



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



RDMA President's Message ... Dr Wayne Herdy

PRESIDENT'S REPORT

Queensland is facing austerity measures of its own. We are starting to see the razor gang cuts promised – and, unfortunately, inevitable and necessary if the State is to remain economically viable into the next decade. Queensland Health is relatively spared from the pain, but there must be some pain even in the most essential of sectors.



In our catchment area, both Redcliffe and Caboolture Hospitals are now seeing the reality that some Category 3 patients in some specialties will never be seen. Budgets are fixed, or even reduced in real terms, with strategies such as increased reliance on “own-source revenue” (ie private billing in public hospitals).

The latest announcement is about State-operated nursing homes, with substantial slashing of the iconic Eventide. The claim is that the private sector can run nursing homes more efficiently than the government can. This is only partly true.

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

QML Pathology. | Redcliffe Laboratory

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

The private sector is always more efficient than the public sector. But there are some roles that the private sector will not take on, and willingly leave to the more inefficient public sector. In the aged care environment, private nursing homes will not accept the very difficult role of specialized psychogeriatric units – only a publicly funded facility which does not have to show a return to investors can operate such a unit.

It is not for me to suggest whether State governments should try to compete with privateers to operate conventional nursing homes. But one thing is certain about any precipitate decision to close a nursing home: the facility that you are closing is the only home of a frail and vulnerable person.

Wayne Herdy.



2013 MEETING DATE CLAIMERS:

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

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday February 26th

Wednesday March 27th

Tuesday April 30th

Wednesday May 29th

Tuesday June 25th

Wednesday July 31st

Annual General Meeting

Tuesday August 27th

Wednesday September 18th

Tuesday October 29th

End of Year Networking Function

Friday November 29th

CONTACTS:

President & AMAQ Councillor:

Dr Wayne Herdy

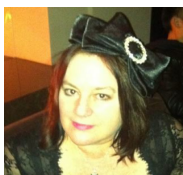
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Mail: RDMA, PO Box 223, Redcliffe 4020

Mobile: 0408 714 984

Year End
Networking Function



Friday
30th November 2012

MON KOMO HOTEL
ON THE BEACH AT REDCLIFFE

Venue: AT 99 MARINE PARADE, REDCLIFFE QLD 4020

Time: 7.00 PM FOR 7.30 PM

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

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

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NOVEMBER NEWSLETTER 2012

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

Please email the RDMA Publisher at

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

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Kilcoy - Culture and History. Kilcoy, a small farming town lies on the D'Aguiar Highway, 94 km north west of the state capital, Brisbane, and just to the north of Lake Somerset. Covering an area of over 1442 square kilometers is the Conondale Range covered by forests and the Conondale National Park which dominates the northern aspect of the town. Kilcoy Shire is well watered by permanent water from the Stanley River, Neurem Creek, Mary Smokes Creek, Sheep Station Creek, Kingaroy Creek, New Country Creek, Monsildale Creek and Grounds Creek ensuring good pastoral, farming and grazing country. Timber felling and milling was also important in the early development of Kilcoy, which was founded in the 1890s.

The first settler in the region was Sir Evan MacKenzie and his brother who arrived in 1841 and named his landholding 'Kilcoy' after his family estate in Black Isle, Scotland whose pastoral lease of 35,000 acres had an estimated carrying capacity of 1200 cattle and 12,000 sheep year-round between the Stanley and Brisbane Rivers. They commenced clearing the upper areas of the Sandy and Kilcoy Creeks for beef and dairy cattle.

Aboriginal massacre. In 1842 on the outskirts of MacKenzie's Kilcoy Station thirty to sixty Native Aborigines of the Gubbi Gubbi tribe (also known as Kabi Kabi) died from eating flour laced with strychnine or arsenic. Until the early 1990s MacKenzie himself was a prime suspect but recent research suggests that he himself was probably not responsible for the massacre, since he was in Sydney at the time. The MacKenzies were admonished for this mass killing by attorney-General John Hubert Plunkett (1802-1869), who threatened prosecution if an official complaint

was lodged. MacKenzie's involvement was never verified but this incident was mentioned in a select committee in 1861 and repeated by W Cooté in 1867. The English overseer disappeared upon MacKenzie's return. MacKenzie organised the conspiracy of silence to protect the Englishman. This is one of many massacres that were perpetrated by the white settlers of the area.

