RDMA
REDCLIFFE & DISTRICT
LOCAL MEDICAL ASSOCIATION

Newsletter
MAY 2013

Woorim

See Woorim in our historical article in our regular Where We Live And Work segments page 3 and 20.

President's Message . Dr WAYNE HERDY

AMA NATIONAL CONFERENCE, 24 – 26 MAY 2013, WESTIN HOTEL, SYDNEY
Your president rushed from trekking on the Kokoda Trail to AMA National Conference. Sessions are broadcast https://ama.com.au/nationalconference join him for highlights.

"Australia's Health System: What's The Treatment"
Conference highlights include:
Friday 24 May
10.00am Welcome to Country Official Opening and Address. Her Excellency Professor Marie Bashir AC CVO, Governor of NSW.
10:30am President's Address.
10:55am Award: MJA, MDA National Prize for Excellence in Medical Research

11.30am Federal Election 2013 - Health Policy Overview Address by Shadow Minister for Health and Ageing, The Hon Peter Dutton MP

12:00pm COAG Reform Council Health Report Launch Address by the Hon John Brumby, Chair, COAG Reform Council. The report, Healthcare 2011–12: Comparing performance across Australia, assesses governments' progress in achieving the reform commitments under COAG's National Healthcare Agreement.

1.30pm Federal Election 2013 - Health Policy Overview Address by the Minister for Health, The Hon Tanya Plibersek MP.

2.00pm Policy Session: Revalidation
Baroness Sheila Hollins, President, British Medical Association. Dr Joanna Flynn AM, Chair, Medical Board of Australia, Professor Ron Paterson, Professor of Health Law and Policy, University of Auckland.

7.30pm Leadership Development Dinner
Keynote Speaker: Dr Sam Prince, medical doctor, entrepreneur and philanthropist. He started the Mexican restaurant chain, Zambrero, when he was a 21-year-old medical student. He founded his not-for-profit organisation, One Disease at a Time, in 2010, and manages the charitable foundation, E-magine.

Saturday 25 May
9.00am Policy Session: Finding ways to provide the best possible end-of-life care. Dr Peter Saul, Director, Intensive Care, Newcastle Private Hospital ,Professor Michael Ashby, Director, Palliative Care, Royal Hobart Hospital and Southern Tasmania Health Organisation, Dr Kate Robins-Browne, General Practitioner.

11:30am Election 2013 Health Policy Session: The Politics of Health. Hosted by Ms Sophie Scott, National Medical Reporter (ABC TV). Mr Peter Lewis, Director, Essential Media Communications, Dr Jeremy Sammut, Research Fellow, Centre for Independent Studies, Mr John Della Bosca, Former NSW Health Minister, Campaign Director, National Disability and Carers Alliance, Ms Sue Dunlevy, National Health Correspondent, News Limited.

2.30pm Policy Session: A Market Economy for Health
Professor Just Stoelwinder, Chair, Health Services Management, Dr Brian Morton, Chair, AMA Council of General Practice, Dr Rohan Mead, Group Managing Director, Australian Unity.

Sunday 27 May
9.00am Policy Session: Health has a postcode – Society's ills and individuals' health. Professor Victor Nossar, Program Leader, Child & Youth Health, Department of Health (NT), Dr Harald Klein, Director, Community Building and Economic Participation, Victorian Department of Human Services, Dr Mark Kennedy, General Practitioner.
CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

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

2013 MEETING 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

Tuesday February 26th
Wednesday March 27th
Tuesday April 30th
Wednesday May 29th
Next Meeting — Tuesday June 25th
Wednesday July 31st

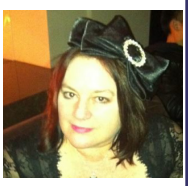
Annual General Meeting
Tuesday August 27th

Wednesday September 18th
Tuesday October 29th

End of Year Networking Function
Friday November 29th

CONTACTS:

President & AMAQ Councillor:
Dr Wayne Herdy
Ph: 5476 0111



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JUNE NEWSLETTER 2013

The 19th June 2013 is the timeline for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at RDMAnews@gmail.com
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INSIDE THIS ISSUE:

Woorim, Queensland

Woorim is a suburb located on the shores of the Pacific Ocean on the eastern side of Bribie Island linked to the mainland by bridge. Woorim is home to the Bribie Island Research Centre and where the Bribie Island Golf Club is located. This fantastic stretch of surf beach runs all the way around to Red Beach located on the other side of the island at Bongaree. Woorim is a great recreation area for beach lovers and fishing fanatics with the unique opportunity to try surf fishing. The ocean side also allows four wheel drive vehicles (permit required) to drive north along the deserted beach to camping facilities and historical WW2 bunkers.

The Ocean Beach access track travels past a number of popular lagoons spaced along the beach drive and include Freshwater Creek, Norfolk Creek, Mermaid Lagoon and Welsby Lagoon. Ocean Beach Camping and 4WD tracks in the National Park are located 16km along the beach requiring Camping and 4WD permits. The bike and walking track snakes from under the Bribie bridge to the end of Sylvan Beach Esplanade at the canal entrance all along the way to the surf side of Woorim by following First Avenue past the high school and across the island.. This is a truly memorable and fun way to see the whole beachfront of Bribie.

History buffs may be interested in the relics of Woorim Beach's time as a strategic Pacific defence site in World War II that are dotted at various spots along the beachfront on the other side of the patrolled area. The nearest of these is the naval defence Indicator Loop hut at the far end of North St and in the picnic grounds nearby one of its squat concrete power huts.

Woorim Skirmish Battery during World War II. Highlights include operations conducted by "E" Australian Heavy Battery under the command of Major Greet and "D" Australian Heavy Battery based at Skirmish Battery during 1942 and sinking of the AHS Centaur in 1943.

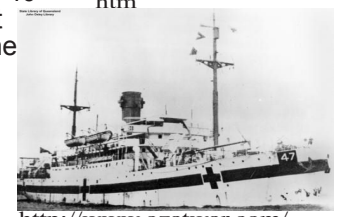
Skirmish Battery constructed by the Queensland Main Roads Commission in late 1942 and operational in early 1943 to protect Pearl Channel running between Bribie Island and Moreton Island. Equipped with two 155mm M1918A1 American guns delivered on 14th September 1942 and mounted on "Panama" type mountings the battery included magazines storage, a command post, observation post, and a searchlight battery. Placement of the concrete command post and observation posts on 13 meter high wooden supports improved observation. Residents were evacuated out of the township and the Officers took over the local hotel and the Sergeants and other ranks used the Ocean Beach Guest House as their messes. Located 2 kms northwards on the beach was the RAN Station 4Indicator Loop and Harbour Defense Asdic Station.

