



Home of Bee Gees

See The Palace Hotel, Woody Point where the Bee Gees first started out featuring in our Historical Article in this edition page 3 and our regular Where We Live And Work segment page 20. The Bee Gees www.couriermail.com.au/



RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT

The Minister for Health, the Honourable Lawrence Springborg MP has announced the latest development in the Hospital & Health Board Network has been a formal appointment of the Chairs of the Hospital & Health Boards.. The Chairs of the Hospital and Health Boards will govern health services in the future.

He outlined the role of the Boards is a key part of the Queensland Government's transformation of the State's health services to deliver a more transparent and accountable health system. Local hospital and health services will be governed by these professional Boards, with each led by a Chair, with the expertise to manage large, complex healthcare organisations.

The Chairs have been appointed following an extensive public recruitment process bringing with them broad experiences in leading organisations across a wide range of backgrounds and industries. All individuals are committed to delivering health services that meet the needs of their local communities and to engaging effectively with staff and other key stakeholders.

The new Boards will be closely involved in the preparation work to establish the new local statutory bodies over the coming weeks to ensure there is a smooth transition to the new arrangements.



It is interesting that for Metro North Health the appointee is Dr Paul Alexander.

Paul is well known in this area. He has just returned from a 2 year appointment as the Surgeon General to the Army.

Before that and once again he has been and is a General Practitioner in the Morayfield area.

He is known as an excellent administrator and should perform this job quite well.

The Redcliffe & District LMA welcomes Paul as the Chair of the Metro North Hospital & Health Board and looks forward to working with the Metro North Hospital & Health Board over the coming years.

Wayne Herdy
RDMA President

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

QML Pathology. | Redcliffe Laboratory

Partnering with Redcliffe & District Medical Association for more than 30 years.



DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

2012 Dates:

NEXT MEETING

Tuesday June 19

Tuesday July 24

Annual General Meeting
Wednesday August 29

Tuesday September 18

Wednesday October 24

Year End Networking Function

Friday November 30

JUNE NEWSLETTER 2012

The **10th June 2012** is the **timeline** for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at

RDMAnews@gmail.com

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

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CONTACTS:

President & AMAQ Councillor:

Dr Wayne Herdy
Ph: 5476 0111



Vice President:

Dr Kimberley Bondeson
Ph: 3284 9777



Secretary:

Dr Ken Fry
Ph: 3359 7879



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Meetings' Convener:

Mrs Margaret MacPherson
Ph: 3049 4444

Newsletter Editor: Dr Wayne Herdy
Ph: 5476 0111

For general enquiries and all editorial or advertising contributions and costs, please contact: RDMA Newsletter Publisher. Please email (preferred) any correspondence to:

Email: RDMAnews@gmail.com
Website: <http://www.rdma.org.au>
Mail: RDMA, PO Box 223, Redcliffe 4020
Mobile: 0408 714 984

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The Palace Hotel

The Palace Hotel, Woody Point – “The Palace the hotel where the Bee Gees sang”

Woody Point Queensland allows visitors the chance to soak up a relaxed seaside village experience. Woody Point is historically significant as a landing spot of Matthew Flinders in 1799 and Woody Point's hotels are steeped with historical significance too. The Palace Hotel is a current Redcliffe landmark with an interesting history. There has been a hotel on the current site since 1883, when “The Great Western” was opened on May 24. The Great Western burned down in 1902. A new hotel was built on the site by Pearson Cameron from Ipswich and named “The Palace”, which continues to trade to this day. (See pictures page 20).

Perhaps The Palace Hotel's real claim to fame is its link to the legendary band The Bee Gees. The first regular shows the Bee Gees played were at The Palace Hotel and the hotel became affectionately referred to as “the hotel where the Bee Gees sang”. The Bee Gees consisted of Barry Gibb, the eldest, and twins Robin Gibb and Maurice Gibb.

The Palace remains proud of her notoriety as the location where the Bee Gees first started off in their careers. They lived in the area for some time before their careers took them to Sydney, London and enduring worldwide success. Their three-part harmonies became their musical signature, particularly in the disco phase, when Barry's matchless falsetto often dominated, and they were renowned for their wide-ranging songwriting and producing skills.

The Gibb brothers were born on the Isle Of Man and migrated to Australia with their parents in 1958. They moved to Redcliffe, where the boys attended Humpybong Primary School and began performing to raise some pocket money. They had been born into a musical

family, with a father who was a drummer and bandleader and a mother who liked to sing. As kids, Barry and the twins rigged up a rehearsal stage in their family's rented home in Redcliffe where they charged locals pennies to attend their back yard improvised concerts progressing to performing regularly at Woody Point's Filmers Palace Hotel.

Bill Goode, a businessman working at the Redcliffe Paceway, hired the boys to perform on the back of a truck for pennies and it was he who first identified their talent and was instrumental by introducing them to Brisbane's foremost radio DJ, Bill Gates who saw them performing at Brisbane's Speedway Circuit. First called the



The Gibb Brothers just starting.
<http://www.glennlegge.com/wordpress/>



The Palace Hotel <http://www.woodypointqueensland.com/library>



The Bee Bees Megastars
http://menmedia.co.uk/chestereveningnews/tv_and_showbiz

Rattlesnakes, later Wee Johnny Hayes & the Bluecats, Bill Gates re-named them the “Bee Gees” after his and Goode's initials. Bill Gates, around this time at the Gibb's family kitchen table, signed up the boys.

They began their career in the musically rich 1960s but it was their 1977 Movie “Saturday Night Fever” soundtrack that sealed their success and entered them into the Rock and Roll Hall of Fame. The album's signature sound “blue-eyed soul” remains instantly recognisable more than 40 years after its release. The Bee Gees had transformed themselves into an enduring A-List powerhouse with the astonishing success of the song “Stayin' Alive” and others from the “Saturday Night Fever” soundtrack that accompanied the movie.

The Bee Gees sold a massive 200 million records only surpassed by The Beatles, Elvis Presley, Michael Jackson and Paul McCartney. They have written music for Dolly Parton, Diana Ross, Kenny Rogers and Celine Dion among others and their biggest hit albums *Saturday Night Fever* and *Staying Alive* are legendary.

Despite financial success, the Gibb family endured repeated tragedies; with the recent passing of Robin on 20th May 2012 following a long battle with cancer and intestinal surgery, Maurice died suddenly of intestinal and cardiac problems in 2003 and their younger brother Andy Gibb, who also enjoyed considerable chart success as a solo artist, having passed away in 1988 suffering from an inflamed heart muscle attributed to a severe viral infection.

