



*Petrie*

See Petrie featuring in our Historical Pictorial in this edition page 4 and our regular Where We Work And Live segment on Page 20 .



**RDMA President's Message ... Dr Wayne Herdy**

**PRESIDENT'S REPORT.**

MEDICARE LOCALS are the word of the month, although hardly the flavour of the month.

A critical part of the Rudd/Gillard health "reforms" the first 15 ML's were to be announced on 16th April, and the final boundaries around mid April. As we approach the end of May, the first 15 have not yet been announced, and the provisional boundaries on the website are the same as they were at the beginning of the year.



The first 16 ML's are supposed to have an operational structure functional by 1st July. If they were announced today, the Divisions that will form the first 15 ML's have four weeks to create a constitution (which they have probably done) and recruit and put in place at least a governance structure (a whole membership organisation, and office with a Board of Directors and at least a skeletal secretariat). Four weeks to create a functional company from what today is, if we are lucky, a piece of paper with no funding.

The AMA has expressed its opposition to Medicare Locals, at least in the form that has been announced by the government. The principal objection was that ML's are undeniably instruments of fundholding. The AMA is philosophically opposed because it takes money away from fee-for service, which the AMA sees as the cornerstone of an independent

doctor-patient relationship.

At its meeting two months ago, the Redcliffe and District Medical Association was asked if we want to be a member of the Medicare Local that we expect to cover our geographic area. (If that meeting had agreed, it would still have required a General Meeting of the members to agree to such a decision that was binding on the organization as a whole). The meeting almost unanimously disapproved of such a proposal. The rejection was not on the same grounds as the AMA's rejection.

The meeting rejected the proposal on the grounds that we could not possibly agree to be a member of a corporate body about which so little was known. Even today we do not know the practicalities of the governance structure, we have unsatisfactory predictions about the likely clinical governance structure (there is no guarantee that the Board will have even one doctor on it), and no proposed ML has a precise idea of its funding or functions. Because even the Division that wants to create the ML cannot answer any of those questions, RDMA cannot possibly know what we are becoming a member of. In the light of almost total uncertainty, we cannot contemplate joining such a body.

Wayne HERDY



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

**QML Pathology. | Redcliffe Laboratory**

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## DATE CLAIMERS :

For all queries contact Tracey Blackmur Meeting Convener:  
Phone: (07) 3049 4444

**Venue:** The Ox, 330 Oxley Ave, Margate

**Time:** 7.00 pm for 7.30 pm

## 2011 Dates:

**Tuesday**                      **May 31**

**Wednesday**                **June 22**

**Tuesday**                     **July 26**

## Annual General Meeting

**Wednesday**                **August 31**

**Tuesday**                     **September 13**

**Wednesday**                **October 26**

## Year End Networking Function

**Friday**                        **November 25**

## **JUNE NEWSLETTER 2011**

The **15<sup>th</sup> JUNE 2011** is the **timeline** for **ALL** contributions, advertisements and classifieds.

Please email the RDMA Publisher at **RDMAnews@gmail.com** or Fax: **(07) 5429 8407**  
Website: <http://www.rdma.org.au>

## **THIS NEWSLETTER**

Thank you to the following members for their contributions:

- Dr Kimberley Bondeson
  - AMAQ Foundation's Black Tie Dinner and
  - Caribbean & Las Vegas Trip
- Dr Mal Mohanlal
  - GP or Hospital's Responsibility

We eagerly look forward to reading and enjoying our members contributions in the next edition.

Disclaimer: Views expressed by the authors or articles in the Redcliffe & District Local Medical Association Inc Newsletter are not necessarily those of the Association. The Redcliffe & District Local Medical Association Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any action taken by any person as a result of anything contained in this publication.

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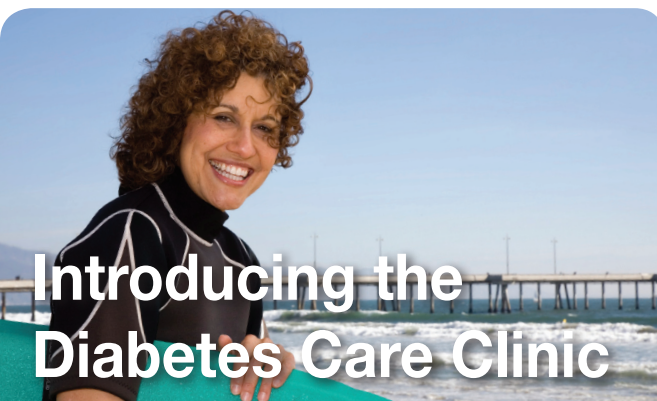
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# Petrie



## Introducing the Diabetes Care Clinic

The QML Pathology Diabetes Care Clinic is a specialised team that assists patients and practitioners in the management of diabetes.

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For further information, please contact Samantha Rowe, Diabetes Care Clinic Coordinator, on (07) 5441 0200.



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## Technical Update | Superannuation

Is it better to hold insurance policies inside your superannuation fund, or in your personal name? The answer is ... it depends on your circumstances.

Holding your insurance cover within your super fund is a tax effective way to pay insurance premiums, and certainly helps your cashflow if you would prefer not to pay the premiums from your personal funds.

However, it may also be harder to gain

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access to certain insurance proceeds from super in the event of an accident or illness if you do not meet an appropriate 'condition of release'.

