



Sutton's Beach

See Sutton's Beach featuring in our Historical Article on Redcliffe Peninsula in this edition page 3 and our regular Pictorial Page 20 .



RDMA President's Message ... Dr Wayne Herdy

This column is being written from far away. Both your President and Vice-President, Kimberley Bondeson, have been attending the AMAQ Conference in Boston.



My thanks to Ken Fry, our Secretary, for hosting the September meeting which neither I nor my deputy could host.

I don't intend to put in a free advertisement for the AMAQ conference. It is never a low-budget affair, but it is always a good educational experience, with exposure to local health systems in each of

the countries visited.

Kimberley got a special mention because she has attended 10 of the past 10 AMAQ conferences (I have only managed 5 of the 10).

As the year's end approaches, we start focusing on the end-of-year networking function. This is the highlight meeting of our social and academic calendar.

Last year's meeting at Sails at Suttons Beach was a huge success, and we have chosen the same venue for 2010. It is an unmatched opportunity for meeting your colleagues, and the only meeting of our year where our partners can meet one another and compare notes.

Earmark the evening of Friday 26th November, and see details in this Newsletter to find how you can be included in this event.

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

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

See you at the October meeting.

Wayne Herdy.



DATE CLAIMERS :

For all queries contact Tracey: (07) 3049 4429

Event: RDMA Meeting 27/10/10

Venue: The Ox, 330 Oxley Ave, Margate

Time: 7 for 7.30 pm

Sponsor: Pfizer

Speaker: Dr Christian Hamilton-Craig
Cardiologist, Mater Private
Hospital

Topic: "Risk Assessment & New
Technologies - Which Test for
Which Patient?"

**Event: Year End Networking Function
26/11/10**

Venue: Sails Function Rooms, Suttons
Beach Parklands, Redcliffe

Time: 7 for 7.30 pm

Sponsor: QML Pathology

NOVEMBER NEWSLETTER 2010

The **30th October 2010** is the **timeline** for ALL
contributions, advertisements and classifieds.

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THIS NEWSLETTER

Thank you to the following members for their
contributions:

- Dr Philip Dupre's article on "I Thought I Was Dead".
- Dr Chris McLaren's article on "Super Clinics"
- Dr Ray Collin's Poem "Where We Work And Live"

New members: accepted at an RDMA Committee meeting,
are asked to introduce themselves to the Association via
the monthly newsletter. We look forward to introducing
any new members in the next addition.

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Redcliffe Peninsula

Drive 40 minutes north of Brisbane, cross over the 3km long Houghton Highway bridge, and you will discover South East Queensland's "Brigadoon".

The Redcliffe Peninsula is an anachronism. It retains much of its pre World War II charm and ingenuity, consisting of a string of small seaside villages, overlooking glorious golden sanded beaches, with the "city" of Redcliffe being the jewel in the centre.

This was the site of the first European settlement in Queensland. The explorer John Oxley sailed into the calm waters of Moreton Bay in September 1824 to found a northern convict colony to take pressure off the overcrowded prisons of Sydney and Port Arthur. An encampment was established on the banks of a small creek, now known as "Humpybong", meaning empty houses. The Aboriginal inhabitants, who had lived in the area for unknown generations, named the creek from the deserted buildings left behind by the colonials when they relocated to the banks of the Brisbane River, a year later, to find a more reliable fresh water source. The name of Redcliffe originates from the ochre red cliffs which are prevalent in the region. They so impressed Captain Cook in his first voyage to the bay in 1780 that he inscribed the name in the first known chart of Moreton Bay.

The Redcliffe area was opened up for farming in the 1860s, to meet the demand for the growing population of Brisbane. Redcliffe gained an early reputation as a holiday resort 20 years later when the affluent city dwellers started



building beachside holiday homes on the golden sands of the bay and a steam ferry service commenced catering for the increasing number of tourists.



The area, being a peninsula cut off from Brisbane by shallow wetlands, grew slowly until the opening of the Hornibrook bridge in 1935. This halved the transit time between the two centres and led to a steady population growth.

The early 1940s heralded a major expansion in Redcliffe as it became a premier rest and recreation area for the Allied Pacific troops. Nightclubs, dance halls, bars, cinemas and restaurants evolved to meet the demand. Stroll along Redcliffe Parade today and you can be transported back to the 1940's – but don't wait too long, already there are ambitious plans to drag the Jewel of the Peninsula into the 21st century.

Clontarf is the first village on the peninsula as you complete the bumpy crossing over the Houghton Bridge. It is famous for its almost tame pelicans, which have a bayside park named after them. (You will first encounter the pelicans precariously perched (for motorists!) on the top of streetlamps lining the bridge). As in all the peninsula's beachside parks, there is a multitude of shaded picnic tables along the seafront, complete with council funded electric barbeques. Bell's Beach at Clontarf, has been designated as a jet boat zone, so it is not recommended for swimming. Pelican Park is the home of the local kite flyers and there is an annual kite flying festival that attracts entrants from all over the Pacific – very colourful!

The next suburb is named Woody Point. Today the woods are rather scarce, but they have been replaced by some excellent restaurants, cafes and hotels, art galleries and antique shops, strung along the waterfront and a new jetty is nearing completion. The old jetty, constructed in 1881, used to service the ferry from Sandgate and Brisbane, and was a favourite fishing spot for the locals. Further along



the shoreline is the hulk of the former Queensland warship "Gayundah".

The village of Margate has possibly the best sandy beach on the peninsula. Margate and Suttons beaches stretches for 3 kms and are surrounded by parklands with barbeques and sheltered picnic spots. There is a beachfront restaurant and café and you can usually find other food and ice cream vendors on any summer's day. This is a popular venue for fetes and festivals often attracting hundreds of market stalls.



Just north of Sutton's Beach lies Redcliffe's Settlement Cove Lagoon –

a water wonderland for children of all ages. Surrounded by palm trees, waterfalls and picnic areas, this safe swimming area is a favourite destination on the hot days of summer. There are children's playgrounds complete with swings, slides, fortresses and train rides.