Moreton Bay to Honour Bee Gees

“Redcliffe is where it all started for the Bee Gees and it was on the Peninsula that they played some of their first shows from the back of a fruit truck at the Redcliffe Speedway, and at The Palace Hotel”. As former students of Humpybong State School the Bee Gees would go on to sell more than 220 million records becoming one of

the top world music groups. Members of the Moreton Bay community have petitioned for a permanent tribute in honour of the Bee Gees to be erected.

On 21st May 2012 Mayor Sutherland said he would be taking a proposal to the next council meeting to name the walkway linking Redcliffe Parade with Sutton Street in the Bee Gees' honour. “It's a very special place in a central location that I think will be a fitting tribute to the Bee Gees and the role the Redcliffe Peninsula played in launching their recording career,” the Mayor said. “I'll also be asking council to consider options for a permanent tribute to the Bee Gees to become part of the walkway we'll name in their honour.”

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT

Dr Richard Kidd



Misuse of Medicare Provider Numbers and President's Tour - Far North Queensland

This will be my final report for Redcliffe and District Medical Association as president of AMA Queensland before handing over the reins to our incoming president Dr Alex Markwell.

To serve the members of AMA Queensland and advocate for you and your patients has been a very great honour and privilege. I am enjoying the considerable workload through the wonderful support of our CEO Ms Jane Schmitt and all the hard working dedicated staff of AMA Queensland, as well as the great (and unpaid) work of our Board and Council. Meeting many of our members and coming to appreciate their dedication and their inspiring leadership by example has been both personally humbling and exalting in pride that AMA Queensland has such worthy members.

Misuse of Medicare Provider Numbers

AMA Queensland is concerned not all Medicare Billing in Queensland Health hospitals complies with Medicare rules. To provide assistance to doctors, AMA Queensland has launched a campaign to our salaried doctor members to raise awareness of Medicare rules called 'Misuse of Medicare Provider Numbers'.

Currently Queensland Health specialist doctors can bulk bill for some services if they are exercising a right of private practice. These doctors will be personally liable for the misuse of their Medicare Provider Number in the event of a Medicare audit.

The AMA Queensland campaign outlines the Medicare billing and record keeping rules and deals with topics such as who can bulk-bill Medicare, how Medicare services can be separated from public services and how Medicare billing relates to doctors-in-training. We hope that by giving this information to doctors, we will empower them to speak to their hospitals about the way hospitals use their provider numbers.

A copy of the 'Misuse of Medicare Provider Numbers' campaign is available on AMA Queensland's website www.amaq.com.au.

President Tour: Far North Queensland

Along with Dr Noel Hayman and Alex Markwell, I recently travelled to Far North Queensland to learn more about current indigenous health and health services in the Torres Strait Islands, Cape York and Cairns.

It was very disturbing to see that rather than Closing the Gap we are about to see the Gap dramatically widen with children as young as 8 being diagnosed with Type II Diabetes. In some of the remote communities more than half of the adult population have type 2 Diabetes. Dr Hayman saw in Canada that indigenous childhood type 2 diabetes resulted in high rates of blindness, renal dialysis and amputations in people in their 20s and early 30s.

To see an ordinary smallish cauliflower sell for \$7 and smallish tomatoes \$1 each in the supermarket while high fat junk food was as "cheap as chips" and cost no more than in Brisbane and Cairns, brought home the nonsense of the Healthy Eating Campaign when remote communities cannot afford these outrageous prices for fresh food. We have to get nutritious healthy food to these communities at affordable prices, be it through subsidising or other means, such as Dr Hayman's suggestion to promote frozen veges and fruit.

I was appalled to find that a person could travel some 1000km or more from their community in remote areas of the Cape or Torres Strait and wait in the Cairns Base Hospital Emergency Department for more than 5 days for admission to the Mental Health Unit. 93% of people wait more than 8 hours and 10% wait more than 3 days.

A key learning for me is that we can no longer "do to" or "do for" indigenous people, we must "do with" local indigenous communities to improve health services in these regions. I was very impressed with work being done by Apunipima and Wuchopperen Indigenous Health Services, such as noted at Mossman Gorge where for the last 3 years all the babies have been born in the healthy weight range; no low birth weight babies.

I have been able to discuss all this with Mr Springborg and hope we will see some real improvement in the lot of people in remote communities in the Cape and Torres Strait.

Dr Richard Kidd
AMA Queensland President

Introducing:

Ms Sandra Moore
Clinical Business Manager
North Lakes Day Hospital



Montserrat were pleased to announce that Sandra Moore has commenced as the North Lakes Day Hospital Clinical Business Manager.

With 2 decades of experience, most recently as Clinical Services Manager at Holy Spirit North side, Sandra is a wonderful addition to the growing North Lakes facility. Sandra's background in Cardiac Surgery, Liver Transplants, Day Surgery and Hospital Accreditation sees North Lakes receiving a huge boost.

North Lakes Day Hospital has recently seen the addition of many well known local Surgeon's and Doctors. If you have any enquiries regarding North Lakes Day Hospital Sandra can be contacted on 07 3833 6758

Monash IVF



Due early 2012

www.monashivf.com

North Lakes

North Lakes Day Hospital

7 Endeavour Blvd

North Lakes 4509

T (07) 3345 4455

MEMBERSHIP NOTICE

If you have any topic of interests to share with our membership please email RDMAnews@gmail.com. The article can be either a Clinical or Non Clinical Topic, A Traveller's Tale, an Article for Discussion, Poems, an Advertisement or any combinations. Don't forget to email your articles and graphics to me for inclusion in our monthly RDMA Newsletter.

RDMA Meeting 24/04/12



RDMA President Wayne Herdy opened the meeting introducing Pascal Lamart representative for Sponsor Sanofi Pharmaceuticals. Speaker for the night was JColin Kenneth whose topic was Osteoporosis Myths and Management **Clock wise** from Bottom left hand corner: Mrs Margaret MacPherson: Past President Geoff Hawson with Glenn Talbot, Rod Havers, Colin Kenneth and Pascal Lamart, Kimberley Bondeson RDMA Vice President Mal Mohanlal newly published author and Shawn Rudd, GP from Harvey BAY candidate President Elect AMAQ, Eduardo Rodriguez (**New Member**) at Redcliffe Hospital with Peter Day, Colin Kenneth, Catherine Yelland, Simone Gonzo (**New Member**) and Megan Appleton (**New Member**).

