



See Where We Work &
Live continued on pages
12 and page 20.

Immigration and Immigrant Ships Moreton Bay Part III Record Passage

As a rule the ships which came out to Australia in "the fifties" of last century were not remarkable for speed, with the notable exceptions of the "Black Ball" and White Star liners, and those of one or two other companies. One ship which visited Moreton Bay in 1854, however, distinguished herself by completing her outward voyage in 75 days—an achievement which was only once equalled, and never surpassed, in the shipping annals of Brisbane. **Cont Page 12**

President's Report Dr Kimberley Bondeson

Season's Greetings to everyone. It is unbelievable that Christmas is so near, and people and families are already celebrating the festive season.

Looking back on the year, it has been a difficult one, but an interesting one in terms of medical politics, with the Governments attempt at introducing a co-payment, which was opposed not only by the doctors themselves, in particular General Practitioners, but their patients.

However, we have an ongoing battle against the government's policy of freezing the Medicare rebates, which has already resulted in the closure of several General Practices, who have been deemed to be unviable under the Medicare rebate freeze.

There is ongoing negotiations between hospital doctors and Queensland Health, which appears to have be a success for the hospital doctors, in improving their current terms and conditions of employment, which were demolished by the previous government, causing much stress and angst amongst the Profession.

And lastly, our thoughts go out to those who have been affected by the extreme terrorist attacks that are occurring, particularly in France. Out of these acts of terror, is arising support and solidarity, in support of the French people, and the international community is working together to try to stop these murderous attacks, and solve some of the difficult problems faced by all countries all over the world, regardless of faith or race.


And for us, as doctors, we are also affected. As after all, part of the Hippocratic Oath, is that physicians will first do no harm, and will treat people regardless of race or creed.



This year, the Redcliffe and District Local Medical Association is celebrating with a Christmas Function at the "Golden Ox", entertained by "The Three Amigo's". For those of you who attended last year, you can expect to be entertained by "The Three Amigo's" even more. Their humour and entertainment had the entire room rocking with laughter, so I am personally very much looking forward to it.

Dr Chris Zappala, President of AMAQ will be attending, for a "Meet and Greet" – so those of our members who have specific questions will get the opportunity to talk to Dr Zappala personally, and hopefully, he will be able to answer all your questions, as well as enjoy a great night of entertainment.

Kimberley Bondeson, RDMA President



**RDMA & NLMA's Joint
Newsletter**

Welcome from
**Dr Robert (Bob)
Brown**
President Northside Local
Medical Association

QML Pathology. | Redcliffe Laboratory
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for more than 30 years.

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

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RDMA 2015 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	24th
Wednesday	March	25th
Tuesday	April	28th
Thursday	May	28th
Tuesday	June	30th
Tuesday	July	28th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	26th
Tuesday	September	15th
Wednesday	October	28th
NETWORKING MEETING		
Friday	December	4th



RDMA NEWSLETTER DEADLINE

Advertising & Contribution **15 December 2015**

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W: www.redcliffedoctorsmedicalassociation.org

NLMA 2015 MEETING DATES:

For all queries contact Miranda Russell
Meeting Convener: Phone: (07) 3121 4029

Email: Miranda.Russell@qml.com.au

W: www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	10th
2	April	14th
3	June	9th
ANNUAL GENERAL MEETING - AGM		
4	August	11th
5	October	13th
6	December	8th



NEXT MEETING DATE 4TH DECEMBER 15

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

CHRISTMAS PARTY

- Date:** Friday 4th December
- Time:** Bring your partner and join us for the final meeting of the year
6.30pm for 7.00pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Members Free of charge, Members' partners \$60
Non-members \$60, Non-members' partners \$100
- Music:** The 3 Amigos
- Dress:** Smart Evening Wear
- Sponsor:** Redcliffe & District Medical Association Inc. & The Golden Ox Restaurant
- Meet & Greet:** Dr Chris Zappala (President – AMAQ)

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 27th November 2015

 **QML Pathology.**

RDMA October Meeting 28.10.2015

Chair President Dr Kimberley Bondeson introduced the Sponsor for the night BioCSL represented by (clockwise from right) Holly Weir. Speaker Dr Tim Grice Topics: Chronic Pain Management ... Time to Rethink Your Approach? Members Andrew Butler and Michael Cross. BioCSL Representatives from left James Keogh, Holly Weir and Paul Sheahan.



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

AMAQ BRANCH COUNCILLOR REPORT

NORTH COAST COUNCILLOR REPORT

DR WAYNE HERDY



UNEMPLOYMENT AND THE PHENOMENA OF PEAK ECONOMIES

UNEMPLOYMENT AND THE HEALTH SECTOR.

Employment figures released this month show that the jobless rate in Australia is down and still falling. This is unexpected, since we all know that the resources/mineral boom is over and the sector has dwindled to a still-healthy but subdued subsistence culture. The jobs growth has been in the services sector, and the health industry has been one of the biggest drivers of growth. While we love to see low unemployment, I for one find these trends very worrying.

