Further improvements are required to ensure that the current Queensland framework functions as effectively as possible. We offer these comments to emphasise where incremental reform can be made to improve the current arrangements for the benefit of Queensland patients and their healthcare providers.

AMA FEDERAL ELECTIONS.

This year, AMA is introducing electronic voting, a first and rather belated move.

Your correspondent has nominated as a candidate to represent Queensland on the Federal Council again, after an absence of a few years. The other candidate is Richard Kidd.

Firstly, I encourage all AMA members to actually vote, to use your power as a member to choose a

Continued Page 7

DR HERDY'S REPORT CONTINUED
FROM PAGE 6

representative.

Secondly, I encourage you to vote for me in favour of Richard Kidd. The main differences between myself and Richard? He has spent one year as an AMAQ President and four years on Federal Council. I have spent twelve years as President of one LMA or another, at the grassroots where the members live and work, and had six years on Federal Council in the past (in addition to my 12 years on AMAQ Branch Council).

During my former time on Federal Council, I was well known for sharing information back and forth, keeping members informed on what Federal AMA was doing, and passing members' opinions on to the Council. Richard appears intent on keeping everything secret, not bringing information back from Federal Council even to the Branch Council, let alone to the membership. If you are going to vote, what sort of representation do you want at the Federal level?

Wayne HERDY, North Coast Branch Councillor, AMAQ.



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**AMAQ BRANCH COUNCILLOR REPORT
GREATER BRISBANE AREA
DR KIMBERLEY BONDESON**



**PERTUSSIS BOOSTER VACCINES, VICTORIAN
LAW - DONOR CONCEIVED PEOPLE'S RIGHT TO
FIND OUT THEIR DONOR'S IDENTITY, AHPRA
FUNCTIONALITY.**

The good news is that Pertussis booster vaccines are to be re-introduced to the national immunisation program for toddlers in Australia at 18 months of age.

This follows a resurgence in pertussis among young children which has occurred since the withdrawal of the pertussis vaccination from the toddler age group in 2003. It seems that there is a pertussis spike seen every 3 - 4 years in Australia, the last major spike being in 2011 where there was 38,000 cases notified nationally.

Of note, Melbourne currently has an outbreak of measles.

Another hot topic at present has been caused by a controversial law passed by the Victorian Legislative Council which will allow donor-conceived people to find out the identity of their donors. As a protective measure, the Victorian Government is planning on introducing a \$7500 fine for donors or donor-conceived people who approached the other party without permission. The Victorian Government's decision to retrospectively overrule patient privacy release information without consent is extremely controversial.

People who donated sperm in the 1970's and 1980's were done under the assurance that it would be anonymous.

Personally, I do not agree with the decision to overrule the previous confidential arrangements.

Another concern is the functionality of AHPRA. Again, in my view, it was originally an ill-conceived idea to set up a national system, which saw our registration fees double in the first year, and continue to go up. Now we are seeing "bullying of doctors" by AHPRA staff, who do not hold medical qualifications. I am appalled by some of the 'investigations'

by AHPRA – an example is a drug seeking patient, with a documented history of illicit narcotic drug use, who was refused a narcotic prescription, advised not to return to that particular surgery, and to find another doctor to care for him.

The patient then went on to put a complaint into APRHA, (which he later withdrew), and then went onto try to get AHPRA to help him to be seen again at the same practice – his exact words, according to AHPRA, were "how can I get into see that doctor again?". AHPRA's comments to the doctor involved, was that it was a 'misunderstanding over a prescription'. I wonder what they told the patient, or even their knowledge of the laws around narcotic prescribing.

Other aspects of APRHA, which I have just become aware of, is that a doctor can be issued with a caution over professional performance, which must be disclosed to an employer, without being interviewed by AHPRA or the medical board. How can a caution be issued, without other medical peers being involved? What is to stop vexatious complaints?

Currently, there is a Senate committee that is launching a probe into the medical complaints process by AHPRA. Let us hope this is done properly, and gives a decent report and recommendations. I do not agree with the large registration fees that AHPRA are charging doctors, and how can they justify these fee's, based on what they actually do that involves doctors. After all, AHPRA stands for the Australian Health Practitioner Regulatory Agency, and covers all Health Practitioners, not just doctors, who are actually only a small minority group.