Skirmish Battery was decommissioned when the war ended and the observation posts were blown up at that time. Due to safety the gun emplacements were destroyed in the mid 1970's because of sand dune erosion.

http://www.ozatwar.com/ozatwar/skirmish.htm

Hospital Ship "Centaur"

At 4.10 am on 14 May 1943 the hospital ship AHS Centaur, ablaze with lights 40 miles east of Brisbane en route from Sydney to New Guinea, was torpedoed and sunk by a Japanese submarine 1-177 off Moreton Island. The Centaur was fully illuminated, marked with a Red Cross in clear and visible weather when she was struck in an oil fuel tank on her port side, catching fire, and sinking within minutes. Of the 332 crew, medical staff and nurses on board, only 64 were rescued. The survivors saw the enemy submarine surfacing shortly after the attack.



http://www.ozatwar.com/ozatwar/skirmish.htm

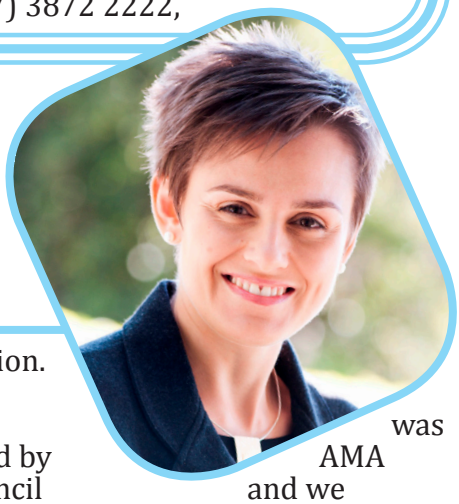
AAP Bruce Long Image courtesy of the Queensland Government

The Memorial Plaque was placed on the Centaur's fore deck just starboard of the forward No. 1 Hatch opening at 0555 hours on Tuesday 12 January 2010 http://www.ozatwar.com/ozatwar/centaur.htm

Centaur Search Sucess by David L. Mearns & Team first photos of the Centaur taken at 2:50am on 10 January 2010.

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT
Dr ALEX MARKWELL E: a.markwell@amaq.com.au P: (07) 3872 2222,

AMA Queensland Discusses "Blueprint for Better Healthcare in Queensland", Audit & Review of Health Complaints Management, Service Closures and AMAQ President's End of Term.



2013 continues to fly by at a cracking pace. Over the last few months, AMA Queensland has engaged with government on big issues including the "Blueprint for better healthcare in Queensland", the audit and review of health complaints management in Queensland and continued closure of public health services such as the Biala Sexual Health Clinic.

Students and Doctors in Training will be heartened to hear AMA Queensland has met with the Office of the Principle Medical Officer (OPMO) to discuss improvement of the RMO recruitment campaign and appointment process for 2013. It appears that issues identified after last year's disastrous campaign have been largely addressed, including sequential cascading appointment of registrar, PHO and RMO positions and improved information on how to preference facilities and positions.

The impact of the austere funding environment continues to be revealed, with the announcement of the closure of the Biala Sexual Health Clinic. There is trepidation that this short-sighted decision will lead to disruption of specialist services that support the many vulnerable patients who rely on Biala for multi-disciplinary care.

We understand the HIV clinic will remain open in a scaled-back form. Unfortunately, there is an unrealistic expectation that GPs will be able to absorb this additional patient load. Given the very strict requirements that GPs who prescribe HIV treatment must meet, it is unreasonable to expect the handful of credentialed doctors in Queensland to accommodate the hundreds of patients visiting Biala. AMA Queensland has written to Dr Paul Alexander, Chair of Metro North Hospital and Health Service outlining these issues, as well discussing them with the Minister and in the media to raise public awareness.

Finally, the biggest issue facing our profession in many years has surfaced over recent months. Reviews and audits of the health complaints system in Queensland revealed it is inconsistent and inefficient. On 16 April the Minister announced the creation of a Health Ombudsman to provide a single entry-point for complaints with streamlined assessment. This should expedite the assessment of cases requiring immediate action and also reduce process duplication.

This model was strongly favoured by AMA Queensland Council and we publically supported the announcement. We will continue to work closely with government, the Medical Board of Australia, the Health Quality and Complaints Commission and other stakeholders to ensure a fair, transparent and consistent system is implemented for the benefit of both patients and doctors.

Over the past year we have visited members the length and breadth of Queensland; welcomed hundreds of students and doctors in training to the profession; congratulated our milestone members on their loyalty and commitment to the Association; engaged Hospital and Health Service and Medicare Local Chairs throughout Queensland; influenced Health policy direction and implementation on important issues such as the Queensland TB Clinic, management of health complaints, provision of rural health services, and junior doctor training capacity.

As my term draws to a close, this is my last LMA column as AMA Queensland President and I would like to take the opportunity to thank the many AMA and LMA members who have supported me throughout my Presidency. I would particularly like to thank President-Elect Dr Christian Rowan for his hard work and considered advice and guidance. I wish Christian all the very best for his term, and I look forward to an ongoing association with the RDMA.

Yours sincerely Dr Alex Markwell, President AMA Queensland

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BComm., DFP, ADCM, AD(ACC) Cert IV, PARTNER

Kirk started with Poole & Partners in June 1995 as an accountant, with a brief stint with ABN Amro Morgans in 2000 and rejoined Poole & Partners in July 2003.

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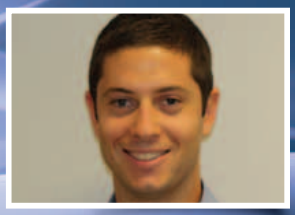

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Hayden is a Life Risk Specialist formulating and protecting your wealth and your family's lifestyle. Hayden also specialises in superannuation and direct investments. Hayden has been with Poole & Partners for four and half years.