Firstly, growth in the health sector is unsustainable. Just as we have seen peak oil, possibly peak car ownership, and probably peak world population, there must be a peak in the volume of the collective health industry.

The world's appetite for health resources is insatiable. Unchecked, the health sector could easily consume 100% of the GDP if nobody put the brakes on somewhere. Australia's health consumption is modest by OECD standards, but if we were able to accurately estimate the true cost of unsubsidized health care (the myriad naturopaths, "health" foods, "natural" remedies and the largely unregulated alternative health practitioners of many stripes) we are already probably spending at least 15% and maybe even 20% of GDP on health.

If we leave people to spend as much of other people's money as they can on dental care and unproven remedies, as well as meeting everybody's demands for the expensive high-tech mainstream medicine, there will be nothing left to pay for schools or police or defence.

Secondly, the rapid growth in the health sector has not been in added doctors and nurses. Indeed, the poor support for training places for young medical graduates (between 10% and 20% do not have a job to go to next year) suggests that governments have an active policy against paying for University-trained health professionals.

The rapid growth has been among those with lower levels of training, and administrative staff. Partly the reason is obvious: it takes weeks to train a medical secretary and years to train a doctor, so some jobs have short lead times and can grow more rapidly.

Adding doctors and nurses and allied health takes time and growth among hands-on clinicians is a slow process.

Thirdly, if the health sector grows we risk a reduction in the average return for the dollar investment. If we pay for more doctors and nurses and dentists and pharmacists, we face the inevitable law of diminishing returns – doubling the number of clinicians does not double the outcome in added years of life or added quality of life. If we pay for lesser-skilled non-University-trained hands-on carers and for more administrative staff, we produce a dubious, or at best marginal, increase in the measurable and subjective health outcomes.

My bottom line: low employment is good, more taxpayers taken away from the Centrelink queues is really good, but putting too many of the jobs into a health sector that is presently very efficient and effective is not going to make it any more efficient or effective.

NURSE NAVIGATORS.

The AMAQ has become embroiled in a debate over a proposed new role for nurses in Queensland Health.

In a joint media Statement, the Premier and Minister for Health announced on Sunday 12th July (Sundays are always good for announcing stuff that you hope won't get noticed because everyone is in weekend mode):

"More Nurses, Better Outcomes for Patients

The Palaszczuk Government will invest an additional \$212.3 million over four years in important nursing workforce initiatives to improve patient safety and healthcare in Queensland's Hospital and Health Services as well as introduce historic laws to ensure safe nurse to patient ratios.

As part of the investment, 400 experienced nurses will be employed across the state to help patients to navigate the health system.

Premier Anastacia Palaszczuk and Health Minister Cameron Dick said nurses and midwives were a crucial part of the State Government's plan to deliver a better health system for

Continued Page 6

RDMA 2016 MEETING DATES

FEBRUARY 24TH WEDNESDAY

MARCH 29TH TUESDAY

APRIL 27TH WEDNESDAY

MAY 31ST TUESDAY

JUNE 28TH TUESDAY

JULY 26TH TUESDAY

AGM

AUGUST 24TH WEDNESDAY

SEPTEMBER 13TH TUESDAY

OCTOBER 26TH WEDNESDAY

**Networking
Function**

DECEMBER 2ND FRIDAY

DR WAYNE HERDY'S NORTH COAST COUNCILLOR'S REPORT

CONTINUED FROM PAGE 5

Queenslanders.

"International research shows that nurses have the biggest impact on patient safety and better health care outcomes for patients," Ms Palaszczuk said.

"Unfortunately, many nurses have told me how they were stretched too thinly by the previous government.

"Strengthening the nursing workforce leads to shorter periods of stay in hospitals, improved clinical outcomes, reduced wait times and better access to care."

How many of us recall the debate over nurse practitioners that I spearheaded nearly a decade ago? The debate has smouldered on since, with various forms of task delegation and role substitution cropping up like the heads of Medusa. The stated agenda is cost saving and increased efficiency. My paranoia tells me that the real agenda is to minimize the power of doctors in the health system. The proposal to create "nurse navigators" goes a long way to proving my hypothesis.

Any GP will argue vehemently that only a doctor

can trace the path that a patient must follow through the health system. Admittedly, we have been reluctant to forego any of our role to the delegated health professionals, but we are getting there.

However, you need little imagination to decide that any nurse who is given the role of managing a patient through the health maze is ever going to give up that power.

And if the Premier was honest about what international research shows, she would have to concede that nurse endoscopists are, at the end of the day, less efficient and more expensive than doctor endoscopists.

Watch this space – I fear it is going to get a lot bigger.

As always, the opinions expressed herein are those of your humble correspondent

Wayne Herdy.