The scenic Redcliffe Jetty is located opposite the main shopping and restaurant precinct and is the departure point for tours to Moreton Island and for whale watching excursions.

Heading north from Redcliffe you will find Queens Beach which is also popular for swimming and fishing. This beach offers two good boat ramps and is again surrounded by barbeques and picnic tables.

Scarborough beach to the north, is backed by high sand dunes and cliffs that provide wind shelter and privacy for swimmers and sun bathers. The village of Scarborough retains a lot of the simplicity of the past combined with modern high rise resorts. There are some excellent restaurants and cafes and a beachside hotel overlooking the



bay.

When you round the headland at the northern tip of the peninsula you will find the Scarborough

Motor Boat club, the boat harbour and marina. Here you can buy fresh seafood just unloaded from the Moreton Bay fishing fleet or enjoy the catch of the day cooked to perfection in Morgans Seafood Restaurant.

One of the delightful features of the peninsula waterfront is the extensive cycle and walkways that follow the coastline from Clontarf to Scarborough.

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Please refer to Page 20 for Sutton's Beach Pictorial.

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We are pleased to announce the opening of the following collection centres:

Clontarf

Shop 8, 9 Elizabeth Ave

Telephone: (07) 3283 3504

Opening Hours:

Mon-Fri: 7.00am - 5.30pm
Sat: 8.00am - 12.00pm

Narangba

Shop 3, 30 Main St

Telephone: (07) 3385 6938

Opening Hours:

Mon-Fri: 7.30am - 12.30pm



WORLDCLASS STROKE CARE IN AUSTRALIA

Clinical outcomes and safety for stroke patients after thrombolysis in Australia are similar to those worldwide, according to research published in the Medical Journal of Australia.

Associate Professor Helen Dewey, Head of the Inpatient Stroke Service at Austin Health, Melbourne, and co-authors report Australian outcomes from the Safe Implementation of Thrombolysis in Stroke International Stroke Thrombolysis Register (SITS-ISTR).

They compared data for 581 Australian patients and 20,953 patients worldwide who were treated with recombinant tissue plasminogen activator (rt-PA) for acute stroke.

Prof Dewey said that, despite Australian patients being older, less independent before the stroke, more likely to be taking aspirin and anti-hypertensives before the stroke, and having a higher incidence of comorbidities, there was no statistically significant difference in the

proportion of patients with post-treatment symptomatic intracerebral haemorrhage (ICH) between the two cohorts.

"This finding is reassuring because symptomatic ICH is the most feared complication of rt-PA therapy," Prof Dewey said.

Although the study showed poorer functional outcomes in older patients treated with rt-PA compared with their younger counterparts, Prof Dewey said the data suggested that older patients were not at increased risk of harm after rt-PA, which might help to inform treatment decisions.

She said that the study supported the ongoing use of rt-PA for treatment of acute ischaemic stroke in Australian specialist stroke centres.

"We also encourage newer centres that are not yet treating with rt-PA to develop ways of doing so, to improve stroke treatment in accordance with current evidence," she said.

In an accompanying editorial, Prof Richard Gerraty, neurologist and Professor of Medicine at Monash University, Melbourne, and Associate Professor Mark Fitzgerald, Emergency Medicine Physician and Director of Trauma Services at The Alfred Hospital, Melbourne, write that the important safety data in the study are reassuring.

"Australian registry data provide reassurance that Australian stroke physicians, emergency physicians and systems that support thrombolysis can achieve similar results to those recorded in Europe," Prof Gerraty said.

"We can now move beyond discussing the efficacy and feasibility of implementing this therapy and work toward a more coordinated system of applying the evidence."

The Medical Journal of Australia is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA unless that is so stated.

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Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

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REDCLIFFE & DISTRICT 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

“I Thought I Was DEAD”

Dr Philip Dupre

These were the first words uttered by a girl in her 20s many years ago who was being resuscitated from a severe haemorrhage during which she had become pulseless for several minutes. Their significance was not apparent at the time, but later I wondered “How could she have been aware that she was dead?”

Since that time I have taken a special interest in near death experiences. Most people do not volunteer this information even though they remember it with great clarity and it has invariably been a significant turning point in their lives.

When inquiring into a patient’s Past Medical History they sometimes relate an event in which they say “I nearly died”. On digging a little deeper into this they will often come up with some very interesting stories. For almost all it has been a pleasurable experience in which they observe their own body from somewhere in the room, usually looking down. They are, however, unable to communicate with those working on them and seem to be in another dimension in that they are able to pass through solid objects.

One of my patients several years ago had this experience when he “died” for about 30 seconds during a total hip replacement. He was looking down on himself from above the operating table and when he put his arm down it went straight through the barrier that separates the anaesthetist from the operating area. He was able to tell us later exactly what the theatre staff were doing during this event and became somewhat emotional when recalling and relating this experience. His life changed as a result of this and he became a committed Christian.

Some years ago I discussed these things with the sister-in-charge of intensive care who remembered multiple occasions in which intubated, unconscious patients had later recalled exactly who had come to visit them, what they were wearing and what was said. The sister, herself, talked in a soft voice, almost a whisper, perhaps this was a habit she had developed!

Sometimes people say they visit a beautiful place and are spoken to by someone they identify as Jesus who tells them “Your time has not yet come, you must go back”. They wake up in their body again. Invariably they say that they would have preferred to stay in paradise rather than return to earth. Their meeting with Jesus has had a profound effect on their lives and they no longer hold a fear of death.

Dr Maurice Rawlings in his book “*Beyond Death’s Door*” writes of an occasion when one of his patients had a cardiac arrest while undergoing a heart stress

test. During several attempts to revive him the patient screamed out in obvious terror “Don’t let me die, I am in Hell” and “Please pray for me”. Dr Rawlings, in spite of his protests that he had “More urgent matters to attend to” eventually did pray him through the sinner’s prayer and the man, after multiple arrests eventually recovered to return to his job as a postman. Significantly this man’s only memory of the event was pleasurable after he had repeated the sinner’s prayer and visited Heaven. He had no memory of his terrible experience in Hell.