MacKenzie did not remain long on the property. He sold it in 1849 to Captain Louis Hope who built the Kilcoy Station Homestead in 1857 located 6 km northeast of Kilcoy, (listed on the Queensland Heritage Register and National Trust) but is built on private property and not open to the public. In the 1890's much of the pastoral station was subdivided for farm selections. The town of Kilcoy, established in 1980's on the Kilcoy and Sheep Station Creeks was originally known as Hopetown (from 1904 to about 1907), but renamed 'Kilcoy' after mail for the town was continuously misrouted. As settlement continued a school was opened in 1892 followed by the Hopetown Hotel and a Church of England within that decade. In 1901 another hotel, the Exchange was built and a Catholic church opened in 1909.

Kilcoy Community & Folklore. Today Kilcoy's community spirit is evident by visitors witnessing its well-preserved Queenslander homes, immaculate garden surrounds, and renowned local wineries and by four wheel drive enthusiasts who visit the Jimna State Forest and the Conondale Ranges. Kilcoy is claimed to be the mythical home of the Yowie an Aboriginal dream spirit or white man's explanation of evidence for an ape-like human

was to live in the hills around Kilcoy. The Yowie is Australia's equivalent of the Bigfoot or the Yeti. There is a large wooden statue of the creature in the township park. The last reported Yowie sighting in Kilcoy was in December 1979.

A real or imagined population increase in Kilcoy was experienced during this time when sightings of the Yowie were reported. A statue, based on descriptions from claimed observations, was erected in Yowie Park in Hope Street, Kilcoy and nestled beside the park rests a complementary Aquatic Centre and Indoor Sports Complex.

Kilcoy Shire. Kilcoy Shire separated from the Caboolture Shire in 1912. The following year the Caboolture-to-Woodford branch railway line was extended to Kilcoy from 1913 until 1964. There was a thriving pastoral, agricultural and industries society. A majority of dairy producers railed their milk and cream to the Woodford Butter Factory. In the north of Kilcoy Shire there were mine workings. At Jimna, gold was mined from the 1860s until 1948, and further north there was a mine at Yabba. East of Kilcoy a closer-settlement farming area was established at Villeneuve in the late 1870s, set among well timbered hills that kept a sawmill supplied. Much of the Villeneuve area was inundated by the Somerset Dam built between 1933 and 1958.

Kilcoy Meatworks opened in 1953 becoming the town's largest employer. Jimna's population increased temporarily as migrants and displaced persons were housed in a camp and barracks (1947-58) accommodation. The railway closed in 1964, but the steady increase in Kilcoy's population continued, with agricultural and forestry industries the leading employment.

AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT Dr ALEX MARKWELL

Update from AMAQ President



AMA Queensland continues to focus on the main themes raised by the 2012 Health Budget - privatisation, public-private-partnerships and increased efficiency with reduced FTE.

While there is some justification for the Government's arguments against waste and over-blown bureaucracy, we are still seeking a guarantee that these planned efficiency models will support ongoing teaching, training and support for doctors working in an already stretched system.

We are also aware that many local doctors had lobbied hard for years to win a new hospital for the Sunshine Coast and had worked closely with the local hospital management to develop a plan for the future healthcare delivery in the region. Unsurprisingly these clinicians were devastated to have their input bypassed as the Government announced its new proposal to privatise the facility. We have since been reassured by the Health Minister that the Board will be actively involved in any assessment of proposals for privatisation.

Meanwhile medical graduates have become the latest victims of party-politics with the Federal and State Government's reaching a stalemate over the funding of 2013 medical internship placements. The Federal Government recently agreed to one-off funding of 100 places but that still leaves a shortfall of 80 places which the States' so far refuse to pick up.

Workforce modelling by Health Workforce Australia suggests we continue to face a doctor shortage and need to keep every one of our valuable medical graduates. The AMA continues to highlight the plight of graduates who undertook their medical degrees in good faith, fully expecting that they would be able to complete their training as doctors with a funded internship position.

There has been some light at the end of the tunnel recently with the Health Minister finally agreeing to a compromise over the closure of the Queensland

Tuberculosis Control Centre. Following an unprecedented outcry from doctors and public health specialists, public health advocates have been lobbying the Government to revoke their decision to completely devolve TB services out to the HHS's. The QTBC was one of the earliest and most high profile casualties of the Government's corporate office restructure.