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

- Date:** Wednesday 30th May 2012
- Time:** 7 for 7.30pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Financial members - FREE
Non-financial members \$30 payable at the door.
(Membership applications available)
- Agenda:**
- 7.00pm Arrival and Registration
 - 7.30pm Be seated - Entrée served
Welcome by Dr Wayne Herdy - President RDMA Inc.
 - 7.35pm Sponsor: Eli Lilly
 - 7.40pm Speaker: Dr Saibal Guha
Topic: Mental Health - The Big Picture
 - 8.15pm Main Meal, Question Time
 - 8.40pm General Business, Dessert, Tea & Coffee



RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 25th May

 **QML Pathology.**

AMAQ & FEDERAL BRANCH COUNCILLOR REPORT

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

Dr Wayne Herdy



Three Topics; End of an Era, National Conference and Queensland Health

Topic 1 The End Of An Era

This weekend will mark the end of an era, a rather short era but an era never the less. In the recent Federal AMA Elections I failed to win my seat back, and so I will no longer be a Federal Councillor.

I will still be sitting on AMAQ Branch Council as the North Coast Area Representative but my State Representation will not give me access to nearly as much information as my former Federal position did.

Never the less as your elected representative I will still be trying to pass on as much information to you as I can without breaching any security or privacy provisions.

Topic 2 National Conference

As this is going to press, National Conference is being held in Melbourne. National Conference has several functions; it is a show case for the AMA and it is a forum at which major contentious policy issues can be debated by a larger audience, than just the Federal Council. It is also the environment in which elections are held for the major office bearers who will lead the AMA for the coming year.

As a show case for the AMA it has a rather limited audience and there is a lot of debate about whether National Conference really serves this function or not. As a forum for debate it represents an opportunity for a select few, only 150 (or there about) AMA members attend National Conference and they are deemed to represent a wider view point within the AMA Membership. Never the less they are a select group and often self selected members will attend National Conference. However, they do give the AMA an opportunity to have a wider range of views expressed in forming AMA policy.

National Conference does not form AMA policy, at most it can advise and request Federal AMA to form policy and can give a wider viewpoint to Federal AMA but it does not make policy itself. It is up to the Federal council over the coming months or year to decide to the extent to which it will pay heed to the viewpoints expressed at National Conference.

The third function that of electing major office bearers is an anachronism, this is a fairly archaic and narrow way of electing particularly the president of Federal AMA. Only 150 members who are not necessarily representative of the wider AMA membership get to vote for the President, Vice President, Chair and Treasurer. The AMA has certainly been looking at whether this is a truly

democratic process or not and the AMA has considered on several occasions, during my term as Federal Councillor whether we should be revising our constitution to make the election process more democratic. Certainly it would be a better, fairer process, if every AMA member had the opportunity to vote for or against candidates for the major executive positions.

A downside however is that a truly democratic process, a presidential style of election, would open up the doors for corrupt processes, the person with the deepest pockets or the person prepared to spend the most money on campaigning has a better chance of succeeding in the election regardless of their true talent.

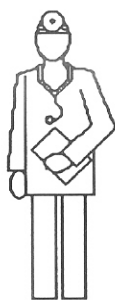
In the present process the members who are elected, are elected after the voters have had the opportunity to see them and hear them in person and often have personal knowledge of them for some time, before the election. If all AMA members were to vote for the president and other three office bearers, often they will be voting for somebody of whom they have no personal knowledge. It will be up to the AMA Federal Council to decide over the coming year or two or three to decide what is truly the fairest process for determining which individuals will control the path that the AMA follows.

Topic 3 Queensland Health

Now that we have a new State Government and a new State Minister for Health, AMA Queensland is looking for clear reform in the way that Queensland Health is doing business. Although possibly not the most important single topic to the patients of Queensland, a major issue for AMA members and certainly for Queensland Health employees is the question of fixing the payroll debacle. The payroll system has been introduced for years now and has still not been fixed despite expenditure of hundreds of millions of dollars and at cost of its members' welfare.

It will be a major challenge for the new minister to get the Queensland Health payroll fixed once and for all, regardless of the cost. Although a relatively small part of the Queensland Health budget, the cost of repairing a faulty system will be money well spent, because this will be the litmus test that demonstrates just how serious the new minister is about fixing up the problems in delivering health systems throughout Queensland. It is a result that we await with keen anticipation.

Wayne Herdy



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Free to the Medical Profession

MINISTER TO MEET LMA MEMBERS IN JUNE

State Health Minister, Ken McElligott, is expected to be a special guest at the June meeting of the Redcliffe and Districts Local Medical Association.

Mr McElligott originally responded to a written invitation for the August meeting but offered to come earlier if it could be arranged.

The LMA executive has now invited the Minister to the meet-

ing on June 29.

He is expected to be well prepared for the face-to-face meeting with the medical profession.

On June 12, the Minister is due to meet the Gold Coast

branch of the General Practitioners Association - a militant group which has already prepared a long list of grievances it wants to raise with the State Government.

The Pfizer company

will be the sponsor of the May meeting of the Redcliffe and Districts Local Medical Association.

The meeting will be held at the Golden Ox Restaurant, Redcliffe, on Friday, May 25 from 7pm.

Guest speaker at the meeting will be Dr Greg Stainton-Smith who will deliver an update on rheumatology, with special interest to general practice.



Health Minister, KEN McELLIGOTT

Amid a mass of official confusion over the makeup of the Redcliffe Hospital Board, the medical profession's call for continued representation is behind heard by the State Health Minister, Mr McElligott.

The long tale of uncertainty about the board began with the news that long-standing chairman, Phil Rogers had retired and been replaced by Brian Dobinson.

While Mr Dobinson's appointment caused a flutter of disapproval in some political circles, the committee of the Redcliffe and Districts Local Medical Association became more concerned at the reported retirement of Dr Mal Aitken which was not generally known.

Investigations by the LMA revealed the confusion within the Minister's office over the board.

It was confirmed that the Minister and Cabinet will go ahead with the planned sacking of all hospital boards on June 30, 1991;

It was confirmed that

there was a vacancy on the board, for which recommendations were being prepared for submissions to Cabinet, but

At that stage the Minister's office knew nothing of the retirement of Dr Aitken.

Officially, the Minister's office confirmed that the Board was made up of Mr Dobinson, and local business identities Robert Sutherland and Alexander Brown.