Dr Rawlings concluded that his memory of Hell was so traumatic that it had been obliterated from his memory. In his experience Dr Rawlings has found that four out of five people who have been resuscitated from clinical death have no memory of the event. He suggests that these people may have in fact gone to Hell and had the memory erased as it had been so traumatic. This observation would support what Jesus says in Matthew 7:13 that most people will end up in Hell. I have met only three people who have gone down towards Hell but not actually into Hell, they say that even that was terrifying.

The conclusion I have personally reached is that we do exist after death and are fully conscious with a full memory of our past lives. Where we will exist is a choice that we make ourselves. We either accept that Jesus Christ is exactly who he claims to be and that he is the only means we have of being cleaned up enough to qualify for the incredible privilege of being accepted as children of the creator of the universe. Or we sit on the fence without making a decision and we probably rarely if ever read God’s word. Because we reject the life-line God has given us, we must expect to suffer the consequences. Jesus said “Unless you believe I am who I claim to be, you will die in your sins” (John 8:24). And in Romans 3:23 we read that “All have sinned and come short of the glory of God”.

Accepting Christ is the only answer to that empty feeling that we try to fill with money or status and being “busy”. The only answer to the fear of death and that growing concern about “where we go when the party is over”.

Religion itself will not give any real peace. Only those who have found a true relationship with God through Christ will testify to this inner peace and joy and the realisation that they have found what we are all looking for – the meaning of life.

Bibliography
Beyond Death’s Door, Dr Maurice Rawlings, M.D., Thomas Nelson Inc publishers 1978

AMA QUEENSLAND PRESIDENT

Dr Gino Pecoraro

Health Reform Agenda

Having just returned from Boston, USA where AMA Queensland held their Annual Conference from 19-25 September I feel refreshed and somewhat focused on getting back into the major issues our members' are faced with.

Reflecting on the theme of the conference, caring for an ageing population, a number of key topics were covered including the challenges and health workforce issues brought about by the avalanche of baby boomers, geriatric medicine, aged care medical services and facilities and associated lifestyle issues. Presenters were of an extremely high caliber and Boston provided a spectacular backdrop for the 2010 conference.

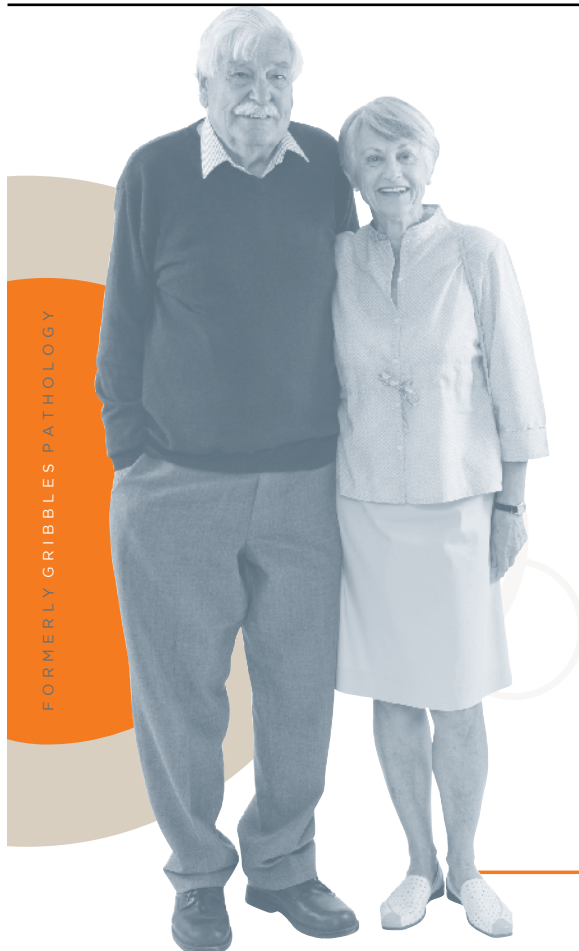
In Julia Gillard's words, looking to the future, the next year will be dominated by the continuance of the Federal Government's health reform agenda. The Labor minority government provides us with an opportunity to present our views to the Independents. On health reform it is critically important that doctors are involved in the rollout and participation of these changes. For hospitals, it is vital to ensure the role of local doctors in the management of their local hospital networks. For general practice, by far the greatest challenge comes

from the introduction of capitation and the end of fee-for-service for diabetes management.

So my message to both the State and Federal Governments is this: we're here. As the leading voice for doctors, we know what can work to improve the health of our patients. We're eager to participate in real reform of the health system – it's sorely needed. But when we see problems we won't be intimidated or silenced. We need a moratorium on hiring more health bureaucrats while many of our university graduates languish without an internship. There needs to be more honesty in the health debate – health costs are rising, and will always continue to rise. We need sustainable funding models that include indexation of Medicare contributions towards patient's cost to protect the care patients receive now and into the future.

This is an exciting time to be a member of the medical profession and of the AMA. What binds our profession together is the unwavering duty to our patients and our belief that the health system can always be better. Some of us believe it so deeply that we join a professional organisation such as the AMA because we know the important battles must be fought together.

For those who have not yet attended an AMA Queensland conference I encourage you to consider attending the 2011 event set to be held in Prague.



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“SUPER CLINICS - ACADEMIC INVOLVEMENT”

Dr Chris McLaren

I was browsing through the Medical Journal of Australia recently, and came across an academic article written by four University of Queensland academics (three from the School of Medicine, and one from the School of Pharmacy), and the fifth author was the sole Director of iHealth Solution Pty Ltd. This organisation has been contracted by the Redcliffe Hospital Foundation to develop the Redcliffe Super Clinic (MJA 2010; 193 (2) 86-89).

If my memory serves me correctly, RDMA has made a financial donation to the Redcliffe Hospital Foundation in the past, to help it to continue its good works. The title of the article was “Meeting local complex health problems by building the capacity of general practice: the University of Queensland GP Super Clinic Model”. As is usual in an article of scientific merit, competing interests are declared, particularly as this proposal involves a commercial enterprise, but I was surprised that one of the authors (David Wilkinson) did not declare a commercial interest in a Skin Clinic, located less than a kilometer from the site of the Redcliffe Super Clinic.