For the past few months AMA Queensland has been voicing the concerns of our members and protesting the closure of the QTBC. In light of this feedback Queensland Health has agreed that clinical TB services will be hosted by the Metro South HHS which will extend care to TB patients from Metro North, Gold Coast and Darling Downs HHS's. Oversight of quality control will remain centralised within Queensland Health corporate office. Although this is not an ideal outcome, we are pleased to see some flexibility in the Government's attitude to this important public health issue.

Health is a complex portfolio; it consumes huge amounts of resources and yet always struggles to keep pace with ever-growing demand. We accept that the Government is faced with making tough choices - there are no quick fixes or easy solutions. However, international experience has shown that making smart, informed decisions with long-term vision goes a long way to improving outcomes for patients accessing services and doctors working to provide quality care.

As always, your feedback is sought and appreciated. Please feel free to contact me on 07 3872 2222 or via email at a.markwell@amaq.com.au.

Dr Alex Markwell, AMAQ President
Phone: (07) 3872 2222
Email: a.markwell@amaq.com.au

Invitation

Educational Dinner and Laboratory Tour

Please join Monash IVF for a wonderful evening of clinical education and laboratory tour at their recently launched North Lakes Clinic.

Your hosts for the evening are Monash IVFs Queensland Medical Director and Monash IVFs Queensland Scientific Manager:

Management of Infertility: a GPs perspective

Professor Bruce Dunphy

QLD Medical Director, Fertility Specialist
MB, ChB, MD, PhD, MEd, FRCOG, FRANZCOG, CREI

Insight to IVF: an embryology perspective

Emma Ebinger

QLD Scientific Manager
BSc(hons) Zoology, MSc Biotechnology Management

Date

6th November 2012

Where

Monash IVF North Lakes
North Lakes Day Hospital
7 Endeavour Boulevard
North Lakes

Time

6.30pm laboratory tour
7pm dinner and presentation.

RSVP

By Thursday 1 November to Lisa Reid on 3345 4455
or lreid@monashivf.com

www.monashivf.com



Monash IVF

Due early 2012

www.monashivf.com



North Lakes

North Lakes Day Hospital
7 Endeavour Blvd
North Lakes 4509
T (07) 3345 4455

RDMA Meeting 18/09/12 Executive Team Re-elected



Acting RDMA President Ken Fry opened the meeting introducing Associate Professor Dr Ian Yang whose topic for the evening was "Update on the Management of COPD with a local case study". Clarissa Camus represented the evening's Sponsor the GSK Pharmaceuticals.

Clock wise from Bottom left hand corner: Ken and Margaret Fry, New Member James Ling with Natalie Ong, Stephen Lord, Sean Rafferty, Ian Yang and Clarissa Camus, Adriana Raffa with returning member Sally McBride, Rateesh Paramban, Mal Mohanlal and Andrew Butler, Guest Speak Associate Professor Dr Ian Yang.

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

Date:	Wednesday 24th October 2012
Time:	7 for 7.30pm
Venue:	Renoir Room - The Ox, 330 Oxley Ave, Margate
Cost:	Financial members - FREE Non-financial members \$30 payable at the door. (Membership applications available)
Agenda:	7.00pm Arrival and Registration 7.30pm Be seated - Entrée served Welcome by Dr Wayne Herdy - President RDMA Inc. 7.35pm Sponsor: Merck, Sharp & Dohme (MSD) Represented by: Mark McBryde 7.40pm Speaker: Dr Rachel Green Topic: A current update on contraception 8.15pm Main Meal, Question Time 8.40pm General Business, Dessert, Tea & Coffee

RSVP: e: margaret.macpherson@qml.com.au
t: 3049 4444 by Friday 18th October

 **QML Pathology.**

AMAQ BRANCH COUNCILLOR REPORT
North Coast Area Representative
Dr WAYNE HERDY



**Preventative Medicine, Doctor's Health and
AMAQ Madrid**

AMA COUNCILLORS REPORT.

The annual AMAQ conference in Madrid this year focused on preventive medicine.

Not surprisingly, in view of the location and the contribution by Prof David Colquhoun, there was an emphasis on the Mediterranean diet and its associated longevity among [some] Mediterranean populations. David proved as entertaining as always, with a convincing grasp of the old and new research.