But inquiries with Dr Aitken confirmed he had

retired and that in his opinion Mrs Sheila Wilson, a councillor from Caboolture was still a member.

This raised the possibility that the Minister's office had other information about Mrs Wilson but further inquiries raised the reply that: "At this stage, there have been no developments in the appoint-

ment of a replacement for the vacancy on the Board."

Meanwhile, the LMA has called on the Government to ensure that Dr Aitken is replaced by a medical practitioner, even if it is only for a 13 month period.

The executive has expressed concern that the first vacancy was being filled, apparently without any refer-

Saga of the vacant seat on the board

Radiation Issues in Diagnostic Imaging

There has been a significant amount of interest in both the medical literature and the popular press over the last couple of years about the safety of radiation in diagnostic imaging.

Many of the diagnostic imaging modalities utilise radiation to provide the high quality images that we all rely on to allow accurate diagnosis, imaging guided therapeutic interventions and to assess the results of treatment. These include radiographs, Fluoroscopy or screening, Computed Tomography (CT) and Nuclear Medicine.

How much radiation is involved?

The most commonly used unit of radiation exposure is the Sievert (Sv), which is a measure of the amount of radiation directly absorbed into tissues with a correction made for the relative sensitivity of the involved body parts to radiation.

A simpler way to consider radiation exposure is to compare it to background radiation exposure.

Every day of our lives we are exposed to radiation, known as background radiation and depending on where a person lives, this is generally about 2-3mSv/year.

A single projection chest x-ray requires a tiny amount of radiation, usually about 0.02mSv. This amount of radiation exposure is essentially insignificant, representing the same amount of radiation we are all exposed to every 2-3 days.

As a generalisation, most radiographs or x-rays require small radiation exposures.

CT scans and Nuclear Medicine studies result in larger radiation doses. An average CT scan of the abdomen may yield a dose of 5-10mSv. This is equivalent to only 2 or 3 years of normal background radiation exposure. Radiation exposure from CT is often described in terms of "chest x-ray equivalents". Whilst it is true that a CT scan of the head is equivalent to approximately 100 chest x-rays, it is not a helpful description as a chest x-ray results in only a minor radiation dose.

The following page has a list of some common diagnostic imaging tests and the estimated radiation exposure from each.

What are the risks of medical radiation exposure?

There are three main types of risk:

- **Immediate effects.** These are very rare in diagnostic imaging and more likely with radiotherapy, although there have been reports of focal baldness and skin erythema in the United States following CT perfusion studies in stroke patients. Investigations have shown that these have been due to either technician error or software malfunctions.



- **Long term effects.** In particular an increase in lifetime risk of cancer. Other potential long-term effects include birth defects if mothers are exposed during pregnancy.
- **The need for repeated exposure.** It is possible a test may find a potential abnormality for which additional tests that may also use radiation may be required.

What is the risk of cancer?

The exact risk is difficult to predict and most of the information used to calculate this risk is based on the risk of cancer in survivors of nuclear bomb blasts in Japan in World War II, as well as other large scale radiation exposures, involving much higher doses than are seen in diagnostic imaging. Whilst there are some similarities between this type of exposure and medical radiation, there are also significant differences.

There is no strong evidence that radiation exposure of less than 100mSv produce an increased risk of cancer. This is equivalent to at least 10 CT scans of the abdomen. However statisticians have suggested an increased chance of cancer probably does exist, based on extrapolation of data from people exposed to high doses, using a linear model. It is estimated at 1 in 16,000-20,000 risk of cancer sometime in the person's lifetime at exposure to 1mSv. Most normal x-ray series would be at or below this level.

Almost all CT scans and Nuclear Medicine examinations involve radiation exposures of less than 10mSv. Using the linear model most accepted in the scientific literature, 10mSv of exposure gives a lifetime risk of 1 in 1600-2000 of malignancy. The FDA in the USA states a 1 in 2000 risk.



1. The fattest knight at King Arthur's round table was Sir Cumference. He acquired his size from too much pi.

2. I thought I saw an eye doctor on an Alaskan island, but it turned out to be an optical Aleutian.

3. She was only a whiskey maker, but he loved her still.

4. A rubber band pistol was confiscated from algebra class, because it was a weapon of math disruption.

5. No matter how much you push the envelope, it'll still be stationery.

6. A dog gave birth to puppies near the road and was cited for littering.

7. A grenade thrown into a kitchen in France would result in Linoleum Blownapart.

8. Two silk worms had a race. They ended up in a tie.

9. A hole has been found in the nudist camp wall. The police are looking into it.

10. Time flies like an arrow. Fruit flies like a banana.

11. Atheism is a non-

prophet organization.

12. Two hats were hanging on a hat rack in the hallway. One hat said to the other: 'You stay here; I'll go on a head.'

13. I wondered why the baseball kept getting bigger. Then it hit me.

14. A sign on the lawn at a drug rehab center said: 'Keep off the Grass.'

15. The midget fortune-teller who escaped from prison was a small medium at large.

16. The soldier who survived mustard gas and pepper spray is now a seasoned veteran.

17. A backward poet writes inverse.

18. In a democracy it's your vote that counts. In feudalism it's your count that votes.

19. When cannibals ate a missionary, they got a taste of religion.

20. If you jumped off the bridge in Paris, you'd be in Seine

21. A vulture boards an airplane, carrying two dead raccoons. The stewardess looks at him and says, 'I'm sorry, sir, only one carrion allowed per passenger.'

22. Two fish swim into a concrete wall. One turns to the other and says 'Dam!'

23. Two Eskimos sitting in a kayak were chilly, so they lit a fire in the craft. Unsurprisingly it sank, proving once again that you can't have your kayak and heat it too.

24. Two hydrogen atoms meet. One says, 'I've lost my electron.' The other says 'Are you sure?' The first replies, 'Yes, I'm positive.'

25. Did you hear about the Buddhist who refused Novocain > during a root canal? His goal: transcendental medication.

26. There was the person who sent ten puns to friends, with the hope that at least one of the puns would make them laugh. No pun in ten did.

27. Diverse - a Welsh Poet

28. Do Laxative salesmen have regular customers?

29. Is Sugar Diabetes a Welsh boxer?

SNAPSHOT FROM THE PAST - Doctors Vote On Board REDAMA Newsletter from May 1990 Issue 13, page 3

Doctors call for voice on hospital board

• From Page 1

ence to the medical profession or perhaps Redcliffe City Council or the business community for any nominations.