Sincerely Kimberley Bondeson
Branch Councillor Greater Brisbane Area

AUSTRALIAN MEDICAL ASSOC PRESIDENT

DR CHRIS ZAPPALA



MEMBER'S UPDATES

Dear Members,

Over the last several months, AMA Queensland has undertaken extensive consultation in regards to required reform of the Office of the Health Ombudsman (OHO). As I've previously noted, since the OHO's implementation, members have continuously raised concerns about the processes, timeliness and transparency of Queensland's co-regulatory system.

AMA Queensland recently provided our issues paper to the Health Minister, calling for an overhaul of Queensland's complaints management system. Our submission cites five key areas for reform.

Regardless of the complaint credibility or the outcome, long-drawn assessments place an enormous strain on health practitioners and their families – as well as being upsetting for patients. On numerous occasions we have heard of assessments taking more than one year – causing immense stress and anxiety. Doctors have reported loss of appetite, depression and insomnia as a result of drawn out complaints – something that underlines the importance of a timely system. Compounding this, the OHO's current culture appears unnecessarily persecutory towards doctors.

Another area of concern is the absence of medical practitioner leadership and guidance. Understanding all aspects of a complaint, including clinical decisions made by medical staff, requires a comprehensive and specialised clinical understanding of the issues at hand. While the current structure provides the Health Ombudsman with access to clinical expert advice, there are currently no legislative mandates that require this clinical input or make clear the standards that apply. Given increasing budgetary restraints, policies that require thoughtful clinical input into triage and assessment are the only way to guarantee assessments are handled fairly and in a manner that truly protects patients and assists and rehabilitates doctors.

Under the OHO, there are a number of inconsistencies and questions about how cases are handled in Queensland compared to other Australian states. Queensland's co-regulatory scheme means the OHO is the first port of call and then has the discretion to refer complaints to the Australian Health

Practitioner Regulation Agency (AHPRA) as it sees fit. Unfortunately, there is no clarity about the criteria upon which the OHO decides to refer or retain matters and exactly what constitutes a serious breach. This can be easily fixed.

The OHO operates under its own regulatory threshold, meaning outcomes are not necessarily consistent with the Medical Board of Australia's standards. This undermines achievement of universal, reproducible and transparent expectations of professionalism and conduct for medical practitioners – an essential element of a fair system. All things being equal, a complaint should yield the same result in Brisbane as it would in Melbourne, Sydney or Perth.

Queensland needs an effective medical regulator to support strong clinical outcomes and system evolution. How can a system that reports to the Health Minister also highlight system deficiencies and suggest improvements in the health system he or she administers?

In its early days, the OHO has not demonstrated the critical elements of fairness, adequate appropriate medical involvement and a genuine desire to support doctors as well as protect patients. Instead, the OHO's slightly stilted investigations strike fear into medical practitioners. The duplicity of effort with the Medical Board of Queensland adds considerably to expense, confusion and time delays. Perhaps this is one reason why Queensland doctors alone are faced with an increase in registration fees this year.

A productive and fair complaints management system is possible under the current scheme but requires extensive reforms. Greater medical involvement and earlier, more efficient use of the Medical Board of Queensland's processes and expertise would be helpful.

AMA Queensland will continue to advocate for a fairer, more equitable system with timely decision-making. The Health Ombudsman has been sent our vision document I will be interested to hear his reply. I will report back to you.

Sincerely,

Dr Chris Zappala
AMA Queensland President

MEDICAL MOTORING WITH DOCTOR CLIVE FRASER Mazda MX-5 “Too Much Fun?”

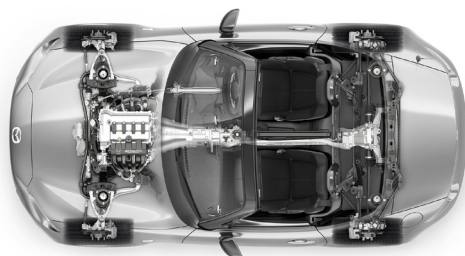
Safe motoring,
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As a Baby Boomer I've become accustomed to having to work hard for all of the pleasures in life. Unlike those Gen XYZ's who expect the world to land at their feet. But, there are some pleasures that I think I'll never have. For starters there's a Mazda MX-5. When first released in 1989 I'd just completed my specialty training. But with a big mortgage there was no way that I could see myself splurging on a toy like the MX-5 with its sexy pop-up headlights.