On the lightest side, two teams debated the correlation between tattoos and intelligence – not a lot of science but considerable levity.

However, the conference had a darker side:

Doctors' health had a considerable airing.

There were hot discussions over the "reform" of after-hours services, with some debate about the transfer of Federal funding from individual GP's to the Medicare Locals. The future of Medicare Locals is far from guaranteed, and the future for after-hours services will remain in the balance until well after the next Federal election.

The lack of planning for future training places for the expanded numbers of medical graduates has finally reached crisis point – training places are now saturated and graduates no longer have confidence that they will even have a job next year, let alone

a job that will lead them along their chosen career paths.

During our stay, the Spanish Parliament was forced to debate austerity measures proposed by the Germans (well, by the EU, but really by the Germans). The hot-blooded Spanish put on a protest the likes of which is unknown in Australia – and right outside our hotel. 1300 police, many in full riot gear, faced up to 15,000 unhappy Spaniards in the square next to our conference venue. It was quite riveting to watch from the 5th floor of the hotel but I was happy not to be at ground level when the barricades were pulled down by the chanting thousands.

When the fuss had settled, the conference organizers claimed that they had sent out an invitation which somehow had gone viral on the internet. They were hoping to top this performance by arranging a coup for next year's conference in Chile. A more serious view is that Spain is undeniably a poor country, a sad remnant of an empire that ruled most of the known world only a few centuries ago, and our hearts went out to the further pain that must be imposed on the people if they are to stay economically viable.

Wayne Herdy
AMAQ Councillor

RDMA VICE PRESIDENT & AMAQ COUNCILLOR REPORT Dr KIMBERLEY BONDESON



AMAQ CONFERENCE IN MADRID

I have just returned from the 13th Annual Overseas AMAQ conference in Madrid, which was, as always, a fantastic experience. The Main topic was preventative health, and one of the guest speakers was Prof David Colquhoun, cardiologist from Brisbane, who gave a talk on the Benefits of the Mediterranean Type Diet.

What a fantastic city to experience first hand a complete Mediterranean diet, with tapas, olive oil, and surprisingly, a large amount of bread. Of interest, Spanish bread, made traditionally is low GI.

However, Spain is now facing a childhood and adult obesity problem, the same as Australia, and this has been put down to the introduction of junk food into their diet, and inactivity. There is a large government initiative in Spain to get back to a more healthy, traditional way of life.

The Spanish economy is in difficulty. Whilst we were staying in the hotel, which happened to be across the road from their parliament house, we witnessed from our hotel room approximately 45,000 Spanish people demonstrating and rioting against the austerity measures, that the German Chancellor in Brussels (who is bailing the country out with a large loan) is insisting that the Spanish people instigate.

It involves more taxes, etc in an attempt to pay off their national debt. We had several invited guest speakers from Spain, one called Mr Juan Jose Guemes, the President of the International Center for Entrepreneurial Management in Madrid, who gave us a run down on the Spanish economy and related health issues.

It was very interesting – there is a 25% to 65% unemployment rate in the under 30's and this



Demonstrations & Riot viewed from Hotel. It was nasty when protestors and the police attacked each other.



We stayed in that night, even with 1,300 police surrounding the hotel.

includes the educated under 30's. Spain, like Australia, has a large elderly population. All public servants in Spain have permanent positions, and cannot be sacked. They also have completely free healthcare for themselves and their families. This has put an enormous pressure on their public health system, which is 30% more costly than their private sector for equivalent treatment (sound familiar..).

A comparison was given by Dr John Cox, Paediatrician, Toowoomba, who gave a talk during the soap box presentation – he pointed out that the riots which we had all witnessed from our hotel rooms, is where Australia is heading.

20 years ago in Australia, there were 7½ people in the work force who were paying taxes

for every person over 65 years. Today, there is now 3 people in the work force paying taxes for every person over the age of 65 years.

Our current health expenditure is simply not sustainable. In Singapore, they have just cancelled all politicians and public worker pensions, as the country simply cannot afford it. Australia at this point in time is protected with its Mining Boom, but this has a limited life span.