The article describes the involvement of the University of Queensland in a number of Super Clinics in the greater Brisbane area, attracting \$10 million in Federal funding. It's involvement in the Redcliffe Super Clinic is as “the Education and Research Partner”. It does not detail the financial arrangements the University will have within the Super Clinic. It describes “stakeholder analysis”, where there was consultation with General Practitioners, Divisions of General Practice, RACGP, Queensland Health, and “other peak bodies”.

I can't recall anyone coming to a RDMA meeting to discuss this proposal. Were any General Practitioners in Redcliffe consulted? If so it would be of some interest to us all as to the extent and nature of those discussions.

The reasons for choosing the locations included an “analysis of local population health statistics, local use of the Medicare Benefits Schedule, high burden of prevalent chronic disease, workforce deficit, and underuse of available Medicare items for screening”. They don't describe how they define “underuse”? Does it mean that the Super Clinic will “overuse”?

Sounds like very detailed market research, presumably paid for, akin to how hamburger chains make decisions about where to locate their outlets. Justification for the Super Clinic Model revolves around “education and training medical students and General Practitioner registrars” and “a need to support multidisciplinary care”- ie provide facilities not already available in this area. I suspect a number of General Practitioners in our area would dispute this notion. The “Clinical Service and Business Models focus on enhancing the capacity of local General Practices”.

Not sure what this means in reality, but we have to remember this article was written by academics trying to justify their existence.

The increasing commercialisation of academic medicine is of some concern, with some places in medical schools being for sale to full fee paying students, and courses such as the Physician Assistant course (costs close to \$20,000 over two years, with a focus on primary care - check the University of Queensland website), despite the fact that there is no defined role for these graduates.

Perhaps we will see them working in primary care in the University of Queensland - sponsored Super Clinics. I am sure the University of Queensland has lofty academic ideals, but its image is becoming tarnished by its focus on commercialism, and one wonders if it sees Super Clinics as an opportunistic way of making money, at the expense of its own graduates.

Chris McLaren

16 September 2010 14:02

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REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date: **Wednesday 27 October 2010**

Time: **7 for 7.30pm**

Venue: **Renoir Room - The Ox, 330 Oxley Ave, Margate**

Cost: **Financial members - FREE**
Non-financial members \$30 payable at the door.
(Membership applications available)

Agenda:

- 7.00pm** Arrival and Registration
- 7.30pm** Be seated - Entrée served
Welcome by Dr Wayne Herdy - President RDMA Inc.
- 7.35pm** Sponsor: Pfizer Australia Pty Limited
- 7.40pm** Speaker: Dr Christian Hamilton-Craig, Cardiologist, Mater Private Hospital
Topic: Risk Assessment & New Technologies - which test for which patient?
- 8.15pm** Main Meal, Question Time
- 8.40pm** General Business, Dessert, Tea & Coffee

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8

Healthcare: The Best of a Bad Situation

Healthcare has provided a relative 'safe-haven' since 2008. However, the sector's defensive bias has started to wane with increased market volatility and downside risk. Selectivity is key, with a focus on stocks with defensible market positions, strong fundamentals, sustainable growth and attractive valuations. As a result, we suggest investor's that have previously owned healthcare stocks for their defensive nature, review exposures, with Sonic Healthcare being our preferred pick.

Australian healthcare stocks appear expensive through a global lens. Given its increasingly global nature, we believe it is important to view the healthcare space through more of a global lens. As such, we view the sector's historical premium as extended compared to international peers and question its longevity. Interestingly, when comparing return on assets (ROA) and return on equity (ROE) metrics, the domestic index is significantly behind world markets. We find this dichotomy perplexing and believe that as domestic players extend their reach into global markets, multiples are likely to fall back in line with international peers.

The healthcare space will remain a stock-picker's sector. We view risk appetite as growing, with the focus shifting towards cyclicals. We believe FY11 will continue to be marked by volatility as global economic concerns and sluggish recoveries overshadow a seemingly healthier domestic outlook. The healthcare space will remain a stock-picker's sector, with widely divergent individual share price performance as pricing pressure, growing competition and government regulation combine to become a recurring theme. As a result, we favour companies with defensible market positions, strong fundamentals, earnings quality, opportunities for sustainable growth and attractive valuations.

Our picks: Darwinian approach favours Sonic Healthcare. With this in mind, we have reviewed our recommendations across the sector.

ResMed Inc, Ansell, Cochlear and Ramsay Healthcare are all good

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quality names which have had strong share price appreciation in recent times and we would look for a better entry point before adding to core positions.

We believe market dynamics are challenging for **Primary Healthcare** and growth has begun to slow at **CSL Ltd** and would consider trimming exposures here.

While **Sonic Healthcare** is, in our view, the best positioned of the pathology players and currently offers the most upside potential in the sector.

For more information on the latest ideas from the RBS Morgans' Equity Strategy Team, visit www.rbsmorgans.com/redcliffe or contact 3897 3999.



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MEDICAL MOTORING

Motoring Article #75



with Doctor Clive Fraser

VW Passat CC TDI “Love At First Sight”

Everyone knows what it's like. That chance meeting. That animal attraction. That glance across the room that gets your hormones pumping and dilates those pupils. That thought that you'd like to spend the rest of your life with that pretty little thing!



The engine is a gem. It's the 125 kW turbo-diesel mated to a six speed DSG gearbox with standard paddle shifters.

It isn't quite up to the standard of last month's BMW 320d, but take note that the VW is better equipped and \$10,000 cheaper.

Though not quick off the mark there is a mountain of torque for getting up hills.

Yes everyone, it's what they call "love at first sight".

It's a moment when your frontal lobes switch off and the limbic lobes set to work and you're acting on instinct.



The twin clutch gearbox changes gears in only 8 milliseconds which is twenty times faster than the sequential manual transmission in a Ferrari Enzo.

Such was the case when I first laid eyes on the Passat CC.