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- Dr Robert Hensen

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- Dr Ashish Misra
- Dr James Morton

Medical Oncologist

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

Paediatric Haematologist

- Dr Lydia Pitcher

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AMAQ BRANCH COUNCILLOR REPORT

GREATER BRISBANE AREA

DR KIMBERLEY BONDESON



INTERN PLACEMENTS AND MYHEALTH RECORD

One of the big topics at the moment is Intern Placements for 2016. At this point in time, there is expected to be 100 Medical Graduates in 2016 with no internship place, and from 2017, up to 10% of domestic graduates from South Australia will totally miss out.

It gets worse at the advanced specialist training places, as the report by the former Health Workforce Australia has shown through their modelling (data released just after they were dissolved by the government), that the nation was facing a shortfall of 569 first-year advanced specialist training places by 2018, increasing to 689 places in 2024 and 1011 places in 2030.

This does not include places for prevocational and vocational positions, as the government continues to cut funding, without what appears to be knowledge of the consequences over time of these cuts, ie. The roll on effects, which will result in a massive shortage of specialists trained in Australia, by the year 2030.

Now the e-health record -“Forcing GPs to adopt half-baked e-health record a dud idea: AMA”.

The PCHER has been dumped due to failure of uptake rates among patients, doctors and medical practices. It has now been renamed MyHealth Record (MyHR) and the current proposal by the government is that the GP Practice Incentive Program e-health payments be tied to doctor use of the MyHR system.

Most of the difficulties with the PCHER were incompatibility with software, and the fact that it was patient controlled – patients can take out information they do not want disclosed to anyone.

If the Queensland public hospitals are unable to talk to each other electronically, how can the PCHER or now the MyHealth Record be an improvement? Personally, I think they are flogging a dead horse, and wasting millions of dollars. Significant Research has been done on this topic internationally, and “The Devil is in the Detail”, as described by Trisha Greenhalgh.

(Greenhalgh T, Stramer K, Bratan T, Byrne E, Russell J, Hinder S, Potts H. The Devil's in the Detail: Final report of the independent evaluation of the Summary Care Records and HealthSpace

programmes. London: University College London, 2010.)

It is quite clear that Australia is facing an aging population crisis. The most recent figures have shown that the number of births, for the first time, is now lower than the number of deaths in Australia. Scary numbers. I remember an experiment being performed when I was a botany student (in a previous life), where there was a set number of fruit flies placed in a defined environment which was a glass fish tank, with sufficient water and food supplies, in fact in excess. We watched and plotted the birth rate and death rate of the fruit flies over time. The birth rate grew exponentially, and then levelled out, declined and finally died out. There was a few left, which we set free in to the local environment. If we are not careful, not only in Australia, but world-wide, we could be following this exact progression of a life cycle.

Of course, how does this affect our current problem of an aging population in Australia?

Simple, Health Care will become unaffordable – this is already occurring with proposed Private Health Insurance hikes, which will see many elderly Australian couples' private health insurance fund premiums double to \$6,300 per year.

One of the current government reform options is for a risk rated system. So, if you are old, a smoker, or ex-smoker, and have high blood pressure, then you won't be able to afford private health insurance. This will mean that the public system, which is already overloaded, will have more pressure on it, and/or people simply die.

So what is the answer?

Well, on a positive note, the Health Minister Susan Ley, has said that she wants to hear what Australians have to say.

“If the overwhelming response is the community rating, where everyone must pay the same premium regardless about stay, then there is absolutely every chance that it will”. (Northern Territory News, 11/11/15).

Let us hope that common sense prevails.

**DIRECTOR OF MEDICAL SERVICES REPORT
REDCLIFFE HOSPITAL & CISS
DR CRAIG MARGETTS**



**RECRUITMENT OF A GENERAL PRACTITIONER
LIAISON OFFICER (GPLO) IN CONJUNCTION
WITH THE PRIMARY HEALTHCARE NETWORK
(PHN)**

Dear Colleagues

I have now been at Redcliffe for a little over 18 months and I apologise for not having kept you up to date. I will make a point to improve on this and I hope to put together an article for each newsletter from here on.

We have been working hard to reduce our waiting list to a more clinically appropriate time but are challenged with physical infrastructure such as theatre time, physical space in outpatient clinics and physical space for more hospital beds. Ironically at this moment operational funding is not a key limiting step.

Another initiative we are very keen to explore is the recruitment of a General Practitioner Liaison Officer (GPLO) in conjunction with the Primary Healthcare Network (**PHN**) so that we can better understand the emerging trends and factor them into our immediate and long range plans.

If any of you would be interested in a small amount of paid work I would encourage you to contact me directly or alternatively contact the **PHN**. Ideally this will be a GP from the local area who may also be involved in work at the Brighton Health Campus for nursing home or transition care patients but we are quite flexible in our approach.

I am also hoping to attend the Wednesday evening dinners more often and look forward to catching up with you there.

Finally, if there is anything I can help you with please feel free to contact my office on 3883 7586 (business hours) or on 3883 7777 (hospital switchboard) after hours.