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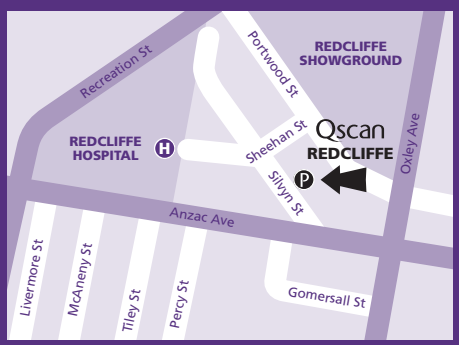
Medicare eligible MRI scans now available at Qscan Redcliffe

Qscan Radiology Clinics are proud to announce that our Redcliffe MRI scanner now has a full Medicare license.

All Medicare eligible Specialist referred MRI scans will now be bulk billed.

All General Practitioner referred paediatric MRI scans that fit Medicare criteria are also bulk billed.



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AMAQ BRANCH COUNCILLOR REPORT
NORTH COAST AREA REPRESENTATIVE
Dr WAYNE HERDY

CAP ON SELF EDUCATION EXPENSES

If there was one item that dominated the discussion at recent AMA National Conference, it was the proposal to impose a $2000 cap on tax deductibility of self-education expenses.

The presumption is that rich doctors are all taking first-class international air fares to exotic locations for an hour or two of “lectures” followed by days lazing in the sun.

The reality as we know it is very different. My son just passed his anaesthetic primaries - at a cost of $15K. GP’s in the country incur travel and accommodation costs of over $2000 just to get to a conference venue in an Australian capital city. Most conferences that I attend have registration fees alone of nearly $1000. Yet AHPRA and Vocational Registration make CME mandatory, quite apart from our professional and College responsibilities to maintain currency. The AMA view is that doctors must incur significant costs to establish and maintain the highest standards of medical practice, and that the sub-groups most affected are trainees and rural doctors.

We can take some comfort in the knowledge that other professions are equally involved. Lawyers are subject to compulsory CLE - and there are more lawyers in Parliament than there are doctors.

At AMA National Conference, this was the subject of debate freom day one, and the subject of an urgency motion that was passed unanimously. The question was put to both the Minister for Health, Tanya Plibersek, who gave a totally pathetic response serving only to reinforce our views that the present government does not deserve to govern, and to the Opposition Shadow Minister for Health, Peter Dutton, whose response was disappointingly equally pathetic. Neither government nor Opposition undertook anything like a promise to consider reality.

My view is that the ATO already has significant powers to enquire into the validity of all tax deductions claimed, including claims for self-education , whether in training or maintenance of knowledge and skills. There is no need to impose any cap at all. If the government believes that rich doctors are engaging in luxury vacations under the guise of education, they have the capacity to order the ATO to audit claims for self-education expenses. Automatic impositions of ridiculously low caps will seriously harm training of junior doctors,a nd discourage established doctors from maintaining and honing skills and knowledge.

I also advocated, although the AMA did not seem keen to adopt my proposal, that we recruit our patients, the voting public. A petition at the front desk of every AMA member, supporting that doctor’s claim that his/her self-education is more expensive than $2000 a year, and asserting that every patient wants his/her doctor to practise the highest standards of medicine achievable, could attract thousands of signatures - a powerful message that no politician could afford to ignore in an election year.

Rest assured that the AMA is already lobbying vigorously on this issue, and you can expect to see a lot more action on this poorly conceived policy.

Wayne Herdy, AMAQ Branch Councillor,
North Coast region.

From: Charles Herdy
Date: Saturday, 25 May 2013 01:22
To: <P.Neville.MP@aph.gov.au>
Subject: Letter - Cap on Deductible Professional Education Expenses

Dear Mr Neville,

I am a doctor who works at Hervey Bay Hospital, and live in your electorate of Hinkler. I am writing to express my deep concern regarding the Federal Government's recently budgeted $2,000 cap on tax deductible self-education expenses. I hope that you will forgive my outlining the reasons for my concern in some detail.

I am currently in my third year of clinical practice and am a shift worker in the Intensive Care Unit. I hope to progress on to specialist training next year, which will entail a minimum of five years further clinical training. During this time, I will incur significant, recurring costs for self-education that significantly exceed the proposed $2,000 deductibility limit.

The current Treasurer's comments that the current deductibility regime provides "...an opportunity for some people to enjoy significant private benefits at taxpayers' expense," is grossly at odds with my personal experience of professional self-education expenses. I must provide some detail of my personal finances by way of explanation.

In Intensive Care, I have direct clinical responsibility for care of critically ill patients during shifts of 12 hours duration: 50% of my work time is overnight and 50% during the day. My current total earnings are just under $90,000 per annum.

This income can be compared to the self-education expenses that I have incurred over the past twelve months. During that time, I have attended a number of clinical courses and passed one specialist college examination.

Medical Registration fee $680
College examination fee (per attempt) $4,412
College examination lecture course (one semester) $550
Flights and overnight accommodation to attend compulsory viva voce examination in Melbourne (x2) (about) $1,800
College (ANZCA) membership fee (one year) $1,946
College examination preparation course (one week) $990
Text books for examination study (about) $900

Clinical courses:
Early Management of Severe Trauma $2735
Anaesthetic Crisis Resource Management $470
Basic Assessment and Support in Intensive Care $750

Ignoring the medical registration fee and recurrent travel expenses to Brisbane, a conservative estimate shows that I have spent at least $14,541 over the past 12 months for self-education.

The pass rate for college examinations is about 60%, so that many junior doctors would be required to sit them more than once. Many professional colleges also have two sets of examination, a Primary and a Final exam, again compounding these costs.

Far from being a junket offering me tremendous recreational benefits, as the Treasurer intimates, my preparation for college examinations has been tremendously stressful and obtained only at a high personal cost. I have had little recreational life to speak of and have alienated many of the people most important to me. I would have been more than happy to forego the inconvenience and stress of travelling to attend courses and examinations.

My experience over the past twelve months is not exceptional, and would be common to many – perhaps most – doctors at my level of professional development. This is the real personal and financial cost born by junior doctors in Australia, where the expense of medical training is commensurate with the quality demanded. Under current taxation policy, my $14,540 in self-education expense was a deductible amount, reducing my pre-tax income from just under $90,000 to around $75,500.