When the second generation model was released in 1998 I still couldn't see any practicality in a car that only had two seats. Sure I could pick up my children from school one at a time, but parental responsibility weighed heavily at that time. The MX-5 now came with a rear window made of glass and the headlights weren't concealed any more.



The third generation MX-5 arrived in 2005 with a bigger 2 litre engine and at exactly the same time as mountains of home-work and sky-rocketing school fees.

Fast forward to 2015, to an empty nest, a smaller mortgage, everyone's education completed and the fourth generation Mazda MX-5. With stunning styling it was certainly looking like an attractive proposition. But having mastered the art of delaying gratification will I say no once more



The current MX-5 has certainly impressed the motoring elite having scored the 2016 Wheels Car Of The Year award, along with two previous COTY awards in 1989 and 2005.

What did they like so much about the new model? For starters it's much, much less expensive with an entry level 1.5 litre manual starting at \$31,990 + ORC. It had to be cheaper than the old model to stand a chance against the Toyota 86 which is hugely popular in this demographic

The sharper pricing is scaled back even further by offering a 1.5 litre variant motor which is livelier and revs better than the 2 litre. Buyers save \$2,500 with the smaller motor, but no one is

short-changed.

The new MX-5 is also lower, wider, lighter, faster and more economical than the out-going model. An MX-5 cabin is an intimate and some might say claustrophobic space. In an effort to save weight it is more about leaving things out than packing them in.

This time around there's no cigarette lighter, just a USB socket and the glove box has disappeared completely from the cabin. There still is a tiny lockable compartment between the seats for loose items that would disappear with the roof down.

The interior finish is still very basic and there is nothing plush about the upholstery in the entry-level specification. But MX-5 drivers don't care about any of those details.

They buy the car to drive it and would happily sit on the floor if that could lower the centre of gravity by another centimetre.

Yes, driving the MX-5 is exhilarating and it certainly pushed out the dopamine in my nucleus accumbens and ventral pallidum.

The motor sits way back behind the front wheels and that perfect weight distribution means that the MX-5 moves like a ballerina. But back at the dealership I spotted a Mazda 6 which somehow still better suited my style.

Is a Mazda MX-5 for me? Maybe one day.

Specifications

MX-5	2015 NC	2016 ND	2016 ND
Engine	2.0 litre	1.5 litre	2.0 litre
Power	118kW @ 7000rpm	96kW @ 7000rpm	118kW @ 6000rpm
Torque	188Nm @ 5000rpm	150Nm @ 4800rpm	200Nm @ 4600rpm
Transmission	6 speed manual	6 speed manual	6 speed manual
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- Dr Jason Restall
- Dr Steven Lane
- Dr Robert Hensen

Haemato-Oncologist

- Dr Mark Bentley
- Dr Ashish Misra
- Dr James Morton

Medical Oncologist

- Dr Rick Abraham
- Dr Matthew Burge
- Dr Jeffrey Goh
- Dr David Grimes
- Dr Brett Hughes
- Dr Paul Mainwaring
- Dr Agnieszka Malczewski
- Prof. Andrew Perkins
- Dr Adam Stirling

Paediatric

- Haematologist**
- Dr Lydia Pitcher

To refer a patient please phone 07 3737 4500 or fax 07 3737 4801
Level 1, 956 Gympie Road, Chermside | iconcancercare.com.au

Consulting to avoid unfair dismissals and claims

SPECIAL OFFER!

Bring an attendee and receive 30% off their fee!

Understanding the Fair Work Process

As an employer, are you confident in the consultation process for termination, redundancy, performance management, or changes to terms of employment?