Kind regards

Dr Craig Margetts
Director of Medical Services
Redcliffe Hospital & CISS

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Nov-Feb 16



2016 Variety Bash Entrant Dusty Swags to Checquered Flags Dr Wayne Herdy



Practically all readers of this Newsletter will know Dr Wayne Herdy, at least by name if not by sight.

Not too many readers of this Newsletter will know that in his younger days, Wayne used to be a rally driver. You know the type, sliding your car between the trees all night, and getting the car airborne at least 20 times a night or you're going too slow.

Now, to be honest, it's a little while since Wayne actually competed in anything like this, but he is smoothing back his greying locks and climbing back into the driver's seat for one more event, but for a very good cause.

Variety is the Children's Charity of Queensland. It stages a car rally each year as a fundraiser. The Variety Bash was started by Dick Smith 30 years ago and raised bundles for the kids of Queensland every year since.

This is not a race. One of the strict criteria is that all the cars must be at least 30 years old. It is going to be a grind to get an ancient machine to the other end of the line after thousands of kilometres in the dust of inland Australia.

The whole purpose of the Bash is to raise funds. Wayne is required to raise at least \$8,000 towards the charity. Some

entrants will be running events ranging from chook raffles to celebrity golf days.

Wayne will be relying almost completely on the altruistic nature of his many colleagues in the medical profession to simply hand over a cheque.

Every donation over \$2 is tax deductible, so here is your great opportunity to deprive the Commissioner for Taxation of some of your money.

All donations over \$100 from health professionals will be publicly acknowledged in the pages of this Newsletter (unless the donors desire anonymity).

All donations over a million dollars have a good chance of being published on the front page of the Australian.

Not one cent of your donation goes towards Wayne or his costs, it all goes to the charity.

So watch out for the official request for your donation, with the official mark of approval from the charity.

It won't cost each individual much, and it is a chance for the doctors in our space to show that we really do care about the kids of Queensland.

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AUSTRALIAN MEDICAL ASSOC PRESIDENT

DR CHRIS ZAPPALA



MEMBER'S UPDATES

Dear Members,

In October, the Government announced it would be undertaking consumer consultation and hosting ongoing roundtables in an effort to more effectively regulate private health insurance.

Whilst we welcome consultation as an important step to system reform, the survey canvasses a number of options which could potentially reduce access to fair and reasonably-priced private health insurance.

We have reports of health funds demanding patient information, reports from doctors about 'frequent flyers,' and in Adelaide there are reports of patients within the 28-day window being refused care.

Risk rating is one of the options being canvassed by the Turnbull Government. Common in the US, these measures would allow insurers to charge higher premiums based on factors such as gender, age and smoking status. Unfortunately, there are no guarantees this is where risk rating will end.

Vulnerable groups such as the elderly and those with chronic or complex conditions would be the most impacted by this type of model. An efficient and high functioning private system providing good balance to the public sector is a fundamental component of our success – because overall we do have a very good system.

Implementing risk rating has the potential to create a system where private health insurance is only accessible to the young, fit and healthy.

Vulnerable patients – the individuals most likely to need private health insurance – would likely find themselves pushed out of the market as health insurance becomes increasingly cost-prohibitive.

Whilst I am hesitant to speculate without more information on the Government's intentions or the results of the survey, canvassing the topic of risk rating is a red flag that further indicates a shift to a US-style health system.

I encourage all doctors and their patients to make submissions to the Federal Government's enquiry.

At the state and federal level, AMA will continue monitoring the private health insurance sector and advocate for a fair and accessible system that continues to deliver high-quality outcomes and provide critical training opportunities.

At a local level, AMA Queensland is taking a number of steps to improve public health across the state.

In late October, AMA Queensland launched our inaugural Health Hub at the Eumundi Markets. Staffed by volunteer GP members, the Health Hubs offer free medical tests, including BMI checks and blood pressure tests, to attendees.

Visitors are also able to ask medical questions and, when necessary, they are referred to a GP for a more comprehensive check.

The Health Hubs are a unique opportunity to reach would-be patients in a non-clinical, non-threatening setting. At least one visitor admitted he hadn't seen a GP in 20 years!

It is those patients for whom a simple issue may become dire as they have allowed it to bubble away for years.

Our inaugural Health Hub was positively received and we plan to expand the Health Hubs in scope and to several locations across the state next year.

I encourage you to become involved. If you are interested in finding out more about the Health Hubs, contact our team on 07 3872 2222.

Sincerely,

Dr Chris Zappala
AMA Queensland President

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It's been forty years since Hyundai made its first all-Korean car called the Pony. The fledgling brand sold better than initial expectations and has gone on to become the fourth largest auto manufacturer world-wide. But it was a bumpy road to success.

The Hyundai Excel launched in Australia in 1995 soon had a reputation for poor quality and unreliability. Dealerships would respond to complaints by telling customers, “What do you expect, you bought a Hyundai!” The competition from established Japanese brands was stiff and repeat business was minimal. Hyundai's selling point was that their cars were cheaper than the competition, but they weren't good value when reliability and re-sale were factored into the deal.