However, under the Government's current budget proposals the great majority of this would become a post-tax expense. At my 38% marginal income tax bracket, this would effectively increase the pre-tax cost of the same clinical training by $7,660 = ($14,500 - $2,000)*0.38/(1-0.38).

The Treasurer's policy would thus increase my cost of clinical self-education by over 50%. This year it would have also reduced my post-education, pre-tax income by about 11%, from $75,500 to $67,800.

You can perhaps understand, then, why the Treasurer's policy will have such a dramatic effect on junior doctors. You might also understand why his inference of personal recreational benefit is so very jarring. To my ear, it is completely dissociated from the stressful reality of professional education. His policy is a far cry from the so-called "Education Revolution". It is incongruent with an era where the expectations of medical care have never been more demanding, and a perverse disincentive to professional development.

I hope that you will represent my views to the present and future governments.

Yours sincerely,
Charles Herdy.

RDMA April Meeting 30.04.2013

Chair President Dr Wayne Herdy, Speaker Drs Symon McCallum & Frank Thomas, Topic: Interventional Chronic: Blocks, Shocks & Stimulation. Sponsor Boston Scientific: Grant Hanaford

Centre top clock wise;
RDMA President Dr Wayne Herdy, Megan Appleton & **New Member:** Mat Tatprovic,
Speaker: Dr Symon McCallum, Peter Day,
Sponsor Representative: Grant Hanaford, Raymond Wilson,
Speaker, Dr Frank Thomas**:**
New Member: Shipla Narula & Arj Somasendarm

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Wednesday 29th May 2013**

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: Allergan
7.40pm	Speaker: Dr William Braun Topic: Obesity and Its Metabolic Diseases; The Role of a General Practitioner
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 24th May

QML Pathology.

RDMA VICE PRESIDENT
Dr KIMBERLEY BONDESON

"Seizure of Centre Slammed"
BATTLELINES: HOSPITAL FOUNDATION STAFF SAYS STATE GOVERNMENT HAS DISCREDITED GROUP


Seizure of centre slammed

This is the latest update on the Redcliffe Superclinic, that was published in the local Redcliffe Herald, on Wednesday, May 15,2013. Perhaps finally, there will be a use for the troubled building.

Kimberley Bondeson Vice President RDMA.

The former staff of a community group that raised more than $1 million to help build the Moreton Bay Integrated Care Centre have accused the State Government of delaying the project so Queensland Health could assume ownership of the building for just $1. More than a year after it was completed, there is still no firm date for the clinic to open.

Former employees of the Redcliffe Hospital Foundation (RHF) which was originally supposed to manage the clinic, said they believed the delays were part of an attempt to discredit the foundation.

They say slow progress created cash flow problems responsible for the Foundation winding down. RHF had originally expected to receive up to $300,000 income from the Care Centre, which would have been used to keep the foundation running, fund community grants and health programs. "It is my belief that the goal was always to seize the foundation's primary asset", former RHF Chief Executive Steve Hart said.

Queensland Health sold the land to the foundation for a nominal $1, but a clause stated the land and any improvements could be brought back for the same price if the funding expired or was terminated.

Mr Hart said RHF Directors, four of whom were Queensland Health employees, were told their jobs could be at risk if they did no cooperate with Metro North Hospital and Health Service.

He said they were pressured to terminate the funding agreement with the Commonwealth, triggering the clause in the contract that would allow Queensland Health to take control of the site.

The RHF's former Marketing Manager, Serge Paggiaro, said he was amazed the matter slipped "Under the radar". "The State Government did all it could to delay the Super Clinic so that they then ended up owing a $20 Million building for the sum of $1," Mr Paggiaro said.

Federal Member for Petrie Yvette D'Ath did not comment on the claims, but said the Foundation "got the project off the ground and the building built".

MNHHS, an organisation run by Queensland Health, is planning to run the clinic.

A State Government employee denied Mr Hart's claims saying MNHHS's actions "have been entirely appropriate and designed to resolve significant issues that were holding up the delivery of an important health service".

He said a Queensland Office of Audit report found the Foundation was at risk of becoming insolvent. The Health Service prepared a resolution for RHF advising the Commonwealth that the Foundation wished to terminate the funding agreement, triggering the contract caveat.

Redcliffe State Member Scott Driscoll backed the MNHHS, saying there was no "aggressive takeover". *Redcliffe Herald, Wednesday, May 15,2013.*

SNAPSHOT FROM THE PAST Regional Health Authority

REDAMA Newsletter from Series 2 No 11 May 1991, page 3

72 NOMINATIONS FOR REGIONAL HEALTH AUTHORITY

- Brand seeks position

Dr David Brand is one of 72 nominations for selection to the Sunshine Coast Regional Health Authority.

Dr Brand is seeking support from Redcliffe Hospital chairman, Brian Dobinson and State AMA president, Dr Duncan Robertson in his nomination which is currently before Health Minister, Mr McElligott.

The Minister said there had been 555 nominations for the State's 13 regional health authorities.

He said he had been overwhelmed by the response and the high calibre of the applications.

The new authorities will come into existence on July 1 as part of the re-organisation of the administration of the State's public health services.

Redcliffe is part of the Sunshine Coast Regional Authority - a decision which has been applauded by all sections of the medical profession.

There had been fears that Redcliffe would be included in the Brisbane North Region and be "swamped" by the major metropolitan hospitals.

Mr McElligott said the positions on the health authorities would be part time.

He said nominations for the Sunshine Coast had come from a broad and representative range of professions and community groups.

They included health professionals, academics, legal people, union representatives and current Hospital Board members.

Mr McElligott conceded it would be a difficult task to shortlist the applicants and he was concerned that a lot of well qualified people would miss out on a position.

The Minister promised that regionalisation of health services would cut spending on bureaucratic red tape and free up money to improve delivery of health services.

"It will take the decision making power away from the bureaucrats in Brisbane and place it back in the hands of local people," he said.

The size of each authority will vary between five and seven members from which the chairman will be appointed.

Mr McElligott said each Authority would be responsible for promoting, maintaining and improving the health and well-being of the people within the region.