The Fair Work Act protects the rights and responsibilities of employers and employees alike, and allows employees to make claims to the Fair Work Commission. As an employer, your compliance with the legislation and its processes is critical. AMA Queensland's Consulting to avoid unfair dismissals and claims workshop will provide an in-depth breakdown on a number of processes:

- › Ending employment within the minimum employment period
- › Performance managing staff
- › Terminating as a result of underperformance or serious misconduct
- › Redundancy due to major workplace change
- › Changing hours of work
- › Amending terms of employment within a contract
- › Implementing the right templates and processes in your practice

George Sotiris, AMA Queensland's Senior Industrial Relations Officer, will provide an in-depth and interactive breakdown of the legislation and how it applies when you are consulting with staff. The workshop will canvass previous Fair Work Commission case studies so you can avoid some of the common errors in staff consultation and understand your legislative compliance requirements.

This workshop will provide you with the skills to confidently follow the legislative framework when you're placed in the position to make workplace changes. Delegates will receive free resources to support you in this process.

Who should attend?

- › Health practitioners
- › Practice managers
- › Support staff
- › Allied health professionals

Workshop details

Inclusions: Tea/coffee on arrival, morning tea, and course notes

Cost

Prices include 'special offer' discount and GST

Award Subscription Members:

First attendee: \$67.50

Additional attendees: \$47.25

AMA Members:

First attendee: \$75.00

Additional attendees: \$52.50

Non-Members:

First attendee: \$99.00

Additional attendees: \$69.30

Private Practice Series Sponsor



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Fax: (07) 3856 4727 **Email:** registrations@amaq.com.au **Mail:** AMA Queensland, PO Box 123, Red Hill, Q 4059

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Practice name: _____

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Participant(s)

	Award Subscription Member	AMA Member	Non-Member
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2. Prefix: _____ Name: _____ Email: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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➤ Please indicate whether you wish to receive a certificate of attendance: Yes No

➤ Please indicate whether you wish be on the list to receive information on upcoming AMA Queensland events and training programs: Yes No

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Cheque enclosed for \$ _____ (payable to AMA Queensland)

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To make payment by direct deposit, the details are: Bank of Queensland **BSB:** 124 084 **Account:** 10 032 949

* Please quote participant name within transfer description

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Location (Please tick)

SUNSHINE COAST

Wednesday 6 April, 9.00am – 12.30pm

Mayfield House
3/ 29 The Esplanade, Maroochydore

GOLD COAST

Thursday 7 April, 9.00am – 12.30pm

ULTIQA
33 T.E Peters Drive, Broadbeach

TOOWOOMBA

Friday 8 April, 9.00am – 12.30pm

DDWMPHN Toowoomba Office
145 Taylor Street, Toowoomba

BRISBANE NORTH

Wednesday 13 April, 9.00am – 12.30pm

Kedron Wavell Services Club
21 Kittyhawk Drive, Chermside

BRISBANE SOUTH-EAST

Thursday 14 April, 9.00am – 12.30pm

Carina Leagues Club
1390 Creek Road, Carina

IPSWICH

Friday 15 April, 9.00am – 12.30pm

Metro Hotel Ipswich
43 South Street, Ipswich

MACKAY

Monday 18 April, 9.00am – 12.30pm

Northern Queensland PHN
Suite 3, Level 1, Post Office Square,
67-69 Sydney Street, Mackay

TOWNSVILLE

Wednesday 20 April, 9.00am – 12.30pm

Mercure Hotel
166 Woolcock Street, Townsville

CAIRNS

Friday 22 April, 9.00am – 12.30pm

Double Tree by Hilton Hotel
121-123 Esplanade, Cairns City

BUNDABERG

Tuesday 26 April, 9.00am – 12.30pm

PHN Country to Coast
First Floor, Bundaberg Health Promotions
14 Branyan Street, Bundaberg

ROCKHAMPTON

Wednesday 27 April, 9.00am – 12.30pm

PHN Country to Coast
Level 1, 44a William Street, Rockhampton

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The Time Dimension and The Scientists

By Dr Mal Mohanlal

Are we true scientists or just pseudo-scientists?

In my mind a scientist is a person who applies his or her knowledge to understand the workings of our physical and mental world. By studying the evidence presented, a true scientist will further enhance our knowledge of the world we live in by considering all aspects dispassionately. However, a pseudo-scientist among us will only accept the evidence that suits him and will ignore the rest which does not suit him.

In the fifty years since I graduated in medicine, there is one thing that has become clear to me is the fact that doctors do not cure anything. What we do as doctors is help mother nature cure the patient. That is, we help provide the right conditions and treatment for the patient to enable Mother Nature to cure the person.