Back then a 1.5 litre Hyundai Excel LX automatic would set you back \$19,750 + ORC. Fast forward twenty years and things have certainly changed. Hyundai's i30 is now regularly Australia's top-selling car. There's a 5 year unlimited kilometre warranty and the quality is as good as anything from Japan. And twenty years later a new Hyundai i30 Active automatic can be purchased for \$19,620 drive-away according to my local dealer. My test vehicle was hired in Sydney and had only done 200 kilometres since new. It looked and smelt like a brand new car apart from a large scrape down the right side complements of the previous driver.

Observant readers will have noted the dents in the photo from my last road trip to Bathurst article. From the position of the seat and rear view mirrors I couldn't be sure about the gender of the previous driver, but I would have estimated that he/she was only a little over four feet tall and possibly Korean?

My 500 kilometre road test loop took me from the Sydney CBD to Katoomba and then on to Bathurst and back. I've got to say from the out-set that I was pleasantly surprised by the Hyundai i30. It looked and felt like a more expensive vehicle.



Whilst the i30 is undeniably inexpensive it certainly isn't cheap in any way. There was enough power and enough comfort and after a whole day behind the wheel my ageing body still felt fine. I particularly liked the comfortable ride and around town the i30 is even quieter than some luxury diesel cars.



Whilst the Mazda 3 has a more powerful (and more frugal) engine, the Hyundai i30 was not disappointing. With a six speed automatic transmission it got along quite nicely. Economy was as specified at 7.3 l/100km or about 39 mpg. The i30 has two 12 volt sockets in the front centre console to charge all those devices we now can't live without and another socket in the boot where I believe all mobile phones should be placed when driving. The cabin is spacious and the back seat comfortably accommodates two adults or three children.



There's also plenty of room in the boot and a full-size spare tyre. For buyers looking for more bling there is an Active X model with alloy wheels and partial leather and a Premium model with Sat Nav, heated/ventilated seats, rain-sensing wipers and Xenon headlights. The quality of the competition highlights what a tough sector



of the market this is.

Continued Page 13

Immigration and Immigrant Ships, Moreton Bay Part III

(Read at a meeting of the Historical Society of Queensland, March 26, 1935.)

https://espace.library.uq.edu.au/view/UQ:241112/s18378366_1935_2_6_304.pdf

That was the "Genghis Khan," a ship of 1,306 tons, which brought out 474 immigrants from Liverpool, putting up some remarkable sailing records on the passage. Altogether 35 ships carried immigrants to Moreton Bay in the ten-year period referred to, and the population of Queensland was augmented thereby by altogether about 10,000.



Deck of the Artemisia, emigrants on board, by Frederick Smyth from the Illustrated London News, 12 August 1848 p 96

"First Real Boom."

The first real boom in immigration commenced in 1861 and 1862, due chiefly to the successful efforts of Mr. Henry Jordan, the attractions of the land order system, and to the greatly superior class of sailing vessel put into the service by Mackay, Baines & Coy, the managing owners of the famous Black Ball line. This historic shipping combination owed its origin to the discovery of gold in Victoria in 1851 and the frantic rush of goldseekers from all parts of the world to Australia. All sorts and sizes of sailing vessels were used to bring fortune-hunters to Port Philip, which was the centre of attraction—and in several instances fearless adventurers risked their lives in crossing the thousands of miles of ocean in fishing smacks and other frail craft.

The opportunity was seized by James Baines, a Liverpool merchant, who purchased a few big American and Nova Scotian-built sailing ships and established the Black Ball line. He also had several other clippers specially built for the trade by Donald McKay, of Boston, U.S.A., whose ships had gained a reputation for supreme excellence in staunchness and speed. The only one of these world-famous ships which came into the Moreton Bay trade ten or eleven years later was the "Flying Cloud"—a vessel whose consistent record as a "flier" still remains one of the most outstanding in the history of the clipper ships.

Early Arrivals.

A few ships other than those of the Black Ball line brought immigrants out to Queensland under Government auspices.

Among these was the "Helenslee," which arrived on August 6, 1862, from Glasgow, with 319 passengers. Among those who voyaged out in her was the late

Robert Philp (afterwards Sir Robert Philp), a Premier whose Name stands out conspicuously in the political history of his time.

There were other ships belonging to other owners which also made odd trips; but Mr. Jordan came to the conclusion that the interests of the State of Queensland would be best served by exclusively employing ships of the Black Ball line. He gave what seemed to be convincing reasons for this in a report to the Colonial Secretary, dated January 26, 1863. It appeared that at a time when other shipping firms had been disinclined to enter wholeheartedly into the Queensland immigration scheme, and to accept land orders in payment for the passage money, the Black Ball Coy. had shown a spirit of enterprise, and readiness to co-operate, even to the extent of sharing in some measure the expenses of the Government's immigration campaign. Land Order System. Under the land order system the Government gave to each person who paid his or her full passage money, an order for land in Queensland to the extent of £18 (18 acres), issuable on arrival; and a further order to the value of £12 (12 acres) issuable after two years' residence in the colony.