The fuel economy is outstanding and the Passat CC is just about the only car I've ever driven which exceeds the manufacturer's specifications on fuel consumption.

When I first saw the Passat CC my first thought was what was a Mercedes CLS doing in a VW dealership as there are obvious similarities in form.



VW say that on the highway you can expect 5.3 L/100km, but I regularly squeeze that down to 4.0 L/100km at 100 km/h and 3.8 L/100km at 90 km/h.

Though to my mind the Passat CC is better looking than the Merc which has also been copied by Hyundai with the i45.

That last figure equates to a staggering 74 mpg and it is a joy to watch the trip computer indicate that you could cover over 1300 kms on one tank of fuel.

That low roof and those pillar-less doors give it a racy look and help it to have a very low drag coefficient of only 0.284. That's about the same as a Chevrolet Corvette and about half the C_d of a VW Beetle.



And all of this from a car with room to stretch out in.

Inside there is particularly attractive and comfortable bucket seating for four and all the seats are heated for those days when your back is aching after a long day in the surgery.

PULP around town or 18 mpg in the old money.

In its standard trim the silver dash does reflect glare straight back into the driver's eyes from the raked windscreen, but I've got used to that now and I don't seem to notice it as much.



So the Passat CC TDI looks great, goes well and will keep Bob Brown happy at the fuel pump.

And yes it was too attractive for me to pass up so I bought one.

But that is all the good news and like many pretty things one should expect it

to be "high maintenance".

I regret to say that the problems I have had with my car have provided me with enough material to fill this column for the next 12 months.

But that's another story.

VW Passat CC TDI

For: Great looking, frugal.

Against: My vehicle has been high maintenance.

This car would suit: Me, if nothing else goes wrong with it.

Specifications:

2.0 litre 16 valve 4 cylinder

turbo-diesel

125 kW power @ 4,200 rpm

350 Nm torque @ 1,750 rpm

8.6 secs 0-100 km/h

6 speed DSG

6.3 l/100 km (combined)

\$55,990 + ORC

AMA Members get a 10% discount.

Made in Emden, Germany



Safe motoring,
Doctor Clive Fraser
doctorclivefraser@hotmail.com.



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Nicolaides**
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- Breast Cancer



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Patient Services

Women's Health

MORETON BAY GENERAL PRACTICE NETWORK SOLUTIONS MANAGER

Ken Nipperess

Hong Kong Study Tour

I am pleased to report that Moreton Bay General Practitioners Network has secured a commercial contract to deliver services to Allied Health Care Professionals located within the Hong Kong Health Care sector.

This consultancy will occur in October 2010.

We see this as a great opportunity to secure partnerships and share experience with our colleagues in the South East Asian Health Care sector.

Ken Nipperess
Solutions Manager

Moreton Bay General Practice Network Ltd

Hong Kong SMCD Conference..

Moreton Bay General Practitioners Network have also secured an opportunity to deliver a range of Professional Development activities for the Hong Kong Hospital Authority.

Chief Executive Officer Paul Sutton will be presenting these activities in November 2010 including presenting as Key Note Speaker at a Chronic Disease Management Conference whilst in Hong Kong.

Ken Nipperess
Solutions Manager

Moreton Bay General Practice Network Ltd

Queensland Diagnostic Imaging (QDI) has been providing imaging services to the community on the Redcliffe peninsula since 1977. Dr John Salanitri is the full-time Managing Radiologist at these sites and is supported by a team of dedicated, highly skilled professional staff.

QDI on the Redcliffe Peninsula offers the following services: 16 Slice Phillips CT scanner installed in December 2009. This CT caters for a full range of imaging including CT Angiography.

The ultrasound service caters for the vast majority of ultrasound examinations and procedures to meet patient needs. Utilising Phillips ultrasound units, examinations take place in a comfortable environment by a group of dedicated and skilled Sonographers.

General X-ray was upgraded earlier this year to the New Shimadzu General X-Ray coupled with the latest AGFA computed Radiography.

QDI has the ability to electronically transfer images and report directly to your PC desktop or laptop. Films

will also be printed for every examination and reports can also be faxed to your rooms.

Queensland Diagnostic Imaging is committed to providing our patients and referring doctors with the highest standard of diagnostic medical imaging and will continue to respond to the needs of the local Doctors and community.

- QDI Peninsula phone number is 07 32847999 and fax 0732843691
- QDI Kippa-Ring Village phone number is 0732842333 fax number 07 32842475



Queensland Diagnostic Imaging

Queensland Diagnostic Imaging (QDI) is a leader in providing medical imaging services in Brisbane and the Sunshine Coast.

We are committed to providing our patients and referring doctors with the highest standard of diagnostic medical imaging and will continue to respond to the needs of the local Doctors and community.

QDI have 2 fully Bulk Billing sites on the Peninsula at Kippa-Ring and Peninsula Private Hospital.


Peninsula Private Hospital
Suite 12 Peninsula Specialist Centre
Cnr George and Florence St
Kippa-Ring
Ph: 07 32847999

**General X-Ray
Ultrasound
CT
Interventional Procedures
Kippa-Ring Clinic**
Boardman Rd Kippa-Ring
Ph: 07 32842333


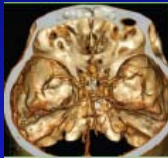
**OPG
General X-Ray
Ultrasound
Bone Densitometry**

**Managing Radiologist:
Dr John Salanitri**

We bulk bill all Medicare eligible Imaging Services



Queensland Diagnostic Imaging



WHERE WE LIVE AND WORK

Poem by Dr Ray Collins

We respectfully acknowledge Dr Collin's contribution, and grant him the appropriate recognition for contributing our new title for our local history/ geography/infrastructure segment - "Where We Live And Work".

WHERE WE LIVE AND WORK...

A treasury of history

Geography, propinquity...

A Paradise of blistered feet

To vistas gorgeous and replete.

Of beauty extraordinary

Visions, passions, the land and sea.

Of how it is and used to be,

Our topographic memories...

So this I plead for sanity and fealty and unity...

Please embrace our locality!