In a media release early in May, the LMA offered to draw up a list of medical practitioners for consideration by the Minister, Mr McElligott, in his search for a replacement for Dr Aitken.

The release quoted the LMA president, Dr Kerry Garske, as saying: "There are several doctors well qualified to serve on the board, even if it is only for a one-year period."

"It would seem very strange indeed to have a board dealing with health and medical matters not able to call on the opinion of an experienced medical practitioner."

And, he said, the LMA was not joining the criticism from some circles on the appoint-

ment of Mr Dobinson to replace Mr Rogers.

"The medical profession will be satisfied as long as Mr Dobinson is prepared to take account of any submissions the medical profession might make in the overall interests of patients and their medical providers," Dr Garske said.

"We would like to see the new board be open in its meetings and activities and maintain communication with the medical profession for the benefit of all."

Dr Garske said it was timely to remind the Board that the Act governing the actions of Hospital Boards provided that their meetings could be open to the public and the media.

"If the Minister wants to demonstrate his determination to clean up the entire hospital boards system, perhaps he should order them to hold open meetings for the duration of their appointments," Dr Garske said.

Sports Briefs

"Injury In Contact Sport" is the theme of a seminar in Brisbane on Sunday, June 24.

The seminar will feature sessions on prevention, assessment, treatment and rehabilitation of injuries commonly found in contact sports.

Venue is the Amenities Block of the Kelvin Grove Campus of the BCAE from 9am. to 12.30pm.

As a bonus, the seminar coincides with the Australia versus France Rugby Union Test at nearby Ballymore.

The North Queensland Medical Conference in Mackay from September 17 to 21 will feature a full day on sports medicine.

MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #91

Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com



Mazda 3 Neo “Zoom, Zoom, Zoom”

With \$25,000 to spend on a new car for my father I knew I would have no trouble finding him some affordable and reliable wheels. There are some big sellers in this price bracket and top of the list is the Mazda 3. Not only does it outsell the Toyota Corolla, Mitsubishi Lancer, Hyundai i30 and the Kia Cerato, but it is also Australia’s top-selling car.



In early 2012 there has been some very keen pricing from manufacturers with the best equipped package coming from Mitsubishi who were recently offering a Platinum Edition Lancer with heated leather seats, a body kit and a reversing camera with the screen ingeniously located in the rear view mirror. Whilst I’m not a big fan of CVT transmissions I was impressed with all of the Lancer’s fruit, but my father had never owned a car with leather seats let alone a body kit and wasn’t about to change that.

The Toyota Corolla is a pleasantly styled car and for those who find parking difficult the hatchback is one foot shorter than the sedan, but the Toyota’s test-drive drive left me wanting. With only four speeds in the auto and only 100 kW under the hood it felt lethargic and really couldn’t keep up with the competition. Undoubtedly, Toyota owners keep buying Toyotas, but the Corolla drove like a tortoise and did not impress me.

For geographical reasons I purposely didn’t take my father to the Hyundai dealer, but he somehow found himself having a test drive with a very nice Korean sales lady. The fact that the i30 model was about to be superseded didn’t faze my Dad and somehow the i30 always seemed to be a magical \$1,000 cheaper than the competition. It had a real spare and even though there were only four speeds in the automatic my father’s comments were that “it seems to go OK”.



Suddenly the i30 became irresistible when my father saw it advertised for \$14,888 on the road drive-away. I pointed out that was for a 2011 non-metallic manual model with only six months registration and that we’d

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have to find a driveable wreck to get the \$3,000 guaranteed minimum trade-in allowance which was part of the deal. At the end of the day it didn’t really seem like such a good deal after all.

All of this led us to the local Mazda dealership where an overwhelming number of Aussie motorists have been finding their

wheels. The base model Mazda 3 Neo automatic has five speeds, alloy wheels and cruise control and at \$23,990 on the road drive-away it looked like a steal. It was easily the nicest car to drive even though I’m not fond of the hatchback’s styling. Some of the competitors may have



longer warranties, better fuel economy or more cogs in the gearbox, but the Mazda 3 was a podium finisher in most areas and overall it was easily the best car we

drove.

After making the decision to purchase the Mazda 3 I was able to further negotiate another 10% off the already discounted sticker price which meant my father’s car was \$21,700 all up on the road including a normal steel rim in lieu of the space-saver spare.

Who knows, maybe with the change from my \$25,000 I could have bought a Hyundai as well!

Mazda 3 Neo Hatchback Automatic

For: Nice to drive and great build quality.

Against: Thirstier than the opposition.

This car would suit: Retirees.

Specifications:

2.0 litre 16 valve 4 cylinder petrol
108 kW power @ 6,500 rpm
182 Nm torque @ 4,500 rpm
5 speed automatic
8.2 l/100 km (combined)
\$21,700 on the road after the dealer

discount

Safe motoring,
Doctor Clive Fraser

REDCLIFFE DISTRICT MEDICAL ASSOC (RDMA) VICE PRESIDENT

Dr Kimberley Bondeson

17 New Hospital & Health Boards, Superclinics and NEHTA



We have changes occurring with the new State Government, most notable is the Local Hospital Boards. There will be at least 17 new boards to run the states 128 hospitals. The boards will begin operating from July 1. In more populated areas, Mr Springborg plans to establish a series of ancillary boards. Each board will have to have a doctor or nurse as a member and each chief executive will be subject to the direction of the minister. The boards will be required to seek ministerial approval if they intend to end an existing hospital service.

The new Health Minister, Lawrence Springborg, along with new Assistant Health Minister, Dr Chris Davies are hopefully going to get this right. It makes sense, to have local people managing local hospital issues, staffing, and budget.

The issue of Superclinics is still ongoing, with an independent Auditor appointed to investigate the \$650 million GP Superclinic program. These GP Superclinics have been set up in areas of political advantage, and not where they are practically needed.

An example of this is seen here in Redcliffe, where a multi-million dollar building has been built in the Redcliffe hospital grounds. It still does not have a GP in it. In fact, the powers-that-be who are trying to organize staffing for it, have been ringing around local GP surgeries, trying to poach Registered Nurses to work as independent Nurse Practitioners.

Nurse only clinics do not work financially, as is proven by the recent closure of the Smartclinic at Chermside, which had begun using nurses to fill the roles of doctors, and has recently reverted to using doctors instead.