Science has shown us that this healing process lies within every individual and not outside him and it lies in our immune system. This immune system is under our subconscious control as is evidenced in our observation of the "placebo" effect in medicine. So when we try to heal a patient, what we do as doctors is try to boost this immune system so that the patient can heal himself. If the immune system fails, no doctor in this world can save that individual.

Since the strength of this immune system is dependent on the physical and mental state of the individual, is it not important that we should all learn about our subconscious mind and how we operate?

For most people our subconscious mind is like the elephant in the room. It is either taken for granted or ignored. Instead of trying to understand it and master it, most people turn away or use it as a garbage bin for their negative feelings. Not only that but these days many use mind bending drugs to alter the perception of reality. Since all our vital functions like breathing and circulation of blood etc are under the subconscious control, surely this type of behavior can only lead to more physical and mental ill-health. So is it not time we started learning about this powerful energy source which influences our inner and outer world?

In the poem "The Rubaiyat of Omar-Khayyam" there is this famous quatrain which applies to all time travelers. It succinctly sends this message that time is irreversible. What

is done can never be undone. Once that moment of time is gone, it is gone forever.

*"The Moving Finger writes; and, having writ
Moves on: nor all thy Piety nor Wit
Shall lure it back to cancel half a Line
Nor all thy Tears wash out a Word of it."*

Clearly this is the web of time we are all caught up in with no prospect of ever escaping. It is this perception of time that makes us aware of our mortality and influences our aging process.

So how do we free ourselves from this time dimension? Do you know that there is also a Timeless dimension which is just as real as the Time dimension we are living in? In it there is no past, present or future and all experiences in life become a lesson in life with no regrets.

To understand this Timeless dimension you have to understand how we create our future. Remember that we are hypnotic creatures. When we look at the past, it is now only a memory, and is unreal. When we look at the future, it is also unreal because anything can happen in the future. One cannot touch it. The present is the only reality one can touch and enjoy. So how do we create our future?

It is simple. We dream first and then we plan. If we keep dreaming and do not take any action in the present, our present becomes our future. That is we continue dreaming. So it is the action we take in the present that creates our future.

However to break free from the web of time one has to go about understanding how one acquires and breaks habits. It is by using one's powers of perception, insight and awareness that one can bring about positive changes in one's life without using will power. For those who are scientifically inclined here is some food for thought with the following observations:

Our body is constantly producing positive or negative chemicals in response to internal and external stimuli received through our senses from our perception of Reality. This is under subconscious control. Distorted perceptions produce negative chemicals. Mental illness is thus simply a disorder of perception.

Continued Page 15

Perception takes place not only in the brain but also at the cellular level. It can lead to mutation in the cells.

Our thinking process is hypnotic. The words we use in our mind influence our subconscious mind to produce negative or positive chemicals as a direct reflex action. This can be consciously manipulated.

We are all conditioned beings. Awareness is the process we can use to de-hypnotize and de-condition ourselves.

The Timeless dimension is just as real as the Time dimension that we have created. They coexist. The only thing that separates the two is our perception.

Meditation is not about blocking out or escaping the present, but understanding and becoming aware of the Timeless present where the Observer in the mind and what is being observed become one phenomenon. This phenomenon is not something that is brought about consciously but occurs spontaneously. Most of us experience it but fail to recognize it, because we are too busy constantly travelling in time to become aware

of it.

Please do not be afraid to change your perceptions. If you do not change you remain a Time Traveller with the same old habits subject to the laws of time where there is always a beginning and always an end. You will eventually die a copy because your destiny has already been written for you. Use the power of perception in you to help transform yourself and free yourself from the tyranny of time. If you have the ability and intelligence to solve a complex jigsaw puzzle, what is stopping you from using the same skills to solve the jigsaw puzzle of the mind? Self knowledge water-proofs you against the ravages of time. Be a true scientist, not a pseudo-scientist.

Clearly those who choose not to listen and ignore the Subconscious Mind will be only cutting their nose off to spite their face. They will forever keep chasing the shadow and not the substance. Read the "Enchanted Time Traveller – A Book of Self-Knowledge and the Subconscious Mind" and discover the secrets of your mind. Visit website: <http://theenchantedtimetraveller.com.au>

Interesting Tidbits NATTY MOMENTS:



BRAIN TEASERS

1. Johnny's mother had three children. The first child was named April. The second child was named May. What was the third child's name?