Contributed by Dr Ray Collins

AMAQ & FEDERAL COUNCILLOR REPORT - Federal Election

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

The election result was a long time coming and will go down in history as a most extraordinary outcome. The three country independents had deferred a clear result for two weeks, and delivered the narrowest possible margin to the government. It was not widely appreciated that, whichever side came closest to a majority, one side had to appoint a Speaker, who conventionally comes from the government party. Since the Speaker, the chairperson of the Parliament, has no vote, that effectively deprives a party of one vote. If the minority government provides the Speaker, they lose the fine majority when it comes to a vote on proposed legislation. To compound the uncertainties, a National parliamentarian abandoned his party to support the minority government, in the hope of being appointed as Deputy Speaker, and it remains to be seen which way he votes on new Bills.

When the two independents sided with the Labor party, they only promised support in a limited range of votes, those necessary to give power to a government, especially supply Bills, those which give the government the money to put other legislation into effect. They did not promise to vote in support of every Bill. If they continue to operate as true independents, that means that most votes in Parliament will still be decided by the independents. The Labor party demands that all their parliamentarians vote along party lines, and the Coalition will conventionally (but not necessarily) vote in unison. As long as neither side has a sufficient majority, the non-Party independents will decide the outcome.

So what does all that mean in medical politics?

Firstly, the government will govern VERY conservatively. While it is likely that they will proceed along the paths promised before and during the election, e.g. Local Hospital Networks, Medicare Locals, new GP SuperClinics, they will be very careful not to upset anybody. They are likely to genuinely consult with the medical profession and other stakeholders. They are likely to proceed very slowly, with no radical changes. This is a rare opportunity for the AMA to have a real opportunity to mould the legislation so that it includes the principles that we believe in, a truly independent medical profession dedicated to the welfare of our patients, based on what the patients really need and not based in blind ill-informed ideology.

is unlikely that the government will run its full term. Historically, Australian minority governments have mostly been returned at the next election with an increased majority. To achieve that, most have behaved very safely and responsibly. My personal guess is that the government will deliver a safe Budget next May, then an equally safe Budget in May 2012 and call an election soon after their second Budget if the people of Australia give it positive feedback.



Thirdly, in practical terms, the country independents will be able to demand changes that are of importance to their rural electorates. The most obvious big ticket item is high-speed broadband. The Coalition said that broadband was unaffordable (even though the cost will be borne by consumers, not ultimately by the taxpayer). Labour proposed using broadband as a medical communication tool, which must be attractive to rural communities that are poorly served by doctors. Labour proposed using interactive Internet technology to effectively put a doctor into the patient's living room. While we GPs recognize that we make most of our diagnoses on history alone, we always avoid making decisions without face-to-face contact with our patients. History is not something that is easily and accurately obtained by a mere exchange of words with carefully chosen questions and answers. Even adding the video component provided by high-speed broadband, doctors will not feel safe giving advice without all the supplementary information gathered in a face-to-face presence. Internet-based consultations will also require a fundamental change in Medicare, which until now has been philosophically opposed to payments for non-face-to-face consultations (with a few exceptions such as RMMR's). We wonder who is going to provide those remote consultations, and the probability that the GP on the end of the line will not have any prior knowledge of the patient, and might not feed back a report to the usual treating doctor. This leads to dangerous fragmentation of care. Watch this space, because something is going to happen, but rest assured that the AMA contribution will be founded on our ever-present underlying principles of safety and quality of care.

14 Secondly, with such an unstable voting structure, it

Wayne Herdy



Interesting Tidbits



NATTY MOMENTS:

BLESSED ARE THE CRACKED, FOR THEY LET IN THE LIGHT!! TWENTY-NINE LINES TO MAKE YOU SMILE :

1. MY HUSBAND AND I DIVORCED OVER RELIGIOUS DIFFERENCES. HE THOUGHT HE WAS GOD AND I DIDN'T.
2. I DON'T SUFFER FROM INSANITY; I ENJOY EVERY MINUTE OF IT.
3. SOME PEOPLE ARE ALIVE ONLY BECAUSE IT'S ILLEGAL TO KILL THEM.
4. I USED TO HAVE A HANDLE ON LIFE, BUT IT BROKE.
5. DON'T TAKE LIFE TOO SERIOUSLY; NO ONE GETS OUT ALIVE.
6. YOU'RE JUST JEALOUS BECAUSE THE VOICES ONLY TALK TO ME
7. BEAUTY IS IN THE EYE OF THE BEER HOLDER.
8. EARTH IS THE INSANE ASYLUM FOR THE UNIVERSE.
9. I'M NOT A COMPLETE IDIOT - SOME PARTS ARE JUST MISSING.
10. OUT OF MY MIND. BACK IN FIVE MINUTES.
1. NYQUIL, THE STUFFY, SNEEZY, WHY-THE-HECK-IS-THE-ROOM-SPINNING MEDICINE.
12. GOD MUST LOVE STUPID PEOPLE; HE MADE SO > MANY.
3. THE GENE POOL COULD USE A LITTLE CHLORINE.
14. CONSCIOUSNESS: THAT ANNOYING TIME BETWEEN NAPS.
15. EVER STOP TO THINK, AND FORGET TO START AGAIN?
16. BEING 'OVER THE HILL' IS MUCH BETTER THAN BEING UNDER IT!
17. WRINKLED WAS NOT ONE OF THE THINGS I WANTED TO BE WHEN I GREW UP.
18. PROCRASTINATE NOW!
19. I HAVE A DEGREE IN LIBERAL ARTS; DO YOU WANT FRIES WITH THAT?
20. A HANGOVER IS THE WRATH OF GRAPES.
21. A JOURNEY OF A THOUSAND MILES BEGINS WITH A CASH ADVANCE.