I am still amazed that the government seemingly goes blindly on with wasting tax-payers money on various schemes, without listening to the people in the medical fraternity, who are actually at the front line.

One of the newest schemes is the National E-Health Transition Authority (NEHTA), which is supposed to be operational by July 1, and is responsible for \$760 million of funds. It is trying to design an e-health system which

will allow patients to set up a personalized e-health record listing allergies, medications, x-rays, tests and a summary.

GP's are supposed to initiate and set up these e-health records, which the patient will have control over. The patient can delete any information that they don't like. So, their HIV and mental health history can be absent. This makes the record worthless. And believe me, patients will do this. One patient of mine recently forgot to tell me that they had diabetes, another that they had three strokes. Mental Health and Sexual Health History are often carefully avoided by patients.

The government is pressuring GP's to do the work on these summaries (without any Medicare rebate to the patients) by making GP participation mandatory for the GP practice to be eligible for certain PIP payments (which they already have been eligible for, without the e-health summaries).

In fact, the government has carefully excluded the e-health summaries from being included as part of a normal level B or C consultation which would attract a Medicare rebate for the patient. They have to be treated as a fully private consultation. The government seems to forget, we already do medical histories and summaries for our patients, particularly the elderly, infirm and disabled patients.

NEHTA has already spent its 3 year \$218 million budget, holding 732 functions for stakeholders since January last year. It spent \$871,000 on taxi fares in the last 2 financial years, \$118,000 on business class international airfares, and \$2.1 million in total on travel.

In this case, I have to agree with the Opposition e-health spokesperson, Andrew Southcott, who claims that this scheme has all the signs of being "pink batts on steroids".

Kimberley BONDESON
RDMA Vice President

BRIEF PAPER : The Reversal of OSTEOPOROSIS AND OSTEOPENIA WITH ORAL SUPPLEMENTS,

Contribution by
Dr John H Eckersley

FRACGP.Dip.RACOG. MBBS.

RACGP Conference Oct 27.2012.

via email gp12@saneevent.com.au

THE UNION OF MAL/ LONG DELAYED UNION OF 3 FRACTURES OF THE LOWER LEG HEALED.

THE IMPROVEMENT OF BONE MINERALISATION BY10% IN 3 OSTEOPOROTIC PATIENTS WITH NUTRITIONAL SUPPLEMENTS.

3 cases, 2 in Victoria and 1 in Queensland with FAILURE OF UNION OF TIBIA & FIBULA FRACTURES, and awaiting anticipated amputation HAD FRACTURES HEAL WITH addition of OSTEOAPATITE WITH BORON to the revision of ANTIBIOTIC PROGRAM, Done as outpatients , to the author's consulting room, with the fore-agreement of the ORTHOPAEDIC SURGEONS INVOLVED.

Using OSTEOAPATITE WITH BORON AS ORAL TREATMENT, 2 menopausal women showed 0 % bone loss over the bi annual serial Densitometry. Melbourne University. demineralisation over serial Densitometry, measured by the Bone Study Group Geelong Hospital Melbourne University. Over recent years, the same medication with the addition of CALCIVITE K. I NOCTE has shown a bone density improvement of 10% as revealed in serial Densitometry DEXA SCAN MEASUREMENTS in 3 PATIENTS WITH SEVERE OSTEOPOROSIS

Conclusion: Osteoporosis & Osteopenia are expressions of multiple vitamin & mineral deficiencies which are fully reversible with appropriate nutritional supplementation.

The Medications which have shown this dramatic first documentation of reversal of declining bone density and bone mineralisation of age, are: Osteoapatite with Boron & Calcivite K.

Osteoapatite with Boron Contents are:

- Calcium Hydroxy Appatite. 130mg. Cal. From 520mg microcrystalline Cal Hydroxyapatite,
- Cholecalciferol 50 I.U. Vitamin D3. 1.2 mcg.
- Manganese as amino acid chelate 5mg,
- Zinc as Zinc amino acid chelate 3.0mg.
- Copper as copper gluconate 300mcg .
- Boron as Borax 1mg.

Calcivite K. Contents are:

- Calcium as calcium citrate 1190 mg.
- Cholecalciferol 2.5 mcg. Vit D equiv. 100 I.U.
- Vit K. Acetomenaphthone 2.5mcg
- Ascorbic Acid Vitamin C. 50mg.
- Zinc amino acid chelate. 15mg. Equiv. To 3mg. Zinc.
- Manganese 10mg. As amino acid chelate, equivalent manganese 1mg.
- Copper Gluconate Equivalent 250mcg Cu. 1.8mcg. Horsetail herb, equisetum arvense extract equivalent to 150mg dry herb.

PAPER SUBMITTED BY DR JOHN H. ECKERSLEY 502144 < john.eckersley7@gmail.com > P

Both Literature Search RACGP. Library and Professors of the Melbourne University Bone Study Group of Geelong Hospital advise the author that this is the first time they have seen significant evidence of NUTRITIONAL IMPROVEMENT OF OSTEOPOROTIC BONE DENSITY with nutritional supplementation.

SPECIFIC NUTRITIONAL SUPPLEMENTATION, OF OSTEOAPATITE WITH BORON and CALCIVITE K. WILL REVERSE OSTEOPOROSIS / OSTEOPENIA..

1. Approximate COST 45 cents PER DAY,
2. INTEREST: The author has no financial relationship with nor receives any gain from Nutrition Care Australia, the Manufacturer of Osteoapatite K & Calcivite..
3. THE UNION OF MAL/ LONG DELAYED UNION OF 3 FRACTURES OF THE LOWER LEG
4. THE IMPROVEMENT OF BONE MINERALISATION BY10% IN 3 OSTEOPOROTIC PATIENTS WITH NUTRITIONAL SUPPLEMENT.S

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3. Re e-mailed on events FORMAT. 25/04/2012

World literature search RACGP Library, shows 0 papers with BONE DENSITOMETRY MEASURED bone density improvement with oral natural therapies. Using identical therapy, 2 menopausal women showed 0 % bone demineralisation over serial Densitometry, measured by the Bone Study Group Geelong Hospital Melbourne University. Using the addition of CALCIVITE K. I NOCTE 3 ADULTS WITH OSTEOPOROSIS SHOWED A 10% IMPROVEMENT IN Densitometry measured by DEXA Scan.