The Minister will make the appointments and nominate the chairman.

All appointments will be for four years, with eligibility for re-appointment.

The Minister may also appoint additional members from teaching institutions within the regions which have designated teaching hospitals.

Meetings will be required to be held at least monthly, and at various locations within the region.

Authority members will be required to attend at least 80 per cent of meetings and to be available to undertake other duties for the authority at various times.

The Minister described the plan as an exciting new era in the administration of public sector health services.

Dr Brand said he had nominated for the Authority because he wanted to ensure the medical profession was represented.

He said he had no knowledge of whether any other doctors had nominated but he expected that no more than one would be appointed.

The Minister's office had no scheduled date for the announcement of the names of those who would be appointed.

Ms Macklin invited to meet members

The woman whose name represents the most far reaching study of Australia's health services has been invited to attend a meeting of the Redcliffe and Districts Local Medical Association.

Jenny Macklin, who heads the Federal Government funded Macklin Inquiry has been asked to meet members to explain how her study is being carried out.

Secretary, Dr John O'Reilly, has told Ms Macklin she would be welcome to nominate a date which is suitable to her.

Ms Macklin, based in Canberra, is carrying out the study on the basis of requesting information and submissions.

She is not taking evidence or receiving personal submissions at this stage.

Dr O'Reilly said he hoped Ms Macklin might be able to allay some fears held in the profession about the possible recommendations to come out of the study.

Redcliffe doctors honoured

Two Redcliffe doctors have been awarded titles as lecturers at the University of Queensland.

Anaesthetists, Dr Jenny Parslow and Dr Geoff Hool are now Clinical Senior Lecturers at the University.

Dr Hool said the appointments had been made in recognition of the teaching of medical students attached to Redcliffe Hospital.

The hospital receives two streams of medical students.

The first is a small group in their surgery term who are also taught anaesthetics.

The second is a group in their obstetric rotation.

Dr Hool said the students created an interest for all staff at the hospital and usually asked a lot of intelligent questions.

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Interest rates sitting at 50 year lows – What does that mean for you?

We are in an historic moment in Australia, one that most alive today have never seen before.
The RBA has cut interest rates from 4.75% to 2.75% over the last 12 months. If there is an income shock that the RBA is preparing for then the RBA could cut again to 2.5%.

The historical effect of lowering interest rates is that the global economy should continue to grow. This Quantitative Easing (QE) is like walking a tight rope, too little QE and economies fall into deflation (eg: Japan 1990-2012, Europe 2008-2012) and too much QE, inflation becomes a threat.
With all the tensions in the world, the Australian stock market has paid about $14.2 billion in dividends over the last few weeks this is the noise I like to hear. The recent rally on the market is largely due to investors being yield hungry as over $300 billion has been invested in term deposits over the last 4 years and these funds are slowly finding their way to higher yield paying investments of shares and property.

A leading indicator to invest in Australia is to look at CBA's recent profit result. It was a hard report to fault and interesting to note that 81 per cent of their mortgage customers are now on average, seven months in advance of their payment requirements. That is a staggering number. What this means is that borrowers are paying down debt and spending less but importantly it shows no big problem with bad debts which is a good leading asset indicator. The banks are factoring low single digit earnings per share (EPS) growth of 8-10% plus dividends so any surprise is likely to come on the upside (Westpac). One of the best indicators to watch for the banks coming under pressure is credit card delinquencies and if consumers are ahead on mortgage payments and there has been no deterioration in either of them in the last 6 months. Another indicator is that housing prices appear to be moving upwards, so confidence may be coming back into the property market. However, with negative credit growth banks need to reduce costs to improve their margins. This is occurring in the resource sector as well as newly appointed Rio Tinto CEO, Sam Walsh has already slashed costs, cut capital expenditure, reduced exploration expenditure which all helps drive the bottom line. With these decisions evident in RIO's camp, similar rhetoric is occurring in BHP's management team. So whilst their share prices fall, the turning point should deliver excellent returns for investors with a long term view.

In summary, I have read a lot of media commentary and market reports for the rest of 2013 however, I feel the strategy going forward is really simple.

If Australia is in a sustained low interest rate environment that lasts for another 2 or so years this may be the best time to invest in your own business where growth funding is the cheapest money has been for a long time or hunt for good quality shares or property investments offering a higher return than term deposits, as the interest tide has certainly turned.

Good investing,

Kirk Jarrott

If you have any questions please give me a call on 07 54379900

Partner - Poole & Partners Investment Services Pty Ltd

MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #100
Safe motoring,
doctorclivefraser@hotmail.com.

Toyota Corolla Ascent Sport Multi-drive Hatch
"It's a Corolla!"

Those doctors who are fond of computers know Since 1966 Toyota has produced more than 39 million Corollas with over 1.1 million sold in Australia.

That's a lot of cars in anyone's language and I'm thinking I must be the last person on Earth who has never actually owned one.

Approaching 50 years of age, the Corolla has been successful because although it's always been small and cheap, it's never been nasty and it has always had a reputation for reliability. In 1985 and after five model cycles Corolla switched to front-wheel drive.

For 2013 and in its eleventh generation the changes in the new model are evolutionary rather than revolutionary. That is for everything other than the automatic transmission which is now a continuously variable type (CVT).

I've never really been a fan of this set-up. There is an un-nerving constant droning from the engine as the vehicle accelerates. This is because the input shaft (and therefore the engine) runs at a constant RPM.

Many vehicles have electronics which make it seem more like a normal automatic which changes gears.

Toyota calls their transmission "Multi-drive" and say it has seven speeds, but they are simply pre-set ratios. It just takes a little getting used to and one up-side is that fuel economy is optimized as the engine spins at its most efficient revolution.

As the car is always in the right "gear" automatic Corollas actually use less fuel than manuals.

All of this engineering does make the 1970 Corolla seem pre-historic as it only had a two-speed auto box. Acceleration from the 1.8 litre motor is leisurely rather than exhilarating, but the speedometer does optimistically read up to 240 km/hr.

The Corolla is produced in 16 counties and there are many other variants elsewhere with some markets having 1.3 and 1.5 litre engines and all-wheel drive as an option.

Australian Corolla's are all the same with the lights out. Inside there is an acre of plastic in all the models and the seats are very flat to accommodate a multitude of rear ends.