### Pros and Cons of holding Insurance Policies inside Superannuation -

#### Pros

- Eligible individual may be able to make tax deductible contributions to superannuation which can help fund insurance premiums
  - Super Funds can claim tax deductions for insurance premiums
  - Individuals may be eligible for a government co-contribution payment which can help fund insurance premiums
  - Proceeds are tax free when death benefits are paid to dependant/s
  - Salary sacrifice can fund insurance premiums
  - Premiums may be cheaper if accessed via a super fund offering group rates
  - Group plans may offer automatic acceptance to certain levels of cover (no underwriting requirements for the client)

#### Cons

- Beneficiary has to be SIS dependant.
- Higher tax rate if benefits are paid to non-dependants on death of the member
- Tax may be payable on TPD benefits
- Premiums used to fund insurance will reduce clients retirement savings

Source: RBS Morgans

The RDMA 28/04/11 meeting was presided over by Dr Wayne Herdy, RDMA's President and he introduced the sponsor and presenter. Abbott Products Pty Ltd was the sponsor for the meeting. The presenter was Dr Michael D'Emden, Endocrinologist and his topic was Targets in Diabetics



Dr Wayne Herdy thanked Tracey Jewell for her contribution as RDMA's Meeting Convener and congratulated her on her new role.

Robert Hodge & Michael D'Emden

Dr Ken Fry speaking on the upcoming Carbon Tax Rally.

Dr Michael D'Emden, Endocrinologist Presented: Targets in Diabetics

Peter Stephenson & Tracey Jewell

Ken Fry.

Dr Ken Fry, RDMA Secretary spoke on the topic of Carbon Tax and the upcoming Carbon Tax rally . It was also Tracey Jewell's last night as RDMA's Meeting Convener. She was presented with a farewell gift by Peter Stephenson from the executive team. Dr Wayne Herdy congratulated Tracey on her enthusiastic patronage and on a job well done and wished her well with her new role with Smith and Nephew. Derrylee Bottrell filled in as meeting convener until Tracey Blackmur returns from leave.

**REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.**

**MEETING REMINDER**

- Date:** Tuesday 31 May 2011
- Time:** 7 for 7.30pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Financial members - FREE  
Non-financial members \$30 payable at the door.  
(Membership applications available)
- Agenda:**
  - 7.00pm Arrival and Registration
  - 7.30pm Be seated - Entrée served  
Welcome by Dr Wayne Herdy - President RDMA Inc.
  - 7.35pm Sponsor: Eli Lilly Represented by: Kylie Walton
  - 7.40pm Speaker: Dr Andrew Khoo, Consultant Psychiatrist  
Topic: Challenges in Treating Mental Health in General Practice:  
How can we improve adherence?
  - 8.15pm Main Meal, Question Time
  - 8.40pm General Business, Dessert, Tea & Coffee

**RSVP:** e: tracey.blackmur@qml.com.au t: 3049 4444  
by Friday 27 May



# AMA QUEENSLAND PRESIDENT

*Dr Gino Pecoraro*



Next month I finish my term as AMA Queensland President and while at times it has been a challenging experience, overall it has been an extremely rewarding and humbling time.

I have always believed it is a doctor's professional responsibility to be a member of AMA Queensland so we can have a voice in how the profession cares for both its patients and its own members. To this end I became a member in my student days and have remained active in the Association ever since.

This belief has been re-affirmed and strengthened during my year as President as I see firsthand how the influence of the organisation has assisted so many members in their professional lives, standing up for doctors when no one else will and enabling the profession as a whole to argue for policy and practice that benefits patients and strives to continually improve our health system.

During this last year, the State political landscape has been tumultuous and continuously changing. Following a cabinet reshuffle, a new Health Minister was appointed, Hon Geoff Wilson. After an initial flurry of activity where the new Minister gave voice to all the usual platitudes promising to work closely with the AMA to achieve great things, there has unfortunately been very little real reform and a continued preference for political advantage and expediency over concrete action.

The monumental insult to doctors that is the lack of a VMO agreement remains, we still do not have a clear way forward despite a myriad of meetings attended in good faith.

A serious matter which I personally highlighted to the minister was the lack of timely, accurate and complete data around the issue of waiting times for patients to get an outpatient appointment. The voters of Queensland deserve to have all the facts about Queensland's health system so they can make the best decisions for their health and their family's health. I have advised the Health Minister that AMA believes urgent, rapid and real action on this front is mandatory for he and his department to achieve credibility with the public and enable

a means to assess whether any future reforms actually do make a difference to our troubled public health system.

Recently there have been a number of reports of Queensland public hospitals being significantly over budget. This has led to speculation that in order to save money, hospital services may need to be cut. This merely confirms the AMA viewpoint that there has been significant and sustained underinvestment in health, in particular our public hospitals. The treatment for this malady must not be, now or in the future, to ration service provision to patients in need.

If there are savings to be made, Queensland Health should cut out the waste by decreasing the bureaucracy Queensland Health uses to manage its day to day running. We call on the Minister for Health to show much needed leadership and create an immediate moratorium on the hiring of staff not immediately involved in patient care. Rather than making patients suffer, Queensland Health needs to decrease the number of pen pushers and middle management so front line care can be delivered to the people of Queensland who rely on the public system for their healthcare needs.

In the spirit of honesty, patients need to be made aware we cannot fund everything for everybody when it comes to health. There is and always will be a finite health budget so it is important patients are aware of their options when it comes to their health. Let's trim the fat, say no to waste but also give people the complete information they need to make informed decisions.