EXECUTIVE DIRECTOR, REDCLIFFE HOSPITAL *Dr Donna O'Sullivan*



Redcliffe Hospital Celebrates the Historic Milestone Birth of our 60,000th Baby

April and May have provided many challenges for the staff of Redcliffe Hospital as we have managed our very busy Emergency Department, Operating Theatres and record activity in our Birthing Suites.

We have also made time to commemorate and celebrate an important milestone – the birth of our 60,000 baby at Redcliffe Hospital since our facility was established in the mid 1960s.

Looking back, the connection between Redcliffe Hospital and the community of the Peninsula and its surrounds has remained strong over the years, with many local visitors to the facility expressing pride in the hospital and sense of ownership, particularly among our older patients.



Redcliffe Hospital's 60,000th Baby celebrating on her special day with her mother.

The connection began with the determination of the local people to establish better healthcare options for their region, as far back as the 1940s, when enterprising fundraisers literally put their homes on the line to fund a private hospital. The idea was to prove to the state government that a hospital at Redcliffe would be feasible and viable.

In the 1950s, the closest hospital option for pregnant mothers in our area was a long trip to the Royal at Herston. Many a baby was delivered on the side of the highway, until the government of the day built our hospital for the community in 1965.

The Redcliffe Herald newspaper of the time reported our first baby born was Margot Louise Dunphy. Margot arrived at 1.15 am on July 2nd. In a delightful gesture, the Lions Club of Redcliffe presented Mrs Dunphy with an engraved silver cup to mark Margot's birth – and a dozen red roses. A similar silver cup was presented two days later when the first boy, John James Frawley, was born at the hospital.

The original hospital building had capacity for 96 patients. In the Maternity Ward, 24 beds were opened, plus four air conditioned delivery suites and a nursery. Five Registered Nurses and eight Nursing Assistants made up the entire Maternity team.

Redcliffe's first Matron was Nette Corbett, Tom Preston was the Hospital Manager and Dr Graeme Hyslop the Medical Superintendent, the sole doctor at the hospital. Later a Registered Medical Officer was added to the team, and the hospital received medical support from the private sector from Doctors Wilson and Elliott.

Maternity practices have continued to evolve since those early days, in line with the needs of our patients.

At Redcliffe Hospital, Obstetrics and Gynaecology work in a collegial atmosphere with the Maternity Unit. This benefits everyone as we strive to offer women the best care in a model which suits their needs.

This year, the establishment of the Ngarrama Antenatal and Birthing Program for Aboriginal and Torres Strait Islander mothers has seen some remarkable achievements in connecting mother and midwife in a way which benefits both, at a time when a woman – a mother – is at once at her most powerful and at the same time, perhaps at her most vulnerable...at the birth of her baby.

Celebrating the birth of the 60,000th baby born at Redcliffe Hospital, in a year of record births has been a joyous event – and one that gives pause for thought on the future health needs of our community.

Donna O'Sullivan



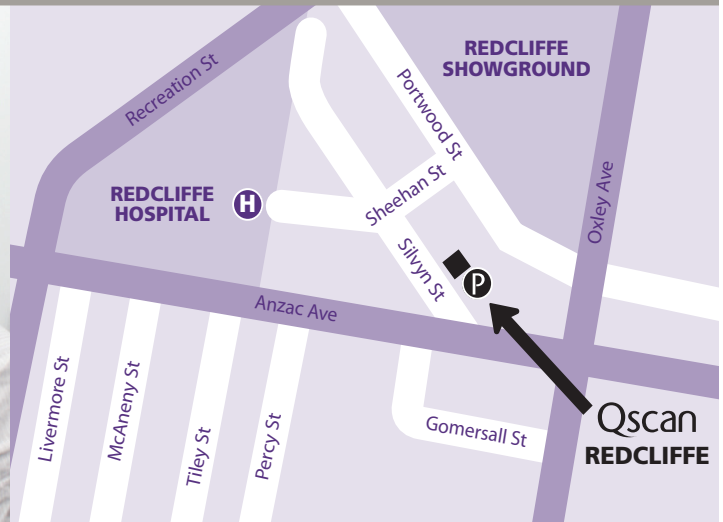
Redcliffe Hospital Maternity Services Staff mark the celebration with the 60,000th baby, her parents and special guests.

- MRI • CT • Ultrasound
- X-Ray • OPG
- Nuclear Medicine
- Bone Mineral Densitometry
- Interventional Radiology
- Sports Medicine Imaging
- Workers Compensation



- Dr Eric Sclavos
- Dr Hal Rice
- Dr David Leggett
- Dr Mark Hansen
- Dr Stephen Drew
- Dr David Simpson
- Dr Adrian Khoo
- Dr Tim Hooper
- Dr James FitzGerald
- Dr Mark Burgin
- Dr Gary Shepherd
- Dr Thomas Hess
- Dr Laetitia de Villiers
- Dr Tanya Wood
- Dr Anthony Litzow
- Dr Gregory Amos
- Dr Peter Jackson

Qscan's largest clinic is now open in Redcliffe



Our multi-modality clinic offers the only full spectrum of radiology services in Redcliffe including:

Digital Plain Film • Ultrasound
• 64 Slice CT • MRI • Nuclear Medicine including SPECT CT

Qscan Redcliffe
6 Silvyn Street, Redcliffe

07 3357 0922

qscan.com.au

WorkCover claims process and your legal obligations

Working with WorkCover Queensland

This session will provide answers to the following questions:

- How to navigate through the system to have your bills paid quickly?
- How to manage a workers' compensation claim for your practice?
- What is reasonable Management Action?
- What are your legal obligations?

In addition you will also hear more about WorkCover's new online services.

Q-Comp's Regional Network Program

This session will introduce attendees to Q-COMP's Regional Network Program - a new initiative that has appointed regional representatives across 10 locations throughout Queensland to facilitate and provide free ongoing education sessions on relevant topics.

Who is presenting?



Sarah Vandersee,
Manager - Customer Services, WorkCover

Sarah Vandersee has worked for WorkCover Queensland for nearly 15 years. She has worked with all aspects of the business from deciding claims, managing claims to resolving common law claims. Her depth of experience means she can assist her stakeholders to resolve issues, improve understanding and outcomes. She is passionate about building relationships with doctors to improve the communication between the insurer, employer worker and the treating practitioner.