Moving one notch up from the base model Corolla Ascent, the Sport comes with a fancy steering wheel, touch screen audio, alloy wheels, fog lamps and a reversing camera all for only an extra $1,000.

So as I enter my twilight years having never owned a Corolla would I buy one now? Well no, because I'm such a big fan of diesel powered cars and Toyota doesn't make one.

But this year about 45,000 people in Australia will buy a Toyota Corolla, many of them simply because, "It's a Corolla".

Toyota Corolla Ascent Sport Multi-drive Hatch
For: More economical than Mazda 3.

Against: Like all Corollas, they're a bit boring.

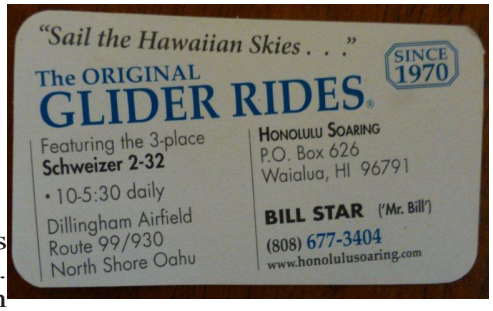
This car would suit: Retired doctors.

Specifications:

- 1.8 litre 16 valve 4 cylinder petrol
- 103 kW power @ 6,400 rpm
- 173 Nm torque @ 4,000 rpm
- Continuously variable transmission
- 6.6 l/100 km (combined)
- $22,990 + ORC

Safe motoring, Doctor Clive Fraser

Gliding Hawaii
by Peter Stephenson



One of the highlights of our cruise across the Pacific was a short glider flight to 3500' at Dillingham Airfield, Oahu. (Look it up on Google earth). It was in Schweizer 2-32, the big brother of Kevin Rodda's Orange rocket and the only three seater glider other than a special Blanik that I know of.

I can tell you it was very cosy for us passengers and we only just made the 159 kg limit! :-) There was no joystick in the back. With two in the back, there was just no room for one!

The east/west bitumen strip was 1600 metres long and both ends had displaced thresholds, with the undershoot areas for the use of the gliders. No radios were carried by the gliders, even though the eastern end had meat-bombers! The eastern end was the meat bomber HQ, and the western end was the gliding HQ. There was a slight cross wind so both ends were being used.

Usually there was a wind from the north giving strong ridge lift from the 1000' mountain range immediately beside the strip. Evidently, a 700' launch to a downwind leg beside the mountain enabled them to have very cheap launches! i.e. One circuit of the tug was all it took! Unfortunately, there was no breeze. :(

Cost was very reasonable. As I booked on line, (but did not pay on line) I got a $20 discount to $159.00 for 20 minutes plus a placarded "a tip for the pilot would be appreciated"!

If you go to Hawaii, I thoroughly recommend you have a flight there.

Peter Stephenson

COMPUTERS & GADGETS

Email: apndx@hotmail.com.
with Doctor Daniel Mehanna

Windows 8 cont: "More Aesthetic than Functional....Supposed to Simplify Things""

These are the the words from a colleagues only a couple of days ago when in passing the topic of windows 8 was raised. I have other quotes from other people which are far less kind and probably can't be printed. I think that pretty much sums up the problem – consumers do not like windows 8. PC sales confirm this - worldwide PC sales have dropped 14 per cent to 76.3 million units this quarter, market researcher IDC reported earlier this month.

But before I get too critical, let's look at the positives. I have to admit it certainly seems faster. It boots up faster, shuts down faster and has better power management. It's also cheaper than previous versions of windows available for about $50 as an upgrade. It's actually quite good on a table. Oh, it also has a windows market (yes, just like apple, google and Linux).

From a casual user's perspective the grief begins on boot up. After entering your password you are greeted with the new "modern" (or "metro" as it was originally called) interface as opposed to the old well known desktop. No choice is given to you as to whether you actually want to go there. Think of it as prescribing a new and supposedly better medication onto a hapless patient without it being clinically tested! Microsoft says "This is good for you...just accept it. I know it hurts but in the long run it will do you good. Trust me...I'm a multimillion dollar multinational."

The user is then confronted (and I think I use this word fairly) with the new interface . The best way to think of this (and it does reduce the pain somewhat), is to think of it as an expanded start button. Whereas in the past the start button was tidily situated in the left lower part of the screen, now the start button takes up the whole screen and is made up of tiles. The whole visual experience admitted does look pretty but somehow seems akin to something one would see in a preschool wall rather than something on a desktop. So what does the user do next? Unbeknown to him or her is that by moving the mouse to different parts of the screen several different menus can pop up. How this is intuitive, I can't understand.

Ok. How about other general operating system functions. Finding settings menus, customising the look and feel of the operating system. Even if you do find the menu, it will be a dumbed down version of the desktop equivalent.

Which brings us to the applications themselves. I decided to give windows mail a go and quickly felt my catecholamine levels soar in frustration. Whereas in the desktop version I could customise the program easily, the windows 8 version was dumbed down both in look and functionality. Which really is one of the main features (or problems) of windows 8 – the way in which information is given to the user. Previous versions of windows were information dense - the screen was filled with icons, button and options. Windows 8 has gone the other way. Information density has been sacrificed at the expense of functionality. Sure it looks pretty, with pretty tiles and pretty colours but the actual amount of information available has been reduced to a minimum. There is not even a clock on the main screen!

Which brings me to my next gripe. Windows 8 should no longer be called "windows". Why? 'Cause there ain't any! Through the years we have become accustomed to the concept of windows. Basically we have been able to have multiple windows open at the same time all running. With the introduction of affordable large screens this has been a real advantage. Well not anymore. Windows 8 lets you have only two windows open at a time. Yes. You get the message. You can buy your huge 27 inch screen but only have 2 windows running on it so says Microsoft. Don't like it? Well just smile and nod. Take your medicine.

But at least you can go into desktop mode, you say. Well yes you can after first going into the default tiled environment. But once you get here, even that experience has been tainted. Of all the things to destroy in the desktop mode...Microsoft decided to remove the start menu. Utter madness. Again. Taken your bright coloured table...smile and nod.

In addition to this, programs written for the old desktop will not run natively on the new tiled interface with the result being that you may need two versions of the same program. It all soon becomes clunky and inefficient. There is no consistency and it soon feels like you are running two compromised and hobbled operating systems on one computer with the predictable, less than satisfactory result.

But for all this, there is some light at the end of the tunnel. There are numerous hacks and programs that have been devised to make windows 8 usable. Even Microsoft is working on an update, code named "blue", to improve the user experience which it is rumoured will bring back the start button and also give users the options of going straight into desktop mode on startup.

Only time will tell.

Oestrogen - Villian or Heroine?

AUTHOR:
Dr Colin Holloway. GP Morayfield.
MBBch, F.R.A.C.G.P.; Dip Obst R.C.O.G.; D.T.M. &H

Many of my patients express concern about taking oestrogen (E2), as it is firmly fixed in their minds that it causes Breast Cancer. After all, the breast has cancers that are E2- receptor positive. Does that not say it all? However, it is not that simple -it never is.
Quality of Life: E2 increases a feeling of well-being in several trials , . It also showed an improvement in Health related QOL in symptomatic women through an alleviation of symptoms.

Longevity: The Leisure World Cohort study found that long term E2 users had a reduction in death from all causes of 15%.

Alzheimer's disease: The Cache County memory Study concluded that taking E2 for more than 10 years reduced the risk of Alzheimer's disease, if treatment commences at the onset of menopause. Another study found an enduring protective role of endogenous and exogenous E2 on memory in older postmenopausal women .

Colon Cancer: What is often forgotten is the proven reduction in colon cancer in women on HRT of 33%.

Heart disease: A study in the BMJ showed a significant reduction in mortality, heart failure and myocardial infarction in women on HRT for over 10 years . Keep in mind that 50% of women over 50 will die of heart disease. This is over 7 ½ times the number that fall victim to breast cancer . Further studies show that if women have HRT initiated within 6 years of menopause, they have a reduction of myocardial ischaemia and hypertension of 40-60% .

Osteoporosis: Every study confirms that E2 are the most effective way of increasing bone density and preventing osteoporotic fractures . It is more effective and beneficial than the biphosphonates that are frequently used by bone physicians as first choice and by GP's unsure about the safety of E2 therapy, according to Professor Studd.

Depression: There are certain types of depression in women that are effectively treatable with E2, although psychiatrists seem to have closed their minds to this possibility to an extent which becomes dangerous for women . Transdermal E2 and serotonergic and noradrenergic antidepressants are efficacious in the treatment of depression and vasomotor symptoms in symptomatic, midlife women . Transition to menopause and its changing hormonal milieu are strongly associated with new onset of depressed mood among women with no history of depression .

Libido: E2 certainly improves libido by helping vaginal dryness and painful intercourse. Even without these characteristic symptoms, estrogens can improve sexual desire .
Hair skin and Nails: The loss of E2 in menopause causes thinning of the skin and loss of Hair. As our understanding of the molecular and hormonal controls on the hair follicle has grown, there has been increased interest in the various modulators of hair growth, including the potential role of E2 .

Osteoarthritis: Evidence is accumulating about the very positive effect of E2 on joints and preventing OA. In study from Denmark, they referred to E2 as a possible magic bullet in preventing OA. They found "The female predominance of polyarticular osteoarthritis (OA), and in particular the marked increase of OA in women after the menopause points to a likely involvement of female sex hormones in the maintenance of cartilage homeostasis. This is in complete alignment with clinical data using biochemical markers of joint degradation which demonstrated approximately 50% inhibition of cartilage destruction (with E2). These finding were recently validated in WHI, where women taking E2 had significantly less joint replacement" .

Frailty: There is solid evidence that E2 prevents loss of musculoskeletal tissue mass and quality, and the ability to respond to mechanical and metabolic stressors, like exercise .

Voice: HRT seems to counteract the vocal changes caused by menopause. The type of HT did not affect the outcome in this study .

Weight Gain: The hormonal changes across the perimenopause substantially contribute to increased abdominal obesity which leads to additional physical and psychological morbidity. There is strong evidence that E2 therapy may partly prevent this menopause-related change in body composition and the associated metabolic sequelae .

Diabetes: HRT reduces the risk of diabetes and, through improving insulin action in women, with insulin resistance.

Neuroprotection: Ovarian hormones can protect against brain injury, neurodegeneration and cognitive decline . Studies suggest that women are "protected" against stroke relative to men, at least until the years of menopause, when E2 levels fall. Studies further reveal that endogenous E2 production has a neuroprotective role in the brain against cerebral ischemia . wE2 is intimately associated with neuronal survival, mitochondrial function, neuroinflammation and cognition through genomic as well as non-genomic pathways , E2 has been documented to be effective in treating the symptoms of Parkinson's disease . However, it is crucial that E2 replacement start at menopause or sooner. Any delay causes the neuroprotective benefits to be lost.

It is time that we reappraise our attitude to E2 as a result of these recent studies. Our patients also

Oestrogen - Villian or Heroine continued?

deserve to have this information so that they can make better informed decisions about using HRT containing E2, and the potential long-term benefit of taking E2.

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- **Cancer statistics 2010 Cancer j Clin 2010;60:277-300**
- **CEE and coronary heart disease The WHI. Arch Intern Med 2006;166:357-36**
- **Ten reasons to be happy about hormone replacement therapy: a guide for patients. Studd,J.Menopause international 2010; 16; 44-46.**
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- **Associations of hormones and menopausal status with depressed mood in women with no history of depression Arch Gen Psychiatry 2006;63:375-82**
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- **Davis SR, Castelo-Branco C, Chedraui P, Lumsden MA, Nappi RE, Shah D, Villaseca P; as the Writing Group of the International Menopause Society for World Menopause Day 2012**
- **Updated IMS recommendations on postmenopausal hormone therapy. Climacteric 2011;14:302-320**
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Dr Colin Holloway

THE EMPEROR'S MAGIC SUIT

AUTHOR:

Dr Mal Mohanlal

So you think you know yourself and think that you cannot be manipulated? If you do, please think again.

Our politicians and the media are very clever cookies and they are manipulating you all the time.

Now remember that when you are helping someone less fortunate than you it always makes you feel good whether you are benefitting that person or not is immaterial. The reason is because this type of action creates a conditioned positive response in our subconscious mind.

So any scheme that appears to help the less fortunate members of society is most likely to be viewed sympathetically and emotionally in our mind. Why? This is because none of us want to appear to be mean in the public even though privately we may question the motive behind such a proposal.

This is why there is a public support for Julia Gillard's National Disability Insurance Scheme. No one likes the increase in taxes, yet the public is saying it is such a great idea and agreeing to go along with the tax increase. In fact all of us should be calling on the government to stop squandering our money and live within its means. But no, no one dares to suggest that because no one wants to appear mean. Even the media is singing the praise of Julia's great scheme, whether the nation can afford it or not is another matter. They do not want to be seen to be mean. Of course Tony Abbott, our Leader of the Opposition, does not want to be considered mean either so he also has to fall in line with the others.

Now is not this whole situation beginning to look like Han Christian Anderson's story of "The Emperor's New Clothes"? In it the Emperor, not wishing to be considered a fool, is conned into putting on this suit which was supposed to be visible only to a wise person. A fool would not be able to see it. Of course no one in the palace or the kingdom wanted to be considered a fool so they all started singing praises of this invisible suit. As the Emperor paraded in front of the enthusiastic crowd, one little boy who had not heard of this magic suit screamed out "Look at the King, the King… the King is completely naked"; yes he was naked as naked as the day he was born. In the story no one wanted to be considered a fool. In our case with the NDIS none of us wants to be considered mean. So there we are caught in an emotional claptrap. Are we not living in a fool's paradise?

Clearly Ms Gillard's political motive behind this scheme is to retain power at all cost and what happens to the nation's economy is a matter of little concern. Administering this new scheme will no doubt present another bureaucratic nightmare. Eventually the buck will stop at the doctors' door where the medical profession will be involved in assessing the eligibility of all the claimants.

Do you know that even without this scheme today Centrelink is handing out Disability Pension forms to people who cannot find employment to take to their doctor to fill out so that they can be reclassified in this pension category? Now do you still believe that you cannot be manipulated?

Read The Enchanted Time Traveller and wake up to yourself. Learn how distorted perceptions lead to stupid actions.

Visit website: http://theenchantedtimetraveller.com.au/ The book is also available as an EBook.

Interesting Tidbits NATTY MOMENTS:

INFORMATION NECESSARY FOR PLUMBING

1. A pipe should have a continuous hole along its entire length.

2. Make sure that the hole in the pipe is not longer than the outside casing

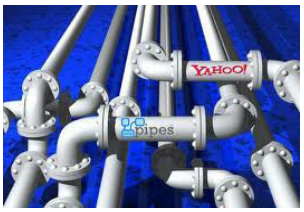
3. The diameter of the hole should never be greater in diameter than the diameter of the metal or plastic casing, otherwise the hole is on the outside

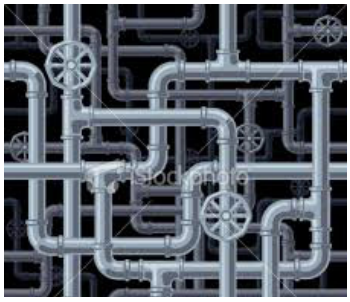
4. If the pipe is over 2 kilometres long it should have the words "long pipe" printed in the centre so that the workman doesn't have to walk the total length of the pipe to know that it is a long pipe

5. A pipe of 1 metre in diameter or larger should have the words "large pipe" printed on the outside so that the workman knows that it is a large pipe

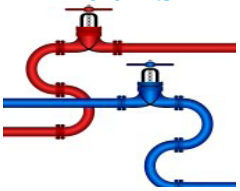
6. If there is a small amount of rust on the inside of a pipe don't worry as more can be added on the worksite

7. If 90o or 45o elbows are used to make sure they are left hand or right hand as otherwise the water may flow in the wrong direction





8. If you want water to flow downhill use down hill piping. Likewise the same applies for up hill piping. Otherwise the water may flow in the wrong direction



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AMA NATIONAL CONFERENCE 2013

(Twitter: #amanatcon)

AMA TO WORK WITH GOVERNMENT ON MASON REVIEW RECOMMENDATIONS

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

The AMA welcomes the release of the final report of the independent review into the Government's health workforce programs.

Health Minister Tanya Plibersek released details of the Mason Review of Australian Government Health Workforce Programs at the AMA National Conference in Sydney this afternoon.

AMA President, Dr Steve Hambleton, said the AMA will look closely at the key recommendations of the review and looks forward to working with the Government to improve health workforce programs, especially those that affect rural communities.

"The Government has commendably already moved to adopt two key recommendations," Dr Hambleton said.

"The decision to overhaul the discredited ASGC-RA classification system, which is currently used to underpin a range of Commonwealth health workforce programs, is long overdue.

"It is not meeting the needs of rural and regional areas and suffers from a range of anomalies.

"The AMA will work with the Government to ensure that any changes better target rural workforce incentives and deliver better outcomes for patients in rural and regional communities.

"The AMA also welcomes the commitment to a new rural training pathway for medical graduates.

"This has the potential to improve recruitment and retention in rural areas as well as expand critical medical training opportunities as graduate numbers grow and our traditional settings, such as public hospitals, struggle to meet the demand for training places.

"The AMA played a leadership role in this review, making an extensive submission and meeting on several occasions with the review panel," Dr Hambleton said.

24 May 2013

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

Follow the AMA President and AMA Media on :
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Twitter: http://twitter.com/ama_media

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 January 2013 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.

Subscriptions for January 2013 until the 30th June 2013 will be $50.00 or annual subscription is $100.00. **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**

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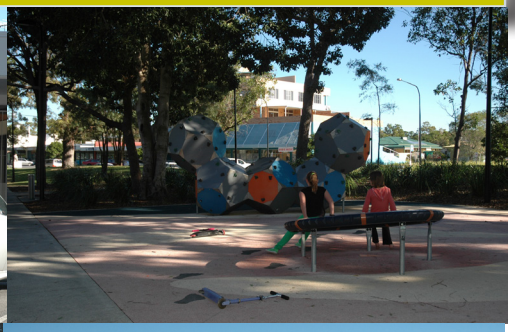
   ii) Or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work




Woorim