Finally I would like to wish the incoming President Dr Richard Kidd all success and am confident he will represent your interests with dedication and enthusiasm, constantly striving to improve the Queensland health system for you and your patients.

Dr Gino Pecoraro, AMA Queensland President



# REDAMA Report

Official publication of  
 the Redcliffe and  
 Districts Local Medical  
 Association

Issue No 2  
 May, 1989  
 Free to the Medical Profession

## STATE REFORM PLAN GIVES REDCLIFFE FIVE ON COUNCIL

The Redcliffe and Districts LMA could get five representatives on the AMA State Council under a re-structuring plan adopted by delegates attending the 1989 Convocation in April.

The proposal, put forward by a committee headed by Dr Lloyd Todd recommends a council of 30 members and Redcliffe, as the largest medical association in the State, could finish up with five direct representatives.

### SPEAKER ON PROSTATE

The celebrated medical procedure carried out on two major political identities in recent years will be the subject of the guest speaker at the May meeting of Redcliffe and Districts LMA.

Dr Peter Heathcote, a urologist will be the guest speaker for the sponsoring company, Pfizer, at the Golden Ox restaurant, Oxley Avenue, Margate on Friday, May 26.

His topic will be Differential Diagnosis of Benign Prostatic Hypertrophy - the prostate gland procedure which made headlines when it was undertaken by Sir Joh Bjelke Petersen and Ronald Regan during their terms of office.

Reservations for the dinner close with the secretariat on Wednesday, May 24.

Council would be made up of 30 members, with 26 councillors, a secretary, immediate past president, president and president-elect.

Redcliffe delegate, the president Dr Rob Hodge, said the proposal was that the new council would meet quarterly.

It had been enthusiastically received, he said.

A motion was also carried calling on the restructured AMA to have an industrial relations arm.

Dr Hodge said an application had already been lodged with the Industrial Court for an Award for Visiting Medical Officers throughout the State.

The award would be on the same lines as the new award

for medical superintendents, with right of private practice in country hospitals.

The Director General of Health for Queensland, Dr Peter Livingstone outlined a number of changes being introduced in the area of medical training.

These were:

- From 1991, there will be a two year compulsory internship in Queensland, to be overseen by the Post Graduate Medical Education Committee.

- A bridging course will be introduced for overseas trained doctors who sit for AMEC and MCQ exams;

- One year of supervised

• *Continued Page 2*

### MEETING TIME FOR MINIDIAB

The Farmitalia company took the opportunity to spread the word about its product Minidiab when it sponsored the April meeting of Redcliffe and Districts LMA.

About 80 members attended the dinner meeting at the Golden Ox at which the guest speakers were Dr Thomas George and Dr Paul Bartley.

Picture shows the speakers (Dr George is at left) with Farmitalia's Queensland representatives, Nicola Breene (second left) and Roberta Hunter.

Minidiab is used for the treatment of non-insulin dependent diabetes mellitus.

The display stand mounted by the company attracted enthusiastic interest from members and lengthy discussion sessions with the representatives after dinner.



Redcliffe &  
 Districts LMA thanks

**QML COURIERS**

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 'Redama REPORT'



## HISTORICAL ARTICLE - \$1 Million Diagnostic Service REDAMA Newsletter from May, 1989 Issue 2, Page 3



Peninsula Diagnostic Services directors, Dr Jeff Karrasch and Dr Chris McLaren launching their computer-based Duplex Carotid Imaging equipment in the \$1-million medical facility now open at Redcliffe.

# Redcliffe sets new pace in medical services

A \$1-million diagnostic and testing clinic, claimed to be the most comprehensive outside the Brisbane city area has been launched at Redcliffe.

The Peninsula Diagnostic Service is a private consortium offering state-of-the-art facilities for stress testing, cardiac rhythm, ECG and endoscopy.

With five physicians in the consortium and a sixth expected by the end of the year, the service claims to be the biggest of its kind making Redcliffe one of the key medical centres in Queensland.

Facilities already installed include Echo Cardiography, Duplex Carotid Imaging and Pacemaker Evaluation.

Cardiologist Dr Chris McLaran said the clinic had been established in response

to growing demand for a facility that was only available otherwise by travelling to Brisbane.

He said the facility offered non-invasive technology and was operating in association with the Peninsula Specialist Centre and Private Hospital.

The service is only available on request by members of the medical profession referring patients for heart and cardio vascular examination.

"There is no doubt this facility was urgently needed, with Redcliffe and the surrounding districts already

offering a population of about 200,000," Dr McLaran said.

He said it was expected the facility would treat about 2000 patients in its first year of operation.

The other members of the consortium are Dr Peter Stride, Dr Robin Bradbear, Dr Maxim Wilson and Dr Jeff Karrasch.

Experienced technicians hired for the service are Leanne Matheson, formerly of the Prince Charles Hospital and Christine Robinson, formerly of the Mater Hospital.

Dr McLaran said the group was already looking at further expansion into related areas.

## COMPLAINT ON PSEUDO DOCTOR

A complaint about misleading analysis by unqualified people is currently under examination by the State Health Department.

The complaint relates to blood analysis reports compiled by unqualified medical practitioners using a Hemaview analysis darkfield examination.

Members of the Redcliffe and Districts LMA have complained about gravely misleading information being provided to patients by the "pseudo" doctors.