Sonia Minniecon - GCertMgt, Dip Frontline Mgt
Education and Engagement Manager, Q-COMP

Sonia has worked within the workers compensation industry for over 20 years. She leads the team responsible for the development and implementation of education of stakeholders working within the Workers' Compensation scheme in Queensland and part of this role is responsible for the development and implementation of the Regional Network program. Prior to Sonia taking on her new role she was Manager of the Return to work assist unit and was responsible for the development and implementation of this key program. Growing up in regional Queensland herself, Sonia is passionate about providing local support to local people.

Who should attend?

Employers, Employees,
Doctors, General Practitioners,
Sole Practitioners, Practice Managers

Interactive Workshop inclusions

Arrival tea/coffee, biscuits, course notes

Interactive Workshop duration

3 hours

To register

Please complete and submit the **registration form** on the next page to AMA Queensland.

For assistance with registration or any other matter, please call (07) 3872 2216.

BRISBANE SOUTH

Thursday 14 June 2012, 9.00am-12.00pm
Runcorn Tavern, 124 Gowan Road, Runcorn

BRISBANE NORTH

Friday 15 June 2012, 9.00am-12.00pm
Virginia Golf Club, Elliott Road, Banyo

SUNSHINE COAST

Monday 18 June 2012, 9.00am-12.00pm
Sunshine Coast Division
7 The Esplanade, Cotton Tree

GOLD COAST

Thursday 19 June 2012, 9.00am-12.00pm
Freshwater Point Resort
33 T E Peters Drive, Broadbeach

TOOWOOMBA

Thursday 21 June 2012, 9.00am-12.00pm
Empire Theatre, 56 Neil Street, Toowoomba

IPSWICH

Friday 22 June 2012, 9.00am-12.00pm
Metro Hotel Ipswich International
43 South Street (Cnr Foote Lane), Ipswich

SPECIAL OFFER:

**BRING AN ATTENDEE
AND RECEIVE 30%
OFF THEIR FEE**

Fees:

Award Subscription Members:

First attendee: \$67.50
Additional attendees: \$47.25

AMA Members:

First attendee: \$75.00
Additional attendees: \$52.50

AAPM Members:

First attendee: \$85.00
Additional attendees: \$59.50

Non-Members:

First attendee: \$99.00
Additional attendees: \$63.90

Supported by:



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Depression.

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Pine Rivers
PRIVATE HOSPITAL

3881 7222

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Enrol in the Surgical Skin Audit



- **Assess** the accuracy of your identification, detection, and histological and provisional diagnoses of skin lesion cases
- **Compare** your case results with other doctors
- **Receive** graphical reports, statistics and data on a monthly basis
- **Earn** 40 RACGP QI&CPD Category 1 points and/or 30 ACRRM PRPD points

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

MEMBERSHIP NOTICE

If you have any topic of interests to share with our membership please email us at RDMAnews@gmail.com.

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

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

Email: RDMAnews@gmail.com.

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42 Macquarie Street, Barton ACT 2600:
PO Box 6090, Kingston ACT 2604

ABN 37 008 426 793

T: (02) 6270 5400 F (02) 6270 5499
Website : <http://www.ama.com.au/>



AMA NATIONAL CONFERENCE 2012 (Twitter #AMANC2012) SUCCESS OF STATE AND TERRITORY AMAs RECOGNISED

AMA President, Dr Steve Hambleton, tonight presented the Presidents and CEOs of the State and Territory AMA organisations with awards for their exceptional work in advocacy and communications.

The categories for the awards were Best Lobby Campaign, Best Public Health Campaign, Best State Publication, and Most Innovative Use of Website or New Media. This year's highly deserving winners include:

Best Lobby Campaign: AMA Western Australia – Four hour rule campaign

The judges said, “The AMA Western Australia campaign stood out on a number of grounds. It was based on a deliverable aim that would benefit the entire community and showed tremendous understanding of how to formulate and conduct a specific lobbying campaign”.

Best Public Health Campaign: AMA New South Wales – Preventable Child Deaths and Injuries campaign

The judges said, “The AMA New South Wales campaign was outstanding not only for media and political influence, but also because of the effort AMA NSW made to engage with broader networks to establish strategic partnerships”.

Best State Publication: AMA South Australia

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

– MedicaSA. The judges said, “MedicaSA carries an engaging balance of sombre issues like palliative care leavened with human anecdote. The layout is simple, enlivened by arresting headlines and breakout quotes, which invite the reader into another dimension of their working world”.

Most Innovative Use of Website or New Media: AMA New South Wales – Informz survey technology

The judges said, “AMA New South Wales’ adoption of the Informz survey technology has given it a tool that enables easy and accurate collection of data on any topic. The survey tool provides a vital way of not only keeping members informed, but collecting their views on any given topic, which has many uses including helping shape policy decisions”.

Dr Hambleton praised all the State and Territory AMA organisations for the high quality of their work and efforts to advance the interests of their members.

25 May 2012
CONTACT:
John Flannery
02 6270 5477 / 0419 494 761

Kirsty Waterford
02 6270 5464 / 0427 209 753
Follow
AMA Media: http://twitter.com/ama_media
AMA President: <http://twitter.com/amapresident>

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

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

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

Meeting dates are in the date claimers on page 4

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

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CHANGES TO CLASSIFIEDS

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

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

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

**REDCLIFFE AND DISTRICT MEDICAL
ASSOCIATION Inc.
ABN 88 637 858 491**

NOTICE TO ALL NEW AND PAST MEMBERS

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

Dear Doctor

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

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

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

Yours sincerely

Dr Peter Stephenson
Treasurer

ABN 88 637 858 491

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

1. Dr. _____
(First Name) (Surname)

2. Dr. _____
(First Name) (Surname)

1. **EMAIL ADDRESS:** _____@_____

2. **EMAIL ADDRESS:** _____@_____

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

CBA BANK DETAILS:

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

METHODS OF PAYMENT:

1. PREFERRED INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: Remember: INCLUDE your name i.e: Dr. F. Bloggs, RDMA A/c & date:

3. ENCLOSED PAYMENT: (Note: Member Subscription Form on website for you to type directly into and email)

- i) Complete form & return: c/-QML or Redcliffe & District Medical Assoc Inc. P O Box 223 Redcliffe 4020
- ii) Or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work



The Bee Gees
www.couriermail.com.au/...bee-gees



The Great Western Hotel 1883 (present site of The Palace Hotel) until it burned down in 1902 <http://www.queensland.com/library/>

The Palace Hotel Remembers The Bee Gees



A new hotel was built on the site by Pearson Cameron and named "The Palace", (above) which continues to trade to this day. <http://www.queensland.com/library/>