22. STUPIDITY IS NOT A HANDICAP. PARK ELSEWHERE!
 23. THEY CALL IT PMS BECAUSE MAD COW DISEASE WAS ALREADY TAKEN.
 24. HE WHO DIES WITH THE MOST TOYS IS NONETHELESS DEAD.
 25. A PICTURE IS WORTH A THOUSAND WORDS, BUT IT USES UP THREE THOUSAND TIMES THE MEMORY.
 26. HAM AND EGGS...A DAY'S WORK FOR A CHICKEN, A LIFETIME COMMITMENT FOR A PIG.
 27. THE TROUBLE WITH LIFE IS THERE'S NO BACKGROUND MUSIC.
 28. THE ORIGINAL POINT AND CLICK INTERFACE WAS A SMITH & WESSON.
 29. I SMILE BECAUSE I DON'T KNOW WHAT THE HECK IS GOING ON.
- APPRECIATE EVERY SINGLE THING YOU HAVE, ESPECIALLY YOUR FRIENDS! LIFE IS TOO SHORT AND FRIENDS ARE TOO FEW! HAVE A GREAT DAY!

IVF Caboolture

The fertility specialist team with over 25 years combined IVF experience.

IVF Caboolture offers all patients a FREE consultation. This consultation is tailored specifically to the needs of each person or couple and thoroughly explores every aspect of the IVF process thus enabling you to make fully informed decisions.

Services provided include egg freezing and Pre-Implantation Genetic Screening

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	Dr Petra Ladwig Caboolture Private Hospital Consulting Rooms McKean Street Caboolture Qld 4510 P: (07) 5437 7244		Dr Pravin Kasan Suite 15 Peninsula Specialist Centre, Cnr George and Florence Sts, Kippa Ring Qld 4021 P: (07) 3284 4211
			Dr Mahilal Ratnapala Caboolture Private Hospital Consulting Rooms McKean Street Caboolture Qld 4510 P: (07) 5495 9440

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W: www.ivfq.com.au

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In association with the Queensland Fertility Group

METRO NORTH HEALTH SERVICE DISTRICT EXECUTIVE DIRECTOR, DIRECTOR MEDICAL SERVICES

REDCLIFFE HOSPITAL

Dr Donna O'Sullivan



Bar Code Technology a Boon for Patients

In 2008 the Redcliffe Hospital Executive and a group of project management experts gathered to plan the Specialist Outpatients Department (SOPD) redevelopment at Redcliffe Hospital. Chief among the issues to be resolved was development of a systematic improvement to patient flow in the department. Previously, long lines of patients would gather at the SOPD reception desk, causing frustration and difficulties for all. The new SOPD would need to be patient focused, with streamlined processes and the latest technology to support the needs of both patients and staff.

After much consideration of various processing management tools, the SOPD redevelopment group chose a bar code scanning system to improve patient movements through the department.

The Patient Automated Arrival System (PAAS) allows patients to announce their arrival by registering their appointment letter on the bar code scanner machines located at various entry points in the SOPD. The scanner reads the bar code on the letter, directing patients to the correct waiting area by displaying site directory information on its monitor.

It's a breakthrough in terms of eliminating the patient queues at the counter for arrival registration in one fell swoop. This is particularly helpful for elderly or frail patients who had previously found queuing difficult.

Other benefits offered by the new technology include improved data quality in patient demographics, better accounting processes and more efficient information gathering for clinical staff.

Now, almost a year since the system was rolled out in the redeveloped SOPD, Phases one and two of the PAAS have been successfully completed, with over 90% of patients announcing their arrival for appointments by scanning their bar coded letter.

An interactive dashboard utilised by several departments within the SOPD advises staff of the patient's location during multiple appointment visits. This helps staff adjust appointment times if an appointment runs overtime and ensures the most efficient use of resources. The new electronic patient appointment booking system helps this to occur.

Redcliffe Hospital is this month also trialling an electronic referral system with a local GP practice, Majellan Medical Centre. Once the pilot has been completed and the "bugs" eliminated, the system will be implemented in other local GP practices.

So what does all this new technology mean in real terms? For outpatients of the Peninsula and surrounding communities, it means less stress in their interaction with the Redcliffe Hospital and helps the hospital meet its commitment to the motto of Making A Difference.

Local resident Garth Burke is shown how to scan his appointment letter by hospital volunteer Helen Athey.



Specialist Outpatient Department client Garth Burke and Volunteer Helen Athey by the new bar code technology D client

Best Wishes: Donna
donna_osullivan@health.qld.gov.au

Now You Know Everything!



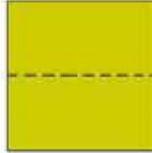
The liquid inside young coconuts can be used as a substitute for Blood plasma.

Most dust particles in your house are made from DEAD SKIN!



No piece of paper can be folded in half more than seven (7) times.

Oh goahead...I'll wait...



Donkeys kill more people annually than plane crashes or shark attacks. (So, watch your Ass)



The first owner of the Marlboro Company died of lung cancer. So did the first 'Marlboro Man'.

Walt Disney was afraid OF MICE!



You burn more calories sleeping than you do watching television.

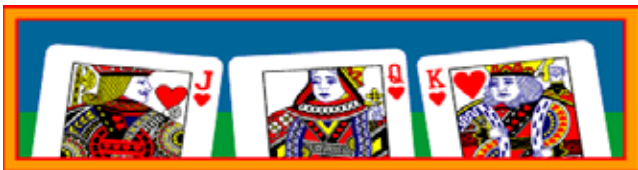


PEARLS MELT IN VINEGAR!



The first product to have a bar code was Wrigley's gum.

It is possible to lead a cow upstairs... but, not downstairs.



The King of Hearts is the only King WITHOUT A MOUSTACHE



A duck's quack doesn't echo, and no one knows why.

American Airlines saved \$40,000 in 1987 by eliminating one (1) olive from each salad served in first-class.

Dentists have recommended that a toothbrush be kept at least six (6) feet away from a toilet to avoid airborne particles resulting from the flush.



Oak trees do not produce acorns until they are fifty (50) years of age or older.

(I keep my toothbrush in the living room now!)

Venus is the only planet that rotates clockwise. (Since Venus is normally associated with women, what does this tell you!) (That women are going in the 'right' direction?)



And the best for last....

Turtles can breathe through their backsides (I know some people like that, don't YOU?)



Apples, not caffeine, are more efficient at waking you up in the morning.

So. Remember, knowledge is everything, so pass it on. and go move your toothbrush!!!