Similar complaints to the Gold Coast branch of the AMA have led to an official letter being sent to the Director of Health, Dr Peter Livingstone.

Gold Coast secretary, Dr Phil Kay said the complaint had been acknowledged and was being investigated.

Redcliffe secretary, Dr Helen Mahoney has received a copy of one of the reports which was provided by a patient to a local member.

A practicing pathologist, Dr Mahoney said she was concerned at many of the terms and phrases contained in the report and the possibility that it could be misleading.

The Gold Coast branch went further in its complaint, describing the printed report on one patient as "pathology garbage by a person pretending to be a doctor."

Dr Mahoney said she was awaiting with interest the result of the Gold Coast complaint.

## First success in campaign on rebates

A campaign in which Redcliffe LMA members were spearheads has resulted in a national plebiscite of general practitioners over the controversial "accord" for a two tier level of medical rebates.

Federal president of the AMA, Bryce Phillips announced the plebiscite in his address to the Convocation.

He said all general practitioners

would be asked for their opinion on the controversial agreement between the Federal Government and the Royal Australian College of General Practitioners on rebates.

Dr Phillips said the accord was on the agenda for an AMA meeting in Sydney on May 27 and 28, which would be open to all members.

Also on the agenda will be a discussion on the AMA's views on

heroin.

Dr Phillips said he now had confirmation that the Federal Government had set aside \$1-million for an advertising campaign to promote the accord, on the theme that it would provide a cheaper, fairer, health scheme.

In other business, Dr Phillips said most of the items removed from the pharmaceutical benefits list on April 1 would be restored on August 1 this year.

# SNAPSHOT FROM THE PAST

## REDAMA Newsletter from May, 1989 Issue 2

From page 1

practice will be required for AMEC exam doctors before they can be registered:

The Department is undertaking a programme to collect data on medical manpower.

Dr Livingstone also confirmed that legislation now coming before Parliament would provide privilege for committees comprised of mainly non-medical personnel who sit in judgment on medical practitioners.

### NEW REFORM PLAN GIVES REDCLIFFE FIVE COUNCILLORS

Dr Hodge said there had been an interesting debate on a motion from metropolitan general practitioners called for the suppression of names of doctors involved in conflict with the Medical Board over Redcliffe was joined by the

Gold Coast in successfully moving that local medical associations investigate ways of heightening their profile in their own areas through public relations.

In other Convocation news:

Dr Bob O'Shea reported that the Post Graduate Education Committee was to receive a grant of \$160,000 in 1989, rising to \$200,000 and it would oversee the interim and residency programmes throughout the State from next year.

Dan Hart reported that the Medical Defence Society finances were in a satisfactory state and that premiums from doctors would remain at rates lower than other States.

Joan Lawrence reported that the Doctors Health Advisory Service was now staffed on a 24-hour, 7-day basis by general practitioners who could cope with the health and related problems amongst members of the medical profession.

Tess Crammond, formerly Brophy, reported the activities of the Medical Benevolent Association which is helping the practitioners at both the age spectrum - very young.

A fashion parade at the Hilton Hotel on the first of functions to the Association

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Tess Crammond, formerly Brophy, reported the activities of the Medical Benevolent Association which is helping the practitioners at both ends of the age spectrum - very old or very young.

A fashion parade at the Hilton Hotel on May 4 was the first of a series of functions to raise funds for the Association.



### MINIDIAB (R), Diabetes and the NHS...

Since April 1 the implementation of the new Federal Government NHS generic pricing policy has resulted in the delisting of a number of widely prescribed products from research based pharmaceutical companies.

Among those delisted are Daonil and Euglucon, brands of glibenclamide 5mg tablets. Farmitalia Carlo Erba wishes to confirm that MINIDIAB (glibipizide), for the treatment of non-insulin dependent diabetes mellitus, will remain as an unrestricted item on the NHS. MINIDIAB is available as 5mg tablets 100 with five repeats, and provides 24-hour control of blood glucose, usually with once daily dosage.

In a worldwide review of glibipizide published by Excerpta Medica, a number of studies were reported that showed MINIDIAB was extremely well tolerated, and in particular, there was a low incidence of hypoglycaemia. According to a recent medical marketing conference, glibipizide is the number one choice of endocrinologists in the United States.

MINIDIAB is a product of original research from a company dedicated to supporting the management of diabetes. Farmitalia Carlo Erba invests heavily in research and provides ongoing technical and medical support to the medical profession.

MINIDIAB is the first of several drugs used in the treatment of metabolic disorders which will be launched by Farmitalia Carlo Erba over the next five years. The company has a strong commitment to research in Australia in the areas of diabetes, oncology and cardiovascular disorders.

Farmitalia Carlo Erba is currently the leading supplier in Australia of anti-cancer drugs, especially those used in the treatment of breast cancer, and it is a world leader in medical research, with an annual investment of over \$220 million.

For further information contact



FARMITALIA CARLO ERBA (Nicola Breen, medical)

### HIC DEFENDS ITS POLICIES

The Queensland manager of Commission survived a "Dan experience to provide one of Convocation.

Neville Dickson had an attentive audience as he covered many of the points which cause continuing friction within the profession. He pointed out that the HIC operates Medicare and Medibank Private and stressed that it did so without financial assistance from the government.

He reminded doctors that the HIC does not make policy decisions on health care.

Mr Dickson told a meeting that 21.5 million services were processed in Queensland last year, a value of about \$480 million.