2. A clerk at a butcher shop stands five feet ten inches tall and wears size 13 sneakers. What does he weigh?

3. Before Mt. Everest was discovered, what was the highest mountain in the world?

4. How much dirt is there in a hole that measures two feet by three feet by four feet?

5. What word in the English language is always spelled incorrectly?

6. Billie was born on December 28th, yet her birthday always falls in the summer. How is this possible?

7. In British Columbia you cannot take a picture of a man with a wooden leg. Why not?

8. If you were running a race and you passed the person in 2nd place, what place would you be in now?

9. Which is correct to say, "The yolk of the



egg is white" or "The yolk of the egg are white?"

10. A farmer has five haystacks in one field and four haystacks in another. How many haystacks would he have if he combined them all in one field?

Answers

1. Johnny.

2. Meat.

3. Mt. Everest. It just wasn't discovered yet.

4. There is no dirt in a hole.

5. Incorrectly (except when it is spelled incorrectly).

6. Billie lives in the southern hemisphere.

7. You can't take a picture with a wooden leg. You need a camera (or iPad or cell phone) to take a picture.

8. You would be in 2nd place. You passed the person in second place, not first.

9. Neither. Egg yolks are yellow.

10. One. If he combines all his haystacks, they all become one big stack.

Okay, some of these are a bit corny. But they all illustrate several brain idiosyncrasies that affect how we make decisions in the world.

Magnificent Abu Dhabi

By Cheryl Ryan

Abu Dhabi, the contemporary capital city of United Arab Emirates, is an epitome of change in the modern era from a fishing village to World business Capital. The city is associated with many feats and world records such as fastest roller coaster, largest hand loomed carpet, and the tower with greatest lean. The city offers a unique experience of an ultra-modern city, engaging visitors with its enticing Gulf culture and Islamic religion.

Cuisines

Abu Dhabi is one of the world's ultra-modern villages, where you can find cuisines from all over the world. If you are a true foodie, then you don't want to miss an opportunity to taste authentic Gulf cuisines, prepared with native ingredients and spices from Asia and Middle East, reflecting the cultural trading history of United Arab Emirates. The famous dishes are Al Harees, Al Majboos which are made from fresh meat, blended with spices and herbs. Fish is one of the major components of Food in the country with the known dishes being Al Madrooba, a mix of salted fish along with spices and sauce.

Some of the famous restaurants serving authentic gulf cuisines can be found in Al Dhafra Tourist Village and Arabian Nights Village.

Arabian Nights Village

Located amidst the valley of Sand dunes, Arabian Nights Village perfectly captures the essence of old Arabian cultures, giving visitors an experience of beautiful desert life. The village offers different accommodation types, suiting different requirements and lifestyles of the region. There are various recreational activities available such as camel rides, quad bikes, morning desert safari and Dune bashing.

For Adventure Seekers

Abu Dhabi is renowned all over the world for its Desert Safaris which is a whole different experience in itself. Taking a 4x4 tour in sands on hot afternoon, accompanied with camel riders, enjoying the spectacular desert sunset while savoring barbeque delicacies, in



midst of belly dancing performance definitely makes up unforgettable memories of lifetime. Abu Dhabi also offers some automobile adventures such as BloKarting, Gokarting, Dirt biking, Dune Buggy, sandboarding and sky diving.

The best adventure to fuel your adrenaline is Ferrari World's Formula Rossa, which is world's fastest roller coaster boasting speed of 240 kmph and lets you experience G-Force of 4.8.

What we have planned for you?

A detailed itinerary has been put together so that you don't forget to look beyond the Desert in Abu Dhabi and miss exciting activities

- A 4x4 Desert Safari, a camel ride, Dune Buggy in the day and dinner alongside campfire with belly dancing performance
- Visit to Arabian Nights Village, experiencing the unique cultures and traditions of the region
- A visit to Sheikh Zayed Grand Mosque Center, which is a must-see site in Abu Dhabi
- Visit to Al Arish, an authentic Gulf food serving restaurant in the Al Dhafra Tourist Village, savoring the native cuisines

Book Today and visit the City where everything moves all the time

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ATO CHANGES TO SUPER THAT MUST BE IN PLACE BY 30TH JUNE 2016

The ATO announced significant changes in the way superannuation payments are made to employees. The new system SuperStream, is a standard that requires employers to provide payments and the associated data to super funds in a specific electronic format.