In many instances the shipping company agreed to accept the £18 land order as a substitute for the passage money, and those who arranged matters that way got what was virtually a free passage out. After a time, the issuing of the second land order for £12, after two years' residence,

Continued Page 20

DR CLIVE FRASER'S MEDICAL MOTORING: HYUNDAI I30 ACTIVE REPORT CONTINUED

And with a northern nuclear-armed neighbour run by a despot and Russia and China nearby South Korea has to punch above its weight to survive.

Somehow countries ripped apart by warfare seem to go on to make some great cars.

Hyundai i30 Active

For: Affordable, better than expected.

Against: Mazda 3 engineering still leads the pack.

This car would suit: Medical administrators because they like to save money.

Specifications:

1.8 litre 4 cylinder DOHC petrol

107 kW power @ 6,500 rpm

175 Nm torque @ 4,700 rpm

6 speed automatic

10.3 l/100 km (city)

5.5 l/100km (highway)

7.3 l/100km (combined)

Price: \$19,620 drive-away at my local dealership (or \$20,990 drive-away on Hyundai's web-site).

Fast facts:

In 2012 Hyundai (and Kia) compensated 900,000 US owners when they over-stated fuel economy figures. The June 2015 Popemobile is a Hyundai Santa Fe.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com



Interesting Tidbits

NATTY MOMENTS:



Q: Why is England the wettest country?

A: Because the queen has reigned there for years!

Q: What belongs to you but others use more?

A: Your name

Q: Why do fish live in salt water?

A: Because pepper makes them sneeze!

Q: Why did the man put his money in the freezer?

A: He wanted cold hard cash!

Q: What do you get when you cross a snowman with a vampire?

A: Frostbite.

Q: What is the best day to go to the beach?

A: Sunday, of course!

Q: Which is the building is the largest?

A: The library because it has the most stories.

Q: What do you call an illegally parked frog?

A: Toad.

Q: What bow can't be tied?

A: A rainbow!

Q: What do you call a laughing motorcycle?

A: A Yamahahaha

Q: What season is it when you are on a trampoline?

A: Spring time.

Q: Where did the computer go to dance?

A: To a disc-o.

Q: What is pink, goes in hard and dry and comes out soft and wet?



A: Bubble Gum.

Q: What has one head, one foot and four legs?

A: A Bed

Q: What is the difference between a school teacher and a train?

A: The teacher says spit your gum out and the train says "chew chew chew".

Q: Why did the birdie go to the hospital?

A: To get a tweetment.

Q: Why did the cross-eyed teacher lose her job?

A: Because she couldn't control her pupils?

Q: What do you call someone who is afraid of Santa?

A: A Clausterphobic

Q: What three candies can you find in every school?

A: Nerds, DumDums, and smarties.

Q: What sound do porcupines make when they kiss?

A: Ouch

Q: Why was the guy looking for fast food on his friend?

A: Because his friend said dinner is on me.

Q: Did you hear the joke about the roof?

A: Never mind, it's over your head!

Q: What do you call a bee that lives in America?

A: USB

Q: How do you make a tissue dance?

A: Put a bogey in it.

The Gardens of London

A Floral Bliss

By Cheryl Ryan

London certainly ensures that every tourist is spoilt for choice when it comes to its tourist hotspots.

Major sights like the Buckingham Palace, National Gallery, Tower of London, Big Ben, Tate Modern- the National Gallery of Modern Art are sure to make it to every tourist's must-visit checklist.

However, the true taste of late summer or autumn glory can be experienced in the months of August, September, and October when the flowers bloom into stunning beauties in blasts of vibrant colours.

Horticultural extravaganza

- ✿ The RHS Chelsea Flower Show or the Great Spring Show spans over five days and is held at Chelsea in London. Perhaps the most popular garden show in the whole of UK, it features many natural as well as avant-garde artistic gardens with floral marquee as the centrepiece. Smaller gardens like the Artisan and Urban Gardens are also a visual treat. Many events other than the welcome stroll among the floral bliss are organized at the Show.
- ✿ The RHS Hyde Hall Flower Show and RHS Wisley Flower Show are top-class garden shows featuring stunning floral displays, fun entertainment stalls and much more – an amazing opportunity to spend the day exploring the painstakingly pruned and decorated gardens at their vibrant best.
- ✿ The RHS Hampton Court Palace Flower Show is another one of a kind Show held at the majestic palace of King Henry VIII. Visitors can wander about amid stunning beauty of the flora while also



browsing through, buying and picking up some expert horticultural advice from the garden trade stalls and specialist nurseries.

What have we planned for you?