Of these services, 5% were direct billed and were pay doctor cheques. But on a negative note, Mr Dickson said that the HIC does not make policy decisions on health care.

### HIC DEFENDS ITS POLICIES

The Queensland manager of Commission survived a "Daniel in the Lions Den" experience to provide one of the highlights of Convocation.

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Mr Dickson told a meeting that 21.5 million services were processed in Queensland last year at a value of about \$480 million.

Of these services, 52.5% were direct billed and 25% were pay doctor cheques.

But on a negative note, Mr Dickson confirmed that private insurance in Queensland was now at a level of only 33 per cent, compared with 52 per cent before the advent of Medicare.

That meant there had been a 40 per cent decrease in private health insurance over five years at a time when there had been an 11 per cent increase in the population and a 70 per cent increase in the number of private hospital beds available.

Mr Dickson said many private hospitals were becoming almost unviable while the public hospital system was becoming overloaded.

He claimed that Medibank Private was now the fastest growing of all private hospital insurers.

There are now 46 Medicare offices in Queensland, of which about half are in the Brisbane metropolitan area.

One important advance is that there is now a policy to inform all doctors of their exoneration after an investigation.

### April Memories

It was another full house when Farmitalia hosted the ADIP meeting of the Redcliffe and Districts LMA. The picture above shows members and staff listening attentively as vice president, Dr Carol read the official report.

Dr Bob as an apology for his trip.

### Cancer group seeks help from doctors

A cancer sufferers support group at Redcliffe Hospital is suffering an identity crisis, eight months after it was introduced.

Hospital social worker, Alice de Vries who has taken over co-ordination of the group, said attendances of only three or four people were common although the area might be numbered in the hundreds.

She has appealed to all doctors in the Redcliffe and Districts LMA to make a note of any patients they might benefit from sharing the company of other sufferers.

The group meets on the first and third Wednesday of each month at the Redcliffe Hospital with patients, their relatives and friends or anyone who had been a sufferer welcome to attend.

The gatherings are from 10.30am to 12 noon and there is no charge for attendance. "The more input we can get, the better it is for the patients," Miss de Vries said.

She is compiling a resource list for the benefit of patients to guide them to services and facilities that may help them understand and learn to live with their complaint.

The list will need to be comprehensive because the group so far has attracted Brisbane and Caboolture. "We are collating copies of all available literature and in conjunction with the Queensland Cancer Fund, we hope to introduce the 'Living with Cancer' programme in this area," said Miss de Vries.

The gatherings are informal with those attending invited to discuss whatever they felt was important to discuss. "We find we have couples attending and occasionally relatives who want to learn how they can help the sufferer," she said.

Further details of the group's gatherings can be obtained from Miss de Vries at 284 7011.

### Redcliffe & Districts LMA

### Redama Report

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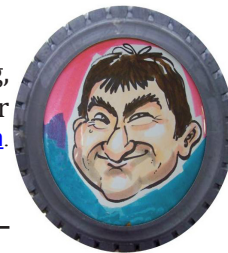
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# MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #81

Safe motoring,  
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## Lexus CT 200H “Saving The Planet”

**Question:** What do the following - Cameron Diaz, Dustin Hoffman, Demi Moore, Harrison Ford, Natalie Portman, Matt Damon, Susan Sarandon, Jack Black, Gwyneth Paltrow, Leonardo DeCaprio, Jennifer Aniston, Robin Williams, Miley Cyrus, Matt Groening, Julia Roberts and Tom Hanks all have in common?

**Answer#1:** They are all American!

**Answer #2:** They are all celebrities!

**Answer #3:** And, they all own a Toyota Prius!

Yes, it seems that Hollywood has fallen in love with the environment and our greenest car is easily the most popular mode of transport on Sunset Boulevard.

There are of course those amongst us who are still a little worried about the initial out-lay and the carbon foot-print involved in a hybrid car's production, but the glamour set can breathe easy knowing that they're doing their bit for the environment, the ozone layer, rain forests, poverty, homelessness etc etc.

So in the real world what is it like to own and drive a Prius and just how much carbon are we saving.

To explore this question I decided to side-step the celebrity offerings and take the recently released Lexus CT 200h for a spin.

After all we all know that every Lexus borrows its DNA from Toyota and the Prius and CT 200h share exactly the same drive-train.

The first thing I noticed was there seemed to be a mistake on that fuel consumption sticker on the windscreen.

It said that the Prius, sorry Lexus, used less fuel around town than on the highway. But how could that be?

Well, with an electric motor at low speeds and regenerative braking how could it be any other way.

On the inside there's a gauge that lets you know whether you're making CO<sub>2</sub> though the cabin is fairly basic otherwise.

The cabin is plain, the back seat is flat and things are a

little cramped in the rear, but hey we're saving the planet so who cares.

There is no sound from the petrol motor on a gentle take-off and remarkably the air conditioning stays on when the car is stationary and the petrol motor has cut out.

After driving all of the other Lexus hybrids I was left a little under-whelmed by the performance of the Prius clone.

This is a hybrid designed to maximize economy and not to provide more torque.

Highway over-taking would certainly not be for the faint-hearted and even around town I thought it needed a few more herbs.

Anyone worried about the complexity of the electronics can take heart from the fact that you can still jump start the car in the conventional way.

The base model CT 200h Prestige costs \$5,000 more than a base model Prius and for that you get a leather steering wheel, 12 months extra warranty and a Lexus badge.