If you have 19 or fewer employees you must start using the SuperStream standard for your contributions and must meet the SuperStream standard by 30/06/2016. This will apply to anyone that pays wages. We would suggest that you start using SuperStream for the March 2016 quarter to ensure that you are ready by June 2016.

If you only have yourself as an employee/sole trader and/or contribute to your own SMSF you are exempt from using SuperStream.

The big benefits for you include:

- The opportunity to use a single channel when dealing with super funds, no matter how many funds your employees contribute to.
- Less time spent dealing with employee data issues and funds queries.
- Reduced cost of processing contributions and payments. The new system is very quick and efficient with some big savings in time.
- More timely flow of information and money in meeting your superannuation obligations

Below is the ATO website link that explains what your responsibilities are. We strongly suggest that you read this information and ensure that you will be compliant by 30th June 2016.

<https://www.ato.gov.au/Super/SuperStream/Employers/Employer-checklist--a-step-by-step-guide/>

DO YOU USE XERO FOR ALL OF YOUR ACCOUNTING AND PAYROLL ?

If yes please find below links to Xero instructions for the process to be followed for SuperStream. The process to setup Xero is very quick and simple and can be performed in minutes. Please be aware however that depending how you are currently processing your super there may be the need to upgrade your Xero subscription. If this is the case although it will cost you a small amount more per month the time savings are significant.

<https://www.xero.com/blog/2015/07/superstream-in-xero/>

<https://help.xero.com/au/Payroll-Super-AutoSuper>

We understand that this process may be confusing so if you require any assistance please give our office a call 07 54379900.

Kerri Welsh

Source: www.ato.gov.au



KNOW YOUR PRODUCT: AMA MESSAGE TO CONSUMERS ABOUT PRIVATE HEALTH INSURANCE

AMA Private Health Insurance Report Card 2016

The AMA today released its Private Health Insurance Report Card 2016, the first report of its kind, with a clear message to consumers – know your product.

AMA President, Professor Brian Owler, said the aim of the Report Card is to provide Australian families – who contribute a substantial proportion of their household income towards private health insurance – with clear, simple information about how health insurance really works.

“The AMA wants Australians to know their insurance product – and know it thoroughly,” Professor Owler said. “With the cost of private health insurance constantly rising, and with private health insurers regularly changing what is covered and not covered by their products, the AMA believes it is important that families and individuals are better informed about the health insurance cover they are purchasing.

“Our Report Card shows that there are a lot of policies on offer that provide public hospital only cover.

“These are better known as ‘junk’ policies because they do not support patient choice of doctor or timing for health services or procedures.

“There are also a lot of policies on the market that will not provide the cover that consumers expect when they need it.

“If people have one of the junk policies, the AMA urges them to consider carefully what cover they really need.”

Professor Owler said that sometimes policies have misleading names, implying that they will provide a very high standard of benefits but, in reality, they fall into the ‘basic’ category and only provide a basic amount of benefits.

“The report card provides information on the level of benefits paid by insurers for a sample of common procedures,” Professor Owler said. “It highlights that insurer benefits vary significantly for a given procedure, and showing how likely it

is that consumers will face out-of-pocket costs.

“Premiums for private health insurance premiums will be increasing shortly, and people will be receiving advice of these rises as early as this week.

“If people are looking to save money on their private health insurance, the AMA strongly recommends that they do not get duped into downgrading to a junk policy.

“It is the AMA’s view that junk policies should be banned outright.”

Professor Owler said the AMA is very concerned about the operations of the online private health insurance comparator sites.

“These comparator sites – which are marketed as ‘free’ comparison sites - can earn exorbitant fees per sale from the insurers,” Professor Owler said.

“The insurer may be paying a commission to the site, either as a fixed percentage of the premium, or as a set fee per sale.

“These fees can make up a sizeable proportion of the total insurance premium.

“There needs to be a greater level of transparency, and the Government and regulators need to scrutinise these sites.”