- ✿ A comprehensive itinerary has been developed to let you enjoy the exciting, internationally renowned flower power of Chelsea.
- ✿ A trip to the royal botanic Kew Gardens- houses a herbarium, museums, libraries, extensive gardens, as well as glasshouses and conservatories shall be arranged.
- ✿ Trip to the flower shows organised at RHS garden Hyde Hall and RHS Wisley.
- ✿ We shall also organize a tour to the famous Flower District of Chelsea for the ultimate horticultural shopping spree.

Get ready to enjoy the beauty of the glorious, vivid, blooming flora of the unusual as well as fascinating gardens of Chelsea and maybe even let some of the striking plants find themselves a place in your home.

You might even see the Queen!!

Tour dates: 20 May – 26 May 2016

www.123Travelconferences.com.au



Avoid the FBT Hangover after the Christmas Party

Most of us are aware that entertainment provided by our employer is not tax deductible, whether it's a few beers after work or a meal at a nice restaurant. This also applies to the long awaited annual Christmas party. These benefits provided to employees can be caught in the Fringe Benefits Tax (FBT) regime.

FBT is a complex area of taxation with many loop holes and rulings. With regards to entertainment/employee benefits this tax can be avoided if certain conditions are met. The ATO defines a Fringe Benefit as "a 'payment' to an employee or an associate, but in a different form to salary or wages".

It is that time of year when generosity and enthusiasm is high and employers want to reward their staff for their hard work during the year. The extent of this generosity should be measured by considering several factors with regard to the value of gifts and entertainment provided to employees.

Employee Gifts and Christmas party expenses are considered by the Tax Office to be Entertainment benefits and there may be a liability to pay FBT. These benefits may however be exempt under the "minor benefits" exemption.

A minor benefit is considered to be a benefit that is provided on an infrequent or irregular basis and the cost of the benefit will not exceed \$300 per employee. This also applies to associates of the employee, for example a spouse of an employee attending the party. The \$300 limit applies to each identifiable benefit. For example, if an employee received a nice bottle of wine valued at \$100 and then the per head cost of the party was \$250, totaling \$350 the \$300 minor benefit exemption limit would not be exceeded and would be exempt from FBT.

The last thing you want to think about when planning a party is the tax implications. We as accountants will always consider the most tax effective manner in which to do anything in business and a Christmas party is no different.

Holding a Christmas party on a work day on the business premises is the most tax effective option. Catering costs will be exempt from FBT with no dollar limit. However the \$300 minor benefit exemption will still apply to associate of the employees if they attend. If employees and clients attend and only canapés and light finger food are served then the entire cost is tax deductible. In this scenario there must be no alcohol served or it will be meant the definition of non deductible entertainment; this is not a popular option!

If the Christmas party is held at a venue off the business premises the minor benefit exemption would have to be satisfied for all employees and associate attending.

For all of those generous employers who are planning to spend big on gifts and festivities for their employees they should consider the per head cost of the gift and party as to not get hit with additional taxes in the year to come.

If you require an additional information please contact Mitch Bond, Tax Accountant at Poole Group Accountants & Investment Advisers – mbond@poolegroup.com.au / 07 5437 9900.



AMA ENCOURAGES CAREFUL AND RESPONSIBLE PRESCRIBING AND USE OF ANTIBIOTICS

ANTIBIOTIC AWARENESS WEEK 16-22 NOVEMBER 2015

The AMA is using Antibiotics Awareness Week to heighten public awareness that the overprescribing of antibiotics is a threat to the wellbeing of Australians.

Antibiotic Awareness Week, which is endorsed by the World Health Organisation and coordinated locally by NPS MedicineWise, is aimed at getting all Australians to play a part in addressing the threat of antimicrobial resistance.

AMA President, Professor Brian Owler, said today that when antibiotics are taken unnecessarily or incorrectly, it encourages the development of dangerous antibiotic-resistant bacteria.

Professor Owler said that antibiotics are an important part of medicine, but their overuse or incorrect use could lessen their effectiveness. "It is vital that antibiotics are prescribed and used carefully and responsibly," Professor Owler said.

"The AMA supports greater awareness and education for doctors and patients to ensure that antibiotics can continue effectively performing their key role in treating and preventing infections, and keeping Australians healthy."

The AMA encourages doctors to be informed about when antibiotics are clinically appropriate.

Antibiotics should only be prescribed:

- when the benefits to the patient is likely to be substantial;
 - as recommended by clinical guidelines and pathologists; and
 - at the appropriate dose and duration.
- It is also important that patients

understand that:

- antibiotics are only effective against bacteria, and not viruses. That means they are not effective against colds and the flu; and
- if antibiotics are prescribed for an infection, the whole course should be taken as directed.

The AMA commends the extensive educational material developed by NPS MedicineWise for doctors and patients, which can be found at <http://www.nps.org.au/about-us/what-wedo/campaigns-events/antibiotic-awareness-week>

The Government provided funding in the 2013-14 Budget to support the development and implementation of a new national strategy to prevent and contain anti-microbial resistance.

In June 2015, the National Antimicrobial Resistance Strategy 2015-19 was released by the Government, detailing objectives and activities in the healthcare, agriculture, and veterinary sectors to reduce antimicrobial resistance.

19 November 2015

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02 6270 5477 / 0419 494 761

Odette Visser
02 6270 5412 / 0427 209 753

Website : <http://www.ama.com.au/>

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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491



Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available



Get Your Membership Benefits! Socialise! Broaden your Knowledge!



Dear Doctors

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

This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is \$120.00. Doctors-in-training and retired doctors are invited to join at no cost.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; GJS2@Narangba-Medical.com.au

ABN 88 637 858 491

1. One Member (July to June: \$120.00; Oct to June: \$90.00; Jan to June; \$60.00; April - June: \$30.00)
2. Two Family Members (\$20.00 Discount each) (\$200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

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(First Name)

(Surname)

Email Address:

2. Dr

(First Name)

(Surname)

Email Address:

Practice Address:

Postcode:

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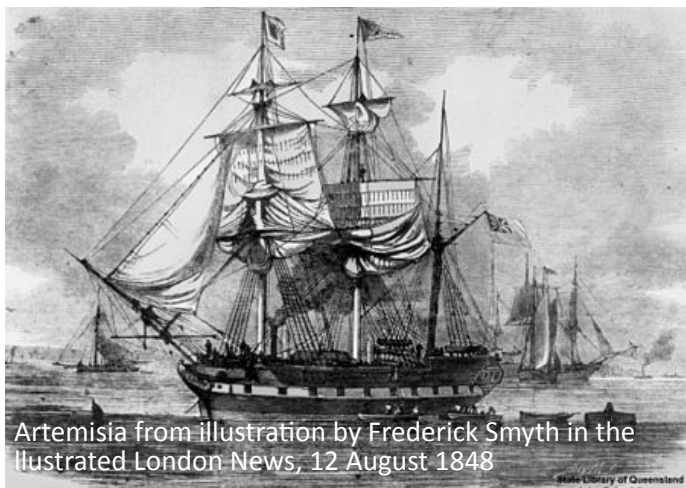
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Where We Work and Live



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

Immigration and Immigrant Ships, Moreton Bay Part III

conditions on board during an unusually protracted voyage, must have been far from pleasant. About five months after her departure from Queenstown, the "Erin-go-bragh" put into Hobart, all on board having suffered seriously from lack of proper provisions. It was then discovered that the vessel's leaky condition was chiefly due to the fact that some evil-disposed person had bored several holes with an auger in some of the bottom planking. These holes were plugged up before the ship left Hobart, and she finally reached Moreton Bay on July 31, 1862, or 174 days after she had sailed from Cork.

Special Operatives.

Other societies were formed with the idea of promoting the immigration of special classes of workers to the new colony, and among these were the Bolton (Lancashire) Cotton Growing and Selling Coy., and the Lancashire and Queensland Cotton Growing Co-operative Society—and through the intervention of these a certain number of unemployed cotton operatives were sent out. During the two313 year period, 1861-62, 10,497 British immigrants were landed in Brisbane, made up as follows:—English, 5,601; Scottish, 1,254; and Irish, 3,642.

Colonists from Germany.

About the end of 1860 a petition was presented to the Government, bearing the signatures of 206 German freehold settlers at Drayton and Toowoomba, asking that strong efforts be made to bring out further numbers of German colonists. As a direct outcome of this, Mr, J. C. Heussler was appointed to go to Germany as immigration agent for the Queensland Government, and he spent about two years in that country. The brig "Grasbrook," of 241 tons, with 123 German settlers, and the ship "Caesar Godeffroy," of 428 tons, with 295 more German colonists, arrived from Hamburg on the same day—September 27, 1861.

Next Month Colonists from Germany Continued

was discontinued.

Nationality Regulations.

A certain amount of controversy arose in the early 60's as to the nationality of the immigrants or rather the proportions of the people of the several British nationalities. The regulations laid down that the nationalities year by year should consist of two-twelfths Scotch, three-twelfths Irish, and seven-twelfths English; but these proportions were never strictly observed. In the early 60's very great distress prevailed in Ireland, due to a potato famine, and other causes, and the Queensland Immigration Society was established in Brisbane, under the auspices of the 312 Right Rev. Dr Quinn, Roman Catholic Bishop of Brisbane, with the object of assisting Irish immigrants to Queensland. This Society was responsible for sending out to Moreton Bay the ships "Erin-gobragh" and "Chatsworth," with immigrants from Cork, which arrived at their destination on August and September, 1862, respectively.

"Continuous Nightmare."

The "Erin-go-bragh" had a voyage out which, from all the available records of the voyage, must have been a continuous nightmare for all concerned. The vessel is said to have been formerly named the "Florida," and apparently her name was changed with a complimentary intention, as a tribute to the fact that she was carrying Irish immigrants. One correspondent, writing to the newspapers of the day, said the "Erin-go-bragh" had previously passed under many aliases, and he described her as a crazy, leaky old tub. Be this as it may, with epidemic diseases of various kinds, the