MEDICAL STUDENT TRAINING FUNDING WELCOME AND MUST BE SUPPORTED BY GRADUATE TRAINING PLACES

AMA President, Dr Andrew Pesce, said that the AMA welcomes additional funding for medical student training announced by the Government today.

Dr Pesce said the funding would only deliver the desired future medical workforce results if it were complemented with comprehensive workforce planning arrangements and extra training places for medical graduates once they have finished their university courses.

“Long term planning is needed for the medical workforce training required for students graduating from medical school to ensure that they have a seamless journey on their way to becoming fully trained doctors,” Dr Pesce said.

“Today’s announcement addresses the start of the training process for the larger numbers of medical students, and we now need to see cooperation between governments to guarantee intern, prevocational, vocational training for these students after they graduate.

“There was broad consensus at the AMA’s recent Medical Training Summit for a range of concrete strategies that must be put in place to address these needs. With the increasing number of medical students coming through our university system, these post-university training needs are more acute than ever.

“The Government indicated today that Health Workforce Australia (HWA) would undertake a comprehensive set of profession and specialty specific training plans for graduating nurses and medical officers, and would work on the issue of clinical placements for overseas students.

“The AMA will offer its support and advice to HWA for this work,” Dr Pesce said.

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Dr Pesce said the AMA would be calling on all governments and HWA to incorporate the recommendations of the AMA Summit into their future medical workforce planning.

The specific AMA Summit recommendations related to additional roles and responsibilities for HWA for postgraduate medical training are:

- HWA to establish a Medical Workforce Planning Advisory Committee to complete an analysis of community demand for medical services and associated medical workforce requirements, medical school intakes and graduate numbers, demand for international medical graduates and need for training places by the end of 2011;
- By the end of 2012, the Australian Health Ministers’ Conference (AHMC) should adopt recommendations from the HWA studies (above), including a guarantee to provide the number of prevocational and vocational training places recommended to 2020; and
- The Commonwealth’s 60 per cent funding for teaching should be conditional on States and Territories funding and delivering prevocational and vocational places as recommended by HWA and agreed by the AHMC.

The full AMA Summit Joint Statement is on the AMA website at www.ama.com.au

13 October 2010

CONTACT:

John Flannery 02 6270 5477 / 0419 494 761

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION.

The objects for which the Association is established are:

- (1) THE PROMOTION OF THE MEDICAL EDUCATION OF THE MEMBERS, AND OF THE LOCAL COMMUNITY.
- (2) PROMOTION OF THE MEDICO-POLITICAL INTERESTS OF THE MEMBERS, PATIENTS, AND THE LOCAL COMMUNITY.
- (3) LIAISON WITH OTHER MEDICAL REPRESENTATIVE BODIES.
- (4) THE PROMOTION OF QUALITY MEDICAL SERVICES.
- (5) PROMOTION OF AN ENVIRONMENT TO FACILITATE AND ENCOURAGE SOCIAL INTERACTION BETWEEN ASSOCIATION MEMBERS.

We are here to

- (1) TEACH AND LEARN
- (2) BE INFORMED ON MEDICAL POLITICAL ISSUES AT ALL LEVELS
- (3) LOBBY ON LOCAL POLITICAL ISSUES
- (4) WORK WITH OTHER DOCTORS' GROUPS
- (5) WORK FOR THE BENEFIT OF OUR PATIENTS
- (6) NETWORK AND HAVE A GOOD TIME TOGETHER.

MEMBERSHIP APPLICATION AND RENEWAL FORM

MEMBERSHIP SUBSCRIPTION FOR THE PERIOD: 1ST JULY 2010 TO 30TH JUNE 2011

The Redcliffe and District Medical Association Inc. invites you to join our Association.

YOUR MEMBERSHIP GETS YOU

- FREE ENTRY TO OUR MONTHLY MEETINGS (10 MEETINGS A YEAR)
- MONTHLY NEWSLETTER (AT LEAST 10 ISSUES A YEAR)
- FREE ENTRY TO OUR END-OF-YEAR NETWORKING MEETING.
- THE ONLY LOCAL CONVOCATION FOR GENERAL PRACTITIONERS AND SPECIALISTS TO SOCIALIZE AND TO DISCUSS LOCAL AND NATIONAL MEDICO-POLITICAL ISSUES.

Subscription rates:

Full Annual Rate	\$100.00
Doctor Spouses Full Annual Rate	\$ 75.00 each
Half Year from now until 30/06/2011	\$ 80.00
Doctor Spouses half-year from now until 30/06/2011	\$ 55 each
Students and Doctors-In-Training	Free
Retired Doctors	Free

NOTE THAT AMA MEMBERSHIP DOES NOT GRANT YOU RDMA MEMBERSHIP.

WE PREFER PAYMENT OF YOUR SUBSCRIPTIONS BY INTERNET BANKING. IT SAVES YOU WRITING CHEQUES AND SAVES US HAVING TO BANK THEM. YOU WILL RECEIVE YOUR RECEIPT BY EMAIL IF YOU SUPPLY YOUR EMAIL ADDRESS TO THE TREASURER ON GJS2@NARANGBA-MEDICAL.COM.AU.

REDCLIFFE AND DISTRICT MEDICAL ASSOCIATION Inc

ABN 88 637 858 491

I hereby apply for membership of the Redcliffe and District Local Medical Association, and agree to abide by the Rules of the Association.

Signed:	
Doctor:	
(First Name)	(Surname)
Email Address:	
Practice Address	Postcode
Phone	Fax

Membership fee enclosed, or
PREFERABLY Paid by: Internet Banking (Remember to place your name on the deposit i.e: Dr. F. Bloggs RDMA) Account: BSB 064 122 Account: No: 0090 2422 Redcliffe & District Medical Association/ Date and Bank Paid

Please complete this form and return to: Redcliffe & District Medical Association Inc. P O Box 223 Redcliffe 4020
OR c/-QML or by email to GJS2@Narangba-Medical.com.au

Where We Live And Work

Redcliffe Peninsula



Sutton's Beach