The AMA hopes that the AMA Private Health Insurance Report Card 2016 – the first in an ongoing series - will provide consumers with useful information about private health insurance that will allow them to choose the policy that best meets their needs.

The AMA Private Health Insurance Report Card 2016 is at <https://ama.com.au/ama-private-health-insurance-report-card-2016>

17 March 2016

CONTACT:

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

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Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educational 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.

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 speakers are most welcome. Annual subscription is \$120.00. Doctors-in-training and retired doctors are invited to join at no cost.

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2) Or Emailing to GJS2@Narangba-Medical.com.au

Where We Work and Live

Immigration and Immigrant Ships Moreton Bay Part III Famous Tea Clipper https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304.pdf



Artemisia from illustration by Frederick Smyth in the Illustrated London News, 12 August 1848

The "Cairngorm," however, demonstrated her sailing qualities better on the return passage to London with wool, which was accomplished in 72 days, and on her next outward trip she dropped anchor in Sydney Harbour, 77 days after leaving the Thames. In the following year Captain Cairncross was transferred to the command of the "Queen of the Colonies," a larger ship engaged in the conveyance of immigrants to Moreton Bay. The "Cairngorm" came out to Moreton Bay a little later in the same year, under the command of Captain James Mathew Banks, bringing 353 immigrants who had embarked partly in Liverpool and partly in Glasgow.

In September, 1864, Captain Banks came out to Brisbane as a passenger in the ship "Queen of the Colonies," to take up the position of ship's husband in Brisbane for the Black Ball line, which then had quite a number of ships regularly engaged in the trade. For many years Captain Banks was well known as a marine surveyor, both in Brisbane and Sydney. Thirty years or so ago I was on terms of personal friendship with him—a capable, intrepid seaman and one of the kindest of men. His sons, under the name and style of Banks Brothers, have been long identified with the Torres Straits pilot service. Venus Shoal. The Banks family had another association with the early history of Moreton Bay, On November 23, 1855, the brig "Venus," of 137 tons, commanded by Captain Thomas Mathew Banks, was coming into Moreton Bay for provisions and making use of Freeman's Channel, the northern entrance, instead of the usual ship's channel. She struck on a bank and became a total wreck, though the officers and crew were able to land safely on Moreton

Island. The name Venus Shoal was given to the spot where she had struck and appears on the charts to-day. Captain T. M. Banks was a brother of Captain J. M. Banks.

"Young Australia."

One of the immigrant ships which will always be well remembered in the annals of Moreton Bay is the "Young Australia." After her voyages outward, by means of which she added nearly 3,000 new settlers to the population of the State, the good ship took the ground on Moreton Island and refused to budge therefrom. That furnished an added reason why her memory should endure as part of Queensland's historical fabric. In respect to speed the "Young Australia" was something of super quality. As the "Red Rover" the ship had been launched from the shipyard of Fernald and Pettigrew, Portsmouth, New Hampshire, U.S.A., in 1852; and she made a great name for herself by the records put up between New York and San Francisco.

In 1859—she carried a shipment of Chinese coolies from Hong Kong to Sydney. Soon after, she was bought by the Black Ball line and her name changed to "Young Australia," Under that name she made a voyage from Liverpool to Melbourne in 1861; but after that Moreton Bay was invariably her Australian destination. On August 9, 1862, she arrived in the bay after a smart passage of 84 days from Plymouth, having 277 immigrants on board. She was commanded by Captain John Duthie Phillips, a master mariner hailing from Aberdeen, who, in spite of his youth, had already won a high reputation as a seaman and a man. He brought the "Young Australia" twice out to Moreton Bay. I have in my possession the originals of addresses of appreciation presented to him by passengers who came out with him in 1862 and 1863. Among those who signed those testimonials are several names of individuals who played a prominent part in the development of Queensland. Captain Charles Grey was chief officer in 1862 and 1863, and he then had command for four round voyages. Captain Daniel R. Bolt was in charge of the "Young Australia" in 1868 and 1869, and Captain James Cooper in the two following years. Captain J. D. S. Phillips, a son of Captain J. D. Phillips, comes to Brisbane twice monthly as coastal pilot for Burns, Philp & Coy's Singapore steamers.

Continued next month: