



RDMA President's Message ... Dr Wayne Herdy

The Vice-President asked me to run an eye over her column before we go to print, concerned that the topic is controversial.

I will be ashamed of the day when any medico-political body, including RDMA (or, I should say, especially REDAMA while the Association is under my guidance) should shy away from controversy. Ethical issues around beginning of life and end of life decisions will always challenge us. Which is exactly why we, the health professionals who cumulatively boast most knowledge and experience, should engage in the debate. If the experts stay out of the discussion, the only voices heard will be the amateurs and those with a non-evidence-based opinion, often an extremist view.



can proudly say that our V-P has personally taken on a much more challenging controversy practically single-handed, and has produced an outcome that must only be a positive growth experience for the people involved. Curiosity aroused? Sorry, I am sworn to confidentiality, not by the V-P but by the environment in which she fought so hard for a just and fair outcome. Maybe the truth will become public – in the meantime RDMA must satisfy itself in the knowledge that we have a valuable asset in our Kimberley Bondeson. Wayne Herdy.

The V-P's column is actually not all that controversial. I

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



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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

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

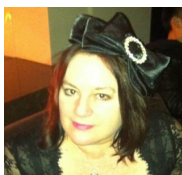
Ph: 5476 0111



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Dr Kimberley Bondeson

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Dr Peter Stephenson

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Meetings' Convener:

Mrs Margaret MacPherson

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Mobile: 0408 714 984

Year End
Networking Function



Friday
30th November 2012

MON KOMO HOTEL
ON THE BEACH AT REDCLIFFE

Venue: AT 99 MARINE PARADE, REDCLIFFE QLD 4020

Time: 7.00 PM FOR 7.30 PM

ACCOMMODATION IS AVAILABLE AND ATTENDEES CAN CONTACT THE HOTEL DIRECTLY ON (07)3283 9300 FOR PRICING AND AVAILABILITY.

Meeting Convener: Margaret MacPherson Phone: (07) 3049 4444

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DECEMBER NEWSLETTER 2012

The **15th December 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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Ningi is a suburb north of Brisbane, the state capital of Queensland which is in the electorate of Pumicestone. The origin of the suburb's name is from the Aboriginal Ningi Ningi group. The main township of Ningi is located on the Bribie Island Road which largely travels through the township on the way to Sandstone Point and across the Bribie Island Bridge to Bribie Island from the mainland and was completed in 1963.

Pumicestone Passage located between Bribie Island and the mainland, is somewhat sheltered from prevailing winds by both Bribie and Moreton Islands and associated sand banks and consequently the lee side is calm for good recreation fishing and crabbing in the mangroves and along the passage which are important bird habitats and refuges.



At the northern area of Ningi is a housing estate called Bribie Pines which is mostly inhabited by retirees. There are two other well developed housing estates in the area: Grey Gums Estate located on the road out to Godwin Beach, and the newly-developed Sandstone Lakes which has led to a large increase of the township's population. A vacuum sewerage system was installed by the Caboolture Shire (now Moreton Bay Regional) Council in 1998 to replace the septic systems originally used.

Pumicestone Passage is a protected marine park providing habitat for dugongs, turtles and dolphins. Extensive mangroves forests exist in this area. Vegetation elsewhere includes Eucalypt Forests, Banksias and Heathlands. Prominent bird species include a range of honeyeater species, lorikeets, waterbirds and birds of prey. White sandy beaches line Pumicestone Passage in the southern section of the passage.



A bus service, Bribie Island Coaches, operates from the Island and surrounds and a route runs to Caboolture and Morayfield via Ningi and Pebble Beach. An alternative route was introduced in August 2007 via Beachmere and Pebble Beach. The bus service to Caboolture is timed to connect with trains to and from Brisbane making the region well connected with transport too its closer metropolitan towns and cities.

Natural sea resources were **more abundant and harvested according to the seasons** in the earlier settlement times. Today the seasons are still rich in sea resources and include the winter mullet schooled from May to July. Winter is still the best season for bream, followed by tailor in September and October. In summer mud crabs and oysters remain plentiful with summer whiting and flathead being the favoured catch. The dominant shellfish most sought after is the Sydney Rock Oyster known locally as tibir, growing cultivated and naturally on the seabed. In recent decades oyster farming and cultivation has taken off as a primary industry in this area.

The Ningi Esplanade, being part of the



AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT Dr ALEX MARKWELL

Update from AMAQ President



As you're no doubt aware the past few months have seen some major changes to the management and delivery of health care services in Queensland; a new state government, an austere budget, implementation of the national health reform agenda, restructure of Queensland Health and subsequent cuts to jobs and services.

There was some light at the end of the tunnel recently with the Health Minister agreeing to a compromise over the closure of the Queensland Tuberculosis Control Centre (QTBC).

Following an unprecedented outcry from doctors and public health specialists, led by AMA Queensland, the Government has reversed its decision to completely devolve TB services out to the Health and Hospital Services (HHSs).

Queensland Health has now agreed that clinical TB services will be hosted by the Metro South HHS which will extend care to TB patients from South-East Queensland including Metro North, Gold Coast and Darling Downs HHSs.

Oversight of quality control will remain centralised within Queensland Health corporate office. Although this is not an ideal outcome, we are pleased to see some flexibility in the Government's attitude to this important public health issue.

Unfortunately the news has not been so positive for medical graduates and doctors in training, with an expected shortfall of positions available within Queensland Health for the upcoming year.

Recently approximately 500 Queensland Health employed RMOs received emails advising them they had not been selected for continued employment in 2013.

Following a meeting with the Director General and Deputy-Director General of Queensland Health we were informed that approximately 200 (of the initial 500) RMOs have opted-in to a pool, (effectively a waiting list), for positions that may become available over coming months due to attrition.

There is no certainty that positions will become vacant, however there may be some further opportunities via flexible work options such as job-sharing and part-time positions, as it has

been clarified that Hospital and Health Service Boards are to meet FTE caps rather than head-count caps.

There are also potential positions in regional areas, such as where locums are currently appointed. Again, we have asked for HHS Boards to be made aware of the availability of doctors in training for these positions where appropriate.

Queensland Health has confirmed the selection process was based on merit but acknowledges issues have arisen due to a parallel recruitment processes for training and non-training registrars, and RMOs - those who missed out on a senior position were not considered for a more junior one.

Although the number is less than first indicated, the harsh reality is that Queensland DITs will be left without positions in Queensland next year and will be forced to look for work interstate or overseas - taking their knowledge, experience and future careers with them.

This of course goes against the recruitment campaign that has attempted to bring doctors to Queensland to meet the long term medical workforce demand, especially in regional and rural areas.

AMA Queensland understands this is an extremely stressful and disappointing time for many of our DIT members and encourages any affected members to contact us for individual support and workplace relations advice.

Throughout all of the challenges this year, AMA Queensland has been at the forefront of discussions and will continue to ensure the voice of our members is heard at the highest levels of government and the community.

Yours sincerely,

Dr Alex Markwell President AMA Queensland

Phone: (07) 3872 2222

Email: a.markwell@amaq.com.au



Thank You

Qscan Radiology Clinics would like to thank you for voting us winners in the Quest Business Achievers Awards.



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

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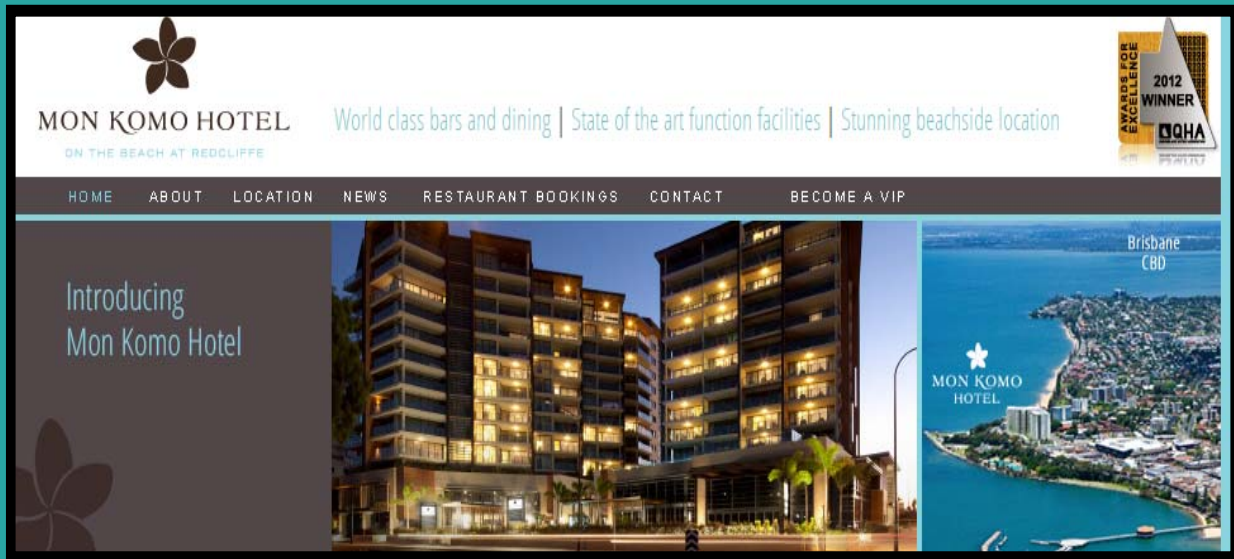
North Lakes Day Hospital

7 Endeavour Blvd

North Lakes 4509

T (07) 3345 4455

RDMA MEMBERS FOR NOTING



RDMA'S NETWORKING MEETING ON 30TH NOVEMBER 2012 WILL BE HELD AT THE MON KOMO HOTEL AT 99 MARINE PARADE, REDCLIFFE QLD 4020 ACCOMMODATION IS AVAILABLE AND ATTENDEES CAN CONTACT THE HOTEL DIRECTLY ON (07)3283 9300 FOR PRICING AND AVAILABILITY.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

END OF YEAR NETWORKING FUNCTION

- Date:** 30th November 2012
- Time:** Bring your partner and join us for the final meeting of the year 7.00pm for 7.30pm
- Venue:** Mon Komo Hotel, 99 Marine Parade, Redcliffe
- Cost:** Members Free, Members' partners \$50
Non-members \$50, Non-members' partners \$100
- Speaker:** Dr Paul Campbell
- Topic:** Mammalian Meat Allergy
- Speaker:** Dr Chris Davis MP
- Topic:** Queensland Health Q&A
- Dress:** Smart Evening Wear
- Sponsor:** **QML Pathology** Represented by Margaret MacPherson

RSVP: e: Margaret.MacPherson@qml.com.au t: 3049 4444
by Friday 23rd November 2012



AMAQ BRANCH COUNCILLOR REPORT
North Coast Area Representative
Dr WAYNE HERDY



Constitutional Review and Hospital Referrals

CONSTITUTIONAL REVIEW.

AMA members should be interested to know that there is an ongoing constitutional review at both State and Federal levels. Your Association is having another close look at the way we run our organization.

A few years ago, AMAQ introduced a new Constitution. The main change was to create a small compact and efficient Board of Directors. Previously every one of the 24 Branch Councillors had been a Director and the Branch Council had been a large and cumbersome Board. Since that change, the Branch Council has not been burdened with pondering the financial dealings of the Association and has focussed more on policy development and implementation. This is a model that Federal Council is also considering, to create a small central Board and let Council focus on policy.

An archaic aspect of AMAQ is the way we elect our President. At present, the candidate is elected a year ahead of taking office and spends a year (unremunerated) as what is effectively a Vice President in an apprenticeship model. Our “Vice-Presidents” are respected but elderly AMA members who hold an honorific title with no real power and certainly no significant role in daily functioning of AMAQ. This quaint structure is a central aspect of the current review of AMAQ.

HOSPITAL REFERRALS.

There is an emerging tendency for some public hospital departments to send to GP’s a letter requesting supplementary history. We know

that many GP referrals are imperfect, either despite or because of the computer-generated referral letters. However, the requests being sent back from pain clinics are over 5 pages long and include questions which the GP’s are unable to answer. Knee clinics are now sending similar, albeit shorter, letters. I recently had a request for additional information about a new plastic surgery referral – the information requested was patient’s height and weight. Ultimately, the patient received a letter stating that the service requested was not available at that hospital. When I enquired, the limiting factor was that the patient’s BMI was over 30! What is important is the additional context that the request for additional information did not arrive until three years after the initial referral, a referral which had been supplemented by annual re-referrals.

I am concerned that these supplementary questionnaires are no more than a tactic to reduce the size of audited waiting lists – now that the Newman government has undertaken to disclose the size of the Clayton’s waiting list to get on the real waiting list, there is now a strategy to further delay the time from the initial referral until the time that the patient even gets onto the Clayton’s waiting list.

Wayne Herdy

AMAQ BRANCH COUNCILLOR

RDMA VICE PRESIDENT & AMAQ COUNCILLOR REPORT Dr KIMBERLEY BONDESON



A Controversial Topic

I have just been asked an extremely difficult question. In Queensland, it is currently illegal for minors to request a termination of pregnancy. Sadly, we have a population of minors, who are victims of rape and/or incest who are placed in a difficult position when they, or their relatives find that they are pregnant. What do we do as doctors? How do we deal with this issue? Who do we refer these children to?

In the United Kingdom, the parents of one particular school, due to the number of teenage (11 and 12yos) who became pregnant, allowed the teenage student to approach the school nurse and ask for the morning after pill. This caused quite a stir, but it came from the parents themselves, who were desperate, as the students at this school had a large number of teenage pregnancies. In this particular

school, all students were allowed to approach the school nurse and ask for the morning after pill, without their parents knowledge, and were given it.

I don't know the answer to this question. It could be that the law in Queensland needs to be changed, so that it is not illegal to request a termination of pregnancy. How do we educate the public on this difficult topic, so that we get a sensible outcome? Or do we simply wait until the parents of a community do what occurred in the UK?

If anyone has any ideas on how this issue could be addressed, please let me know.

Kimberley Bondeson

SNAPSHOT FROM THE PAST Early Discharge Scheme Progress *REDAMA Newsletter from Series 2 No 6 November 1990, page 1*



REDAMA Report

Official
Newsletter
of the
REDCLIFFE &
DISTRICTS
LOCAL
MEDICAL
ASSOCIATION

Series 2 No 6

FREE

NOVEMBER, 1990

Summit achieves progress on Early Discharge Scheme

A BREAKTHROUGH in relations with the State Minister for Health, Mr McElligott, has been achieved following a summit meeting over the Early Discharge Patients Scheme at Redcliffe District Hospital.

The Minister told a delegation from the Redcliffe and Districts Local Medical Association and Redcliffe Hospital that he was prepared to give general practitioners a greater role in the health management of patients being cared for under the scheme.

The LMA was represented at the summit by president, Dr David Brand and vice president, Dr Bob Brown while the Hospital was represented by chairman, Brian Dobinson, and Medical

Superintendent, Dr Steve Buckland.

"There is definitely a spirit of accord coming out of the meeting and genuine progress has been made towards achieving a position that will be totally acceptable to the medical profession," Dr Brand has reported.

"The meeting was very cordial on all sides and the minister accepted the logic of doctors being the providers of primary care for patients in times of illness or post-operative care," he said.

Mr McElligott invited the LMA to specify how it saw the doctors being paid for their role in the Early Discharge scheme and how they saw their role of "gatekeepers" in the service.

THE Australian Doctors' Fund was established in June, 1989, due to a perceived lack of leadership within the medical profession in dealing with the Government over health issues.

It was felt that initiative was being dampened, excellence unrewarded and mediocrity accepted as the norm.

It was felt that the policies being pursued by the various health departments were leading to a deterioration of medical standards.

I would like to restate the objectives of the Australian Doctors' Fund which are:

- 1) To maintain improvement and advance ethical standards, integrity and a reputation of the medical profession;
- 2) To maintain improvement and advance and promote health care for all Australians, and ensure that there is freedom of choice in health care;
- 3) To research, develop, establish and promote health care policies for the benefit of all Australians;
- 4) To increase the medical professions' awareness of the community's continuing and

Time to show your support for an ambitious initiative

By Dr **BILL RYAN**
Queensland Chairman,
Australian Doctors' Fund

changing health care needs;
5) To promote community support for medical research.

The Fund has a Board of Governors which includes many prominent medical and non-medical Australians - Professor Priscilla Kincade-Smith who is the Medical Chairman of the ADF and Dr Bruce Shepherd who is Chairman of Fund Raising.

Committees were formed in each State. The committee in Queensland was chaired by Dr Frank Anning.

The committee attempted to approach every doctor in Queensland for a donation to the Fund over a three year period.

The national target was \$6-million and more than \$3,500,000 has so far been collected or pledged.

The target in Queensland was \$960,000 of which 62% has been achieved.

The ADF has so far spon-

sored summit meetings which have been of the highest calibre, relating to AIDS, drugs, road trauma and general practice.

The next summit to be sponsored is on the Care of the Aged, to be held in Queensland, with the president of the Redcliffe and Districts LMA, Dr David Brand, as the convenor and organiser.

The fund also gives financial and moral support to doctors who are under attack by the bureaucracy.

Often, doctors find themselves in a situation where they are pronounced guilty and have to prove themselves innocent.

Those doctors who use item numbers should realise how easy it is to get into trouble by using the Government's numbers rather than description of the service provided.

Carol Gahan was the representative from Redcliffe on the original Doctors' Fund Committee in Queensland.

She did sterling work for the fund and there has been good support from the Redcliffe and Districts area but more should be forthcoming.

Support, of necessity, must be mainly with donations but workers to carry out the functions of the Fund are also needed.

If lump sum donations are too difficult, then periodical payments are available as an easier way to support the fund.

I look forward to your support.

**Friends
again
with the
Minister**

Health Minister, Mr McElligott has accepted an assurance that members of the Redcliffe and Districts LMA really are a nice bunch of people not out to crucify him.

Fortified by the guarantee, the Minister has agreed to consider a fresh invitation to attend and meeting of the LMA early in the New Year, possibly in March.

LMA president, Dr David Brand, gave the assurance to the minister after the Early Discharge Patients Scheme summit meeting.

He said the members were anxious to meet the minister and to have him as their guest at a meeting "without rancour."

Mr McElligott had three times declined to attend meetings but has now asked for a list of dates so that he can consider a suitable time.

Newspapers join LMA's Immunisation campaign

A community service campaign, promoting the benefits of immunisation, has been launched by the Redcliffe and Districts Local Medical Association, in conjunction with two local newspapers.

The Peninsula Post at Redcliffe and the Bayside Star at Sandgate, have begun running free advertisements prepared by the LMA and featuring high profile personalities urging parents to talk to their doctor about the need for immunisation.

The advertisements will run for about six weeks, and will be supported by specific editorial supplied by the LMA.

The Caboolture Times has also been invited to join the programme which has coincided with an outbreak

of measles and whooping cough in several areas in south-east Queensland.

A similar campaign by the Gold Coast AMA branch, using both radio and print, has already resulted in a significant increase in the number of patients inquiring about immunisation.

The campaign is supported by the production of a four-page information brochure which outlines the symptoms of the various diseases and the effects they can have if not detected early.

The information brochure has now been rewritten for distribution by members in the Redcliffe and Districts Local Medical Association area.

The cost is \$60 for 500

for financial members or \$90 for non-members. The first print run is expected to be completed by the end of November but orders must be made with the secretariat or the public relations service, Gold Coast Word Factory.

President, Dr David Brand, has commended the campaign to members, urging them to make their patients aware by distributing the brochures.

He said the advertising support, alone, represented a contribution valued at about \$3000 by the newspapers, with more to come.

It was another opportunity for doctors to present themselves and their services to the public in a positive and worthwhile manner, he said.



MAJELLAN MEDICAL CENTRE



Job Vacancy

A VR, GP is required for a Scarborough Beachfront, Non-Corporate Practice which is 30 minutes from Brisbane's CBD. The Accredited Practice has private billing facilities, modern equipment and has staffing of nine doctors and registered nursing support.

The Medical Centre has a Computerised Skin Cancer Clinic, ultrasound machine and operating microscope. Allied Health staff are also on site. A candidate who is fluent in English, Afrikaans, Dutch, German or French languages would be an advantage.

Contact: Angela De-Gaetano (Practice Manager)

Practice Location: Majellan Medical Centre, 107 Landsborough Avenue, Scarborough Q 4020

Practice Phone: (07) 3880 1444

Practice Fax: (07) 3880 1067



Interesting Tidbits **NATTY MOMENTS:**



THESE ARE ENTRIES TO A WASHINGTON POST COMPETITION ASKING FOR A TWO-LINE RHYME WITH THE MOST ROMANTIC FIRST LINE, AND THE LEAST ROMANTIC SECOND LINE:

1. My darling, my lover, my beautiful wife,
marrying you has screwed up my life.
2. I see your face when I am dreaming,
that's why I always wake up screaming.
3. Kind, intelligent, loving and hot,
this describes everything you are not.
4. Love may be beautiful, love may be bliss,
but I only slept with you 'cause I was pissed.
5. I thought that I could love no other,
that is until I met your brother.
6. Roses are red, violets are blue, sugar is sweet, and so are you, but,
the roses are wilting, the violets are dead, the sugar bowl's empty and so is your head.
7. I want to feel your sweet embrace,
but don't take that paper bag off your face.
8. I love your smile, your face, and your eyes,
Damn, I'm good at telling lies!
9. My love, you take my breath away,
What have you stepped in to smell this way?
10. What inspired this amorous rhyme?
two parts vodka, one part lime.



MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #97

Safe motoring,
doctorclivefraser@hotmail.com



1992 TOYOTA Cressida Grande “Timeless Toyota”

I recall twenty years ago that doctors at the peak of their profession life were just as likely as ever to buy a car that might reflect their ambition and confidence. After all if you've worked hard, why not buy yourself a nice car to get to and from the surgery.

A Toyota Supra with a 3.0 litre double overhead cam 24 valve engine would probably get you to your rooms quickly. But by this stage in your career you've probably acquired some rear seat passengers and your partner's spondylolisthesis from child-bearing might not squeeze into a two door coupe.

Seeing a marketing opportunity, Toyota engineers decided to put the 1986 Mark III Supra's engine in a sedan body, and in 1988 the fourth generation Toyota Cressida was born. Devoted followers of Doctor Who may remember that Cressida was a character who fell in love with the son of the King of Troy. The Doctor Who storyline was very loosely based on a Shakespearean play, “Troilus and Cressida”.

You would have to be a very devout fan of Doctor Who to know about Cressida though as she appeared alongside the first doctor (William Hartnell) in 1965. For those of us less versed in Shakespeare and Doctor Who we will all know that Cressida was a large rear wheel drive car from Toyota which first appeared in 1976. Its conventional rear wheel drive-train meant that it would appeal to conservative buyers.

It was the fourth variant though which finally ticked all the boxes. It had handling to match its abundant power with the Supra's double wish-bone rear end. The final Grande version came with ABS, climate controlled air-conditioning, electric leather seats and a CD player.

Sadly, I was never able to afford the \$43,990 + ORC that a Cressida Grande cost in 1992. So I was always a little envious of those procedural specialists that had acquired the Toyota Limo. Twenty years on there are a surprising number of Cressida's still on the road and I even have a colleague who still drives one.

And finally within my price-range at \$3,300 it is now possible to buy a 1992 Grande in good working order. In a sign of the Toyota's durability after twenty years all of the buttons still work in my colleague's vehicle, well almost all of them anyway.



The car still starts and stops and the only recent breakdown was caused by a loose battery terminal. The leather seats haven't cracked and the paintwork would scrub up fairly well if the dirt was hosed off occasionally. My colleague doesn't wash his cars much and so there isn't any rust at all in his Cressida.

With so many great cars on the market in 2012, it is worth considering which ones will still be on the road in 2032. I know I won't be!

1992 Toyota Cressida Grande

For: Twenty years old and still going strong.

Against: No air-bags.

This car would suit: Respiratory physicians who like the easy-breathing DOHC.

Specifications:

3.0 litre 6 cylinder DOHC
142 kW power @ 5,600 rpm
254 Nm torque @ 4,400 rpm
4 speed automatic with LSD
\$43,990 + ORC

Safe motoring,
Doctor Clive Fraser



Narangba
Family

Medical
Practice

Job Vacancy

A part-time (*with view to full time if required*) VR Family Doctor for the Narangba Family Medical Practice (www.narangba-medical.com.au) as one of our doctors (Dr. Orr) is leaving to specialise.

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

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

Practice Location: Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.

Street Address: 30 Main Street, Narangba Q 4504.

Postal Address: P.O. Box 3 Narangba Q 4504



BELLARA FAMILY MEDICAL PRACTICE

BRIBIE ISLAND, QUEENSLAND

Job Vacancy

A General Practitioner Position is available at the Bellara Family Medical Practice on Bribie Island, Queensland. An opportunity for a fulltime VR GP to join our long established General Practitioner owned seaside practice is available.

The Accredited Practice is fully computerised and offers mixed billing. We have an excellent supportive team of Doctors, Registered Nurse and Administration staff. We offer family friendly hours with no on-call duties.

Practice Contacts: Trish Jackson (Practice Manager) or Dr Jai Raj

Practice Manager Phone: (07) 3408 9077 **Dr J Raj Mobile:** 0418 714 183

Contact Email: jraj@ozdoc.com.au

Practice Location: Bellara Family Medical Practice, 35 Benabrow Ave, Bribie Island Q 4507



REDCLIFFE HOSPITAL EXECUTIVE DIRECTOR REPORT

Dr DONNA O'SULLIVAN

The CONNECT project – achieving our targets through redesign



At Redcliffe Hospital we're journeying through a sea of change to identify system efficiencies and redesign to ultimately improve our patients experience and care in a safe, efficient and effective way.

We're undertaking a crucial project aimed to assist with the meeting of our National Emergency Access Targets (NEAT) – the CONNECT Macro NEAT Redesign Project.

The national targets are focussed on improving access to emergency care, surgery and setting standards nation wide for addressing the health needs of individual patients, their families and communities.

The target is for patients presenting to a public hospital emergency department to be either admitted, referred for treatment or discharged within 4 hours, where it is clinically appropriate to do so.

The six month collaborative CONNECT project is looking at ways to improve patient flow through both Emergency and Inpatient Departments through staff engagement across multidisciplinary teams.

Other areas of focus:

- Optimisation of internal patient flow processes to enhance the patient journey and reduce Emergency Department Length of Stay for admitted patients.
- Change in model of care for admission processes from the Emergency Department to the Medical Admissions Unit driven by the Medical and Older Persons Service and supported by the Connect Project Team.
- Commencement of a focused morning Multidisciplinary Board Round

to enhance clinical handover, discharge planning and determine the Estimated Date of Discharge for medical inpatients.

- Optimise Emergency Department processes to facilitate patient care within the National Emergency Access Targets.

The CONNECT project team is a multidisciplinary one with leads from the respective disciplines including medical, nursing and allied health looking at a wholistic and inclusive approach to implementing the changes.

12 Queensland public hospital's are participating in this State Government initiative targeted at reviewing patient flow models of care to ensure all patient's presenting to the Emergency Department receive optimum and timely care.

We are seeing a constant improvement in our NEAT performance. While our calendar year to date performance is 57percent of our patients are out of the Emergency Department within 4 hours (our target this year is 75 percent), during the month of October we reached 63 percent up from 55 percent in September.

If you would like more information, contact Dr Leah Barrett Beck, Medical Lead – CONNECT project on 07 3883 7140 or email RedHConnect@health.qld.gov.au

Dr Donna O'Sullivan
Executive Director and Director
Medical Services

Letter to the Editor from Mal Mohanlal

Dear Editor, My last article on Dr Jayant Patel was sent to the presidents of Queensland AMA, Dr Alex Markwell, the Federal AMA, Dr Steve Hambleton and the RACGP, Professor Claire Jackson for some positive action. I also wrote to our Queensland Premier, Mr. Campbell Newman to reconsider his stand on this issue.

Enclosed please find the reply from Mr. Campbell Newman, which I am sure our readers will be interested to read. I thank Mr. Newman for his decency and courtesy to respond to my letter and article and also admire him as a politician for defending his turf. That is the least I can say about our medical leaders who have not responded so far.

One can only conclude that the medical profession deserves to be treated the way they are now by our governments because of our indolence in defending our own turf.

Yours sincerely, Mal Mohanlal



Premier of Queensland

For reply please quote: LJP/BC – TF/12/24203 – DOC/12/185236

18 OCT 2012

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Dear Dr Mohanlal

Thank you for your letter of 4 September 2012 about the decision to commence a new trial of Jayant Patel. I apologise for the delay in responding.

The original trial of Jayant Patel generated an unprecedented amount of media attention and I appreciate there are differing opinions amongst the community about the case, particularly the recent decision for there to be a new trial.

As you know, in July 2010, the Supreme Court of Queensland convicted Jayant Patel of three counts of manslaughter and one count of grievous bodily harm, and sentenced him to seven years imprisonment. Following appeals by Jayant Patel against this decision, the High Court of Australia quashed his convictions on 24 August 2012 and ordered there be a new trial.

The decision to prosecute individuals and commence new trials is made by Queensland's Director of Public Prosecutions (DPP). The DPP is an independent statutory officer who acts completely separate from the Government. In making decisions to prosecute individuals, the DPP must consider the relevant evidence and law, as well as comply with specific guidelines to ensure that justice is delivered consistently and effectively.

It is important to understand that the decision to start a new trial was made by the DPP alone, and neither I nor the Government had any involvement with the decision. As I mentioned before, the DPP acts independently and bases their decisions on the strength of the evidence before them.

I acknowledge that Queenslanders will continue to hold different views about this case and how it has been handled. However, I hope you will understand it is not appropriate for me, as Premier, to become involved in or make specific comments about matters that are currently before the courts.

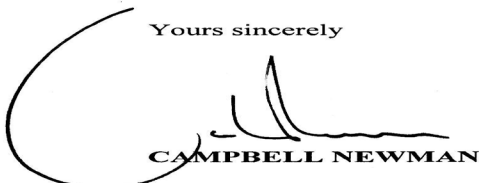
You have also generally suggested that doctors should not be charged with manslaughter when medical mishaps occur, and I note the article you have written which discusses this issue. I can appreciate your passionate views on this topic and understand why you might feel this way.

However, I am of the view that the sections under Queensland's Criminal Code under which Jayant Patel was charged form a necessary part of our criminal law. It is important to recognise that doctors have specific duties that extend much further than other occupations, particularly where doctors are performing surgical operations or administering medical treatment.

Some doctors work in situations which directly affect the life and health of others and it is important that their responsibilities to use reasonable skill and care are properly acknowledged under the law. When a doctor has not used reasonable care and skill in performing their duties and their patient dies as a result, this is where a charge of manslaughter may be considered appropriate. The laws also provide the public with reassurance that doctors who administer surgical or medical treatment will take all the necessary precautions and care when treating them.

Again, thank you for taking the time to write to me. I always appreciate hearing from Queenslanders like you who wish to share their views on particular matters, and I hope that my response to you has been helpful in answering your concerns.

Yours sincerely



CAMPBELL NEWMAN



Rec 19/10/12

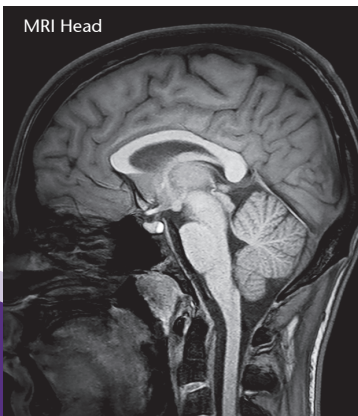
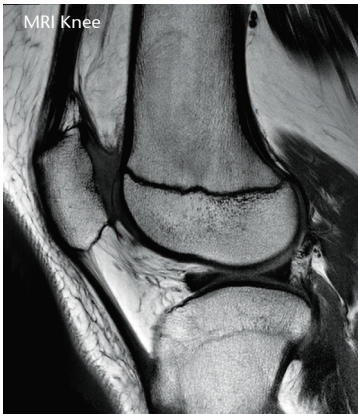
Important Changes to Medicare Rebates for GP Referred Paediatric MRI

From 1st November 2012, General Practitioners will be able to request six new Medicare rebated Magnetic Resonance Imaging (MRI) scans for children under the age of 16 years.

The new Government initiative will enable families to obtain referrals for their children from their General Practitioner instead of going through the extra expense and waiting time to see a Specialist. The result will be faster access to imaging, and faster diagnosis of paediatric pathology and injury.

At Qscan Radiology Clinics there is no out-of-pocket expense for these new Medicare rebated Paediatric MRI scans.

These new rebates are effective 1st November 2012 and encompass all patients under 16 years of age who are referred for an MRI by a GP for one of the following 6 indications;



- (1) MRI of the head for any of the following:
 - unexplained seizure(s)
 - unexplained headache where significant pathology is suspected
 - paranasal sinus pathology which has not responded to conservative therapy
- (2) MRI of the spine following radiographic examination for any or the following:
 - significant trauma
 - unexplained neck or back pain with associated neurological signs
 - unexplained back pain where significant pathology is suspected
- (3) MRI of the knee following radiographic examination for internal joint derangement
- (4) MRI of the hip following radiographic examination for any of the following:
 - suspected septic arthritis
 - suspected slipped capital femoral epiphysis
 - suspected Perthes disease
- (5) MRI of the elbow following radiographic examination where a significant fracture or avulsion injury is suspected that will change management
- (6) MRI of the wrist following radiographic examination where scaphoid fracture is suspected

The indication for the MRI study should be documented on the patient referral.

Qscan has four state of the art MRI scanners located within Diagnostic Imaging accredited practices that are located at Windsor, Annerley, Redcliffe and Southport. Qscan's MRI scanners are accredited to perform Paediatric MRI studies, including all examinations related to the above listed indications. Qscan is able to perform imaging studies on all children and adolescents who do not require a general anaesthetic to have the study performed.

Qscan Locations offering Paediatric MRI:

ANNERLEY | Shop 7/310 Ipswich Road, Annerley 4103 | Ph: 07 3357 0388 Fax: 07 3357 0380

REDCLIFFE | 6 Silvyn Street, Redcliffe 4020 | Ph: 07 3357 0922 Fax: 07 3283 4277

SOUTHPORT | Pacific Private Clinic, 123 Nerang Street, Southport 4215 | Ph: 07 5503 3433 Fax: 07 5503 3444

WINDSOR | 142 Newmarket Road, Windsor 4030 | Ph: 07 3357 0333 Fax: 07 3357 0300

Brisbane Doctor Direct Line | Ph: 07 3357 0315

Gold Coast Doctor Direct Line | Ph: 07 5503 3455

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42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
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Website : <http://www.ama.com.au/>



INTERNATIONAL DAY OF RADIOLOGY

The AMA acknowledges and supports the important work and dedication of all Australian radiologists on International Day of Radiology.

AMA President, Dr Steve Hambleton, said today that diagnostic imaging is a vital element of best practice patient care.

“Diagnostic imaging provides crucial information to enable medical practitioners to assess and diagnose a patient’s condition and to determine the best approach for treatment,” Dr Hambleton said.

“Early diagnosis provides cost effective treatment and significantly improves patient outcomes.

“Once a treatment plan is implemented, many medical conditions require follow-up imaging to determine when treatment has successfully alleviated the condition - for example, the healing of a fracture or positive outcomes from cancer treatment.

“Radiology also plays a critical role in guiding medical practitioners when performing minimally invasive procedures, which reduce the length of hospital stay and improve patient recovery and outcomes.

“Diagnostic imaging services provided by treating doctors - such as specialist obstetricians, gynaecologists and cardiologists - ensures patients receive timely, convenient, comprehensive and integrated care.

“Diagnostic imaging is integral to cost-effective treatment as well as to ongoing patient management.

“Properly-funded diagnostic imaging services are critical to the delivery of timely, clinically appropriate and cost effective health care for Australians.

“Radiologists supervise support staff such as sonographers, radiographers and nurses, not just to ensure quality and accuracy, but also to provide a pivotal role in guiding clinical care and best outcomes for patients. Interpretation of images by radiologists is an integral part of any diagnostic imaging service.

“Radiologists also maintain long-standing relationships with treating doctors to ensure that high quality medical care, informed by expert medical opinion, is provided to patients.

“Radiologists and treating doctors regularly confer on the interpretation of results of diagnostic tests ordered by the treating doctor. This interaction ensures optimal patient care and facilitates quality diagnostic referrals.

“Our radiologists must be supported to continue the important work they do for the community.

“Medicare rebates should be available for the right radiology investigation for the right patient at the right time,” Dr Hambleton said.

8 November 2012

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

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

Email: RDMAnews@gmail.com.



General Practitioners Able to Refer Children for MRI Scans from Today.

Changes to the Medicare Benefits Schedule (MBS) commencing today allow GPs to directly refer children under 16 years of age for Medicare-funded MRI scans.

Following extensive lobbying by the AMA, the 2011-12 Federal Budget allocated funding to allow for GP-referred MRI. The AMA has worked closely with the Government on the implementation process.

AMA President, Dr Steve Hambleton, said today that GPs could now request Medicare-funded MRIs for all patients under 16 years of age for clinically appropriate indications.

“Under previous arrangements, Medicare-funded MRI scans could only be requested by specialists, which could delay appropriate diagnosis and treatment,” Dr Hambleton said.

“GPs were not allowed access to the best available technology when caring for patients.

“This new arrangement will improve access to care, reduce costs to the health system, and provide further support for GPs to provide better care for patients.

“Importantly, it also avoids unnecessary patient exposure to ionising radiation in CT scanning.”

From today, GPs will be able to order MRI Medicare services for patients who under 16 years of age for:

- scan of head for any of the following - unexplained seizure(s), unexplained headache where significant pathology is suspected, and paranasal sinus pathology

that has not responded to conservative therapy;

- scan of spine following radiographic examination for any or the following - significant trauma, unexplained neck or back pain with associated neurological signs, and unexplained back pain where significant pathology is suspected;

- scan of knee following radiographic examination for internal joint derangement;

- scan of hip following radiographic examination for any of the following - suspected septic arthritis, suspected slipped capital femoral epiphysis, and suspected Perthes disease (disorder of the hip joint);

- scan of elbow following radiographic examination where a significant fracture or avulsion injury is suspected that would change the way in which the patient is managed; and

- scan of wrist following radiographic examination where scaphoid fracture is suspected.

From 1 November 2013, GPs will be able to request MRIs for all patients over 16 years of age for clinically appropriate indications.

1 November 2012

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

Follow the AMA President and AMA Media on :
Twitter: <http://twitter.com/amapresident>
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MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

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**

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(First Name) (Surname)

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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

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