Curiously, considering the ample electricity on offer neither model has Xenon headlights.

But the price gap widens a lot more when you consider that the CT 200h is \$17,000 more than a Corolla Ascent and \$10,000 more than a Corolla Levin which is much better equipped and has a real spare.

For those of us who aspire to be celebrities the Lexus CT 200h is the right bit of kit, though take note that

European celebrities still prefer a next generation diesel which is equally environmentally friendly.

### Lexus CT 200h Prestige

**For:** Economical to run. **Against:** Expensive to buy.

**This car would suit:** Californian plastic surgeons.

### Specifications:

1.8 litre 4 cylinder petrol + electric motor  
73 kW + 60 kW power / Combined 100 kW power  
142 Nm + 207 Nm torque / CVT automatic  
0-100 km/h in 10.3 seconds / 4.1 l/100 km (combined)  
69 miles per gallon / \$39,990 plus ORC



# AMAQ FOUNDATION'S FOURTH ANNUAL BLACK-TIE GALA DINNER INVITATION 13th May 2011

*Kimberley Bondeson*

Hello Everybody,

It was a fantastic night, about 200 people attended.

There was a comic who impressed us all with his jokes, and his memory - he managed to memorize at least 60% of the guests names. (at the end, I was looking to see if he had a microphone attached to his ear and if someone was helping him).

The silent auction was for the first time up on the big screen, and we could see the bids change as the night got later and later.

The main live auction item was an overseas trip to Burma, which was bid on energetically, and some lucky person received a holiday of a life time.

I missed out on a piece of jewellery, but someone else was lucky enough to get it.

Overall, as a fundraiser, it was a successful night.

It was a good night amongst friends and colleagues, and I look forward to next year's event.

Thanks  
Kimberley Bondeson



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Classifieds remain **FREE** for current members. To place a classified please email: [RDMAnews@gmail.com](mailto: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 & 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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# CARIBBEAN AND LAS VEGAS TRIP

*Vice President, RDMA  
Kimberley Bondeson*



Recently I was fortunate enough to travel with a small group of doctors from the AADA and their spouses to the Caribbean and Las Vegas.

They included some RDMA members - Dr Mal Mohanlal, Dr Bernard Chan and Dr Peter Marendy.

It was a remarkable trip and one of a lifetime.

We spent 1 week aboard the "Allure of the Sea's" and visited the Bahamas.

The Bahamas is a group of islands in the Caribbean, with a population of around 200,000.

It has its own Prime Minister, which is based on the English Parliamentary System - The Westminster Parliament.

Any foreigner who buys a home in the Bahamas gets automatic dual citizenship,



Doctors Relaxing

and they encourage this.

Their health system is based on a co-payment - for each hospital visit, a fee of \$10.00 is paid to the hospital - this covers all costs, including pharmaceuticals.

The people accept that they have to pay this fee each and every visit.

On our return, we stopped at Las Vegas and saw the Grand Canyon.

The city of Las Vegas was fantastic, a totally busy party town.

The feel and the energy was quite contagious. A bit of a culture shock is that they have slot

machines in the airport terminals.

An amazing city, in the middle of the desert.

It was a surprise that we enjoyed it so much, and



"Las Vegas study group".

I can highly recommend it as a holiday stop.

The Grand Canyon itself was an amazing sight, it



"Aboard the Conference Ship - Drs Mohanlan, Chan, Marendy and Bondeson"

was a pity that we only had a very short visit.

And sadly, we all had to come back to work!

Kimberley Bondeson

## AMAQ & FEDERAL COUNCILLOR REPORT

*North Coast area representative, AMAQ Branch Council,  
Queensland Area Representative, AMA Federal Council.  
Wayne Herdy,*



### FEDERAL BUDGET.

The dominant activity in AMA world this month has been the Federal Budget.

Apart from mental health, health did not figure prominently in the Budget.

There was a lot of hype around the large sums of money being devoted to mental health. It is not nearly as good as it looks. There is \$2.2 B over 5 years, mostly in the last two years (i.e. in the term of the NEXT government). The Treasurer was not quick to reveal that a third of the money had been drawn from an existing mental health initiative (\$600M was budgeted last year). He was also not quick to disclose that the existing money directed to GP's for mental health care plans was being reduced – by 30%. He did not make it clear that the new money is a “whole of government” approach, meaning that it will be spread over several portfolios including employment and accommodation and certainly not all devoted to health workers. The plan got wide support, probably because there was money allocated to so many domains other than directly to health workers.

The reasoning for reducing GP item fees for mental health care plans was that the mental health care plans did not really take enough time to justify the quantum allocated in the MBS. The Health Minister declared that doctors were being paid too much for mental health. Those of us involved in genuine mental health care in the community clearly hold a different opinion. Avoiding the perennial question of what comprises “mental health” in patients who do not have major psychoses or are frankly suicidal, the fact is that community-based mental health has always been a difficult area of medical practice to manage properly. Access to psychologists has made the GP's role a lot easier, but the job is still not “easy” by any measure, and it is certainly time-consuming. The equation has completely overlooked the fact that specialist psychiatrists are among the most meanly-rewarded specialists.

What the media missed was that the big health dollars in the Budget were given to rural and regional hospitals. Were the three (rural) independent MP's in the minority government a deciding factor in this decision? Importantly for the Sunshine Coast, will the proposed Sunshine Coast University Hospital be accelerated with this new money?

### AMA NATIONAL CONFERENCE.

The other area of strong activity in Federal AMA has been preparation for National Conference, being held in Brisbane this year. Any AMA member can attend, although only official delegates get to vote. The Hilton Hotel on Friday-

Saturday 27-28 of May should attract as many AMA members from SE Queensland as possible. There are a number of administrative and ceremonial activities, but the two most important activities are the plenary sessions and the election of officers.

The plenary sessions – which anybody can attend – are open discussions on indigenous health, Medicare Locals, and engagement of doctors.

The election of officers is unusual this year. Every second year, we traditionally see the previous officers returned with little competition. But in alternate years the contest is usually much more vigorous. This year, we will see a new President (well-known Queensland GP Steve Hambleton) elected unopposed, which is testimony to the high regard which the medical world has for this outstanding candidate. The Vice-President (Geoff Dobb, a specialist from WA) will also take his position unopposed. The fourth position, Treasurer, has only attracted one candidate, and the past Treasurer (Peter Ford, South Australian GP) hopes to be re-elected unopposed. It is only for the third position, Chair of Council, that any competition has emerged. I am one of those candidates, but frankly it is unlikely that National Conference will allow three GP's into the top four positions, and even less likely that they will embrace two Queensland GP's into the top four jobs. I can easily claim underdog status but wish me luck anyway. The rules allow unsuccessful candidates for the third position to cascade into a ballot for the fourth position, so there could potentially be a 3-way election for Treasurer even though only one candidate has specifically nominated for that position. I think that a candidate for a higher position should not cascade – if you want to be Treasurer, run for Treasurer. However, the position of Treasurer cannot be declared until after the vote for Chair and the declaration of intent by the two unsuccessful candidates.

### AMAQ PRESIDENTIAL INAUGURATION.

The Federal activities in Queensland threaten to overshadow the major events in AMAQ. We are conducting our annual election to find a President-Elect, with an unusual number of four candidates from widely diverse backgrounds. We are also about to inaugurate our new State President. Richard Kidd has been President-Elect for the past year and on 17<sup>th</sup> June he will take the President's mantle from Gino Pecoraro.

Wayne HERDY.

# Interesting Tidbits **NATTY MOMENTS**

## WHEN INSULTS HAD MORE THAN 4 LETTER WORDS

These glorious insults are from an era before the English language was boiled down to 4-letterwords.

*The exchange between Churchill & Lady Astor:*

*She said, "If you were my husband I'd give you poison." He said, "If you were my wife, I'd drink it"*

*A member of Parliament to Disraeli: "Sir, you will either die on the gallows or of some unspeakable disease."*

*"That depends, Sir," said Disraeli, "whether I embrace your policies or your mistress."*

*"He had delusions of adequacy." - Walter Kerr*

*"He has all the virtues I dislike and none of the vices I admire." - Winston Churchill*

*"I have never killed a man, but I have read many obituaries with great pleasure." Clarence Darrow*

*"He has never been known to use a word that might send a reader to the dictionary." - William Faulkner (about Ernest Hemingway).*

*"Thank you for sending me a copy of your book; I'll waste no time reading it." - Moses Hadas*

*"I didn't attend the funeral, but I sent a nice letter saying I approved of it." - Mark Twain*

*"He has no enemies, but is intensely disliked by his friends.." - Oscar Wilde*

*"I am enclosing two tickets to the first night of my new play; bring a friend.... if you have one." - George Bernard Shaw to Winston Churchill*

*"Cannot possibly attend first night, will attend second.... if there is one." - Winston Churchill, in response.*

*"I feel so miserable without you; it's almost like having you here." - Stephen Bishop*

*"He is a self-made man and worships his creator." - John Bright*

*"I've just learned about his illness. Let's hope it's nothing trivial." - Irvin S. Cobb*

*"He is not only dull himself; he is the cause of dullness in others." - Samuel Johnson*

*"He is simply a shiver looking for a spine to run up." - Paul Keating*

*"In order to avoid being called a flirt, she always yielded easily." - Charles, Count Talleyrand*

*"He loves nature in spite of what it did to him." - Forrest Tucker*

*"Why do you sit there looking like an envelope without any address on it?" - Mark Twain*

*"His mother should have thrown him away and kept the stork." - Mae West*

*"Some cause happiness wherever they go; others, whenever they go.." - Oscar Wilde*

*"He uses statistics as a drunken man uses lamp-posts... for support rather than illumination." - Andrew Lang (1844-1912)*

*"He has Van Gogh's ear for music." - Billy Wilder*

*"I've had a perfectly wonderful evening. But this wasn't it." - Groucho Marx*

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## GP OR HOSPITAL RESPONSIBILITY? *Mal Mohanlal*



Whose responsibility is it to contact a patient when an investigation result ordered by a hospital doctor turns out to be urgent enough for his GP to be contacted?

Is it the hospital's responsibility or the GP's?

This is the situation I faced recently in a phone call from a hospital doctor while a patient was consulting me during a busy afternoon. The hospital doctor informed me of an abnormal CT head scan report on a patient and wanted me to contact the patient.

I said that I would try to contact the patient but in the event I could not, he should still try to directly get in touch with the patient.

This was not acceptable to him. He said that it was not the hospital's job to contact or refer patients in this situation but it was the GP's responsibility.

I had no time to argue this matter so I put the phone down.

Now I want our readers to ponder on this issue.

As far as I am concerned, whoever orders or initiates an investigation, it is his or hers responsibility to contact the patient regarding further management and treatment of an abnormal result, whether it is the hospital or GP, it does not matter.

The buck always stops with the person who orders or initiates the investigation.

If our hospitals are directing their doctors to make GPs responsible to contact the patient when they were not even involved in their initial management and treatment, then I hope they realize that they can be held liable for negligence in not following up an abnormal result should an adverse outcome occur.

As GPs we are all responsible for what we do.

However we cannot accept responsibility for what the hospital does.

If the hospital had initiated an investigation and if the result was of any concern, they should always contact the patient directly and instruct them what to do and how to follow up.

As GPs we always try to cooperate and do what is in the best interest of the patient.

But please understand that it is not our responsibility when we have not initiated the investigation to start with.

I trust the hospital authorities will look into this matter and clarify this situation for all of us concerned.

Mal Mohanlal.



## Lillian van Litsenburg MP Member for Redcliffe

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Redcliffe Q 4020  
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[redcliffe@parliament.qld.gov.au](mailto:redcliffe@parliament.qld.gov.au)



to hibernate  
spring entice

The cool weather has arrived and it is so tempting with all our favourite comfort foods until the first signs of us out in to the world again.

But this is not the best way to stay healthy and energised over the next four or five months.

Staying active and keeping up your daily fitness activities is important because it keeps your metabolic rate up, helping to keep you warm and you won't panic so much, as summer approaches, about getting into those swimmers.

It's so easy to get into the habit of eating hot chips, baked vegetables, sticky date puddings with lashing of cream and hot chocolates with melting marshmallows but hearty homemade soups using bacon or other bones, easily bought at the supermarket or your butcher, legumes or dried peas and lots of great root vegetables with herbs, onions, leeks or tomato can be just as comforting and are very nutritious.

Fresh vegetables and fruit help to fight diseases and infections and proteins are body builders so, keeping them on your daily menu can help keep to keep the dreaded germs at bay.

Avoiding the colds and flu's can be a challenge so the annual flu vaccine can help too.

Seniors, those with chronic and other conditions can get free flu shots and it is wise to take advantage of them.

It is often said that the flu shots only immunise you for particular flu's but the cumulation of immunisations over multiple years does decrease your likelihood of getting a bad dose of a wide variety of flu's over time.

If you have young children in the house it is difficult to avoid winter coughs and colds so it's a good idea to open some windows in your home during the warmest time of the day to blow some of those air borne bugs away with good fresh air.

Winter has its own special pleasures and family traditions so get out and enjoy the cooler months.

Lillian van Litsenburg MP  
Member for Redcliffe



## AMA NATIONAL CONFERENCE 2011

### DR STEVE HAMBLETON FORMALLY TAKES OVER AS FEDERAL AMA PRESIDENT

Brisbane GP, Dr Steve Hambleton, today officially took over as Federal President of the Australian Medical Association.

Dr Hambleton commenced full-time general practice in Queensland in 1987, and has been working at the same general practice in the Brisbane suburb of Kedron since 1988.

He was the AMA representative on the National Immunisation Committee from 2006 to 2010 and was a member of the Pharmaceutical Benefits Advisory Committee for two years until 2009.

Dr Hambleton was a member of the Practice Incentive Program Advisory Group and has served the AMA in senior roles at State and Federal level for more than a decade.

Professor Geoffrey Dobb, an intensive care specialist from Perth, is the new Vice President.

Dr Roderick McRae, a Melbourne anaesthetist and intensive care physician, was elected Chair of Council in a three-way contest at AMA National Conference today.

Dr Peter Ford, an Adelaide GP, was returned unopposed as Treasurer.

There will be elections for the two remaining spots on the AMA Executive Council at tomorrow's Federal Council meeting in Brisbane.

Dr Hambleton today paid tribute to his predecessor, Dr Andrew Pesce, and said he would continue with the established strategy of engaging with Government on shared policy and being critical and offering better policy solutions where and when necessary.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

"There is a lot of unfinished business in health reform," Dr Pesce said.

"My focus as President will be to rebuild and regenerate the engine room of health care in Australia – the medical practitioners in public and private hospitals and the GPs who serve local communities around Australia.

"We need a confident, optimistic and well-resourced medical workforce to look after the health needs of an ageing and growing population with more complex and chronic conditions.

"And we need forward-looking and practical health policies that are developed with strong expert input from the doctors who work with patients in the community every hour of every day," Dr Hambleton said.

28 May 2011

CONTACT:

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Geraldine Kurukchi  
02 6270 5467 / 0427 209 753

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**NOTICE TO ALL NEW AND PAST MEMBERS**

**Membership Subscription due for the period: 1st July 2011 to 30th June 2012**

Dear Doctor

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

As this is now June 2011 your subscription to cover until the 30th June 2012 will be \$100. **Doctors-in-training and retired doctors are invited to join at no cost.** This subscription not only entitles you to ten (10) dinner meetings but also to a monthly magazine. Suggestions on topics and/or speakers are very welcome.

Please can you endeavour to pay your subs by internet banking as it is so much easier for all concerned, saving you writing cheques and us having to bank them? You will receive your receipt by email if you supply your email address to me on [GJS2@Narangba-Medical.com.au](mailto:GJS2@Narangba-Medical.com.au).

Yours sincerely

Dr Peter Stephenson  
Treasurer

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**REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOC INC.**

ABN 88 637 858 491

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*Petrie*