Well, it is not all doom and gloom, as Mr Juan Jose Guemes pointed out – Spain has been in this economic position in the past (last time in 1995), and managed to recover. Overall, the Spanish experience was well worth it, and I look forward to next year.

Kimberley Bondeson



Parliament House view from the same hotel balcony showing where the protestors were headed.

Survey finds early discharge scheme is "wasteful"

THE controversial Early Discharge Patients Scheme in the Redcliffe Hospital catchment area was wasteful and in some cases unnecessary, according to a survey of doctors who have been involved.

In fact, terminally ill patients who would not have been in hospital, were apparently over zealously recruited by community nurses, according to data gathered by the Redcliffe and Districts Local Medical Association.

LMA president, Dr David Brand will ask the October meeting to recommend that doctors refuse to take part in the scheme until discussions have taken place between medical representatives and the Health Department.

"Patients will not be disadvantaged by this because, by definition, they must be sick enough to be in hospital to qualify and if doctors refuse to take part in the scheme, they can stay in hospital," Dr Brand said.

LMA members had responded with information on five out of the 20 to 30 cases the Redcliffe Hospital says have been on the scheme.

Of these, four were terminally ill and three had since died.

One patient was sent home with three months supply of medication from the hospital but survived only two days.

Patient reaction varied from ignorance of the scheme to complaining they have so many people visiting them that they cannot lie down for a rest.

However, patients were positive and complimentary about the standard of nursing and medical care.

Dr Brand said the survey found that all visits were bulk billed and varied in frequency from several times a day for

those who were imminently terminal to weekly.

Only one case received an after-hours visit.

Dr Brand said one doctor had complained that he had been unable to get a terminally ill patient covered by the scheme because he was outside the area considered to be covered by the Redcliffe Hospital.

In another case, a sister "trained in counselling the dying" was called in to attend a patient without the doctor's knowledge.

"In summary, there were no complaints about the quality of the care given but there was strong criticism that it was wasteful of medication and resources," Dr Brand said.

"Any scheme where people get something for nothing is bound to be abused and this scheme was no exception.

"There is a place for the GP to really administer this scheme in the community and take charge of the frequency of care and medication," he said.

Dr Brand said this view was shared by the Hospital Medical Superintendent, Dr Steve Buckland but so far, details of the scheme have not been addressed by the Health Department.

Dr Buckland has reported that there had been a good response to the palliative care side of the programme.

But Dr Brand believes there have been no demonstrable benefits with the Post Acute side and it is this area he will recommend is ignored by the medical profession until the Health Department has answered many questions on the scheme.

"I will recommend that it be left to individual doctors to decide if they want their palliative care patients to be treated under the system," he said.



The Home Care Debate

Shepherd backs our stand with request to Howe

Federal Health Minister, Brian Howe, has been asked to put "a hold" on the controversial Early Discharge Patient scheme at Redcliffe Hospital until its medical implications can be "properly" assessed.

Federal President of the Australian Medical Association, Dr Bruce Shepherd, made the request at a meeting with the Minister in Canberra following a pledge made at the September meeting of the Redcliffe and Districts Local Medical Association.

The Early Discharge Patient scheme was introduced "on a two month trial" at the end of July for patients receiving treatment at the Redcliffe, Mater and Townsville hospitals.

Under the scheme, patients are discharged from hospital prematurely, under the management of a community liaison nursing sister who is charged with arranging care in the patient's home, utilising various community services.

These services could include nursing supervision, sitters, dietitians, podiatrists, occupational therapists and physiotherapists.

The scheme is implemented for each patient providing the cost of the services does not exceed \$340 a day.

In the original scheme, general practitioners were specifically precluded from treating the patients but this was amended after protests by the Redcliffe LMA.

At last month's meeting, LMA president, Dr David Brand, told Dr Shepherd it had now become obvious that the scheme was about to be introduced throughout the State, starting with the Royal Brisbane and Gold Coast hospitals.

"It seems obvious to us that this was a scheme drawn up by nurses in the Health Department, providing much more work for the community based nursing services and deliberately pushing doctors out," said Dr Brand.

There appeared to be more emphasis on economic factors rather than the medical welfare of the patient, Dr Brand told Dr Shepherd.

Dr Shepherd told the meeting of 100 doctors it was "crazy" for the State and Federal Governments to talk about a two-month-long pilot scheme coming to a conclusion without any consultation with the medical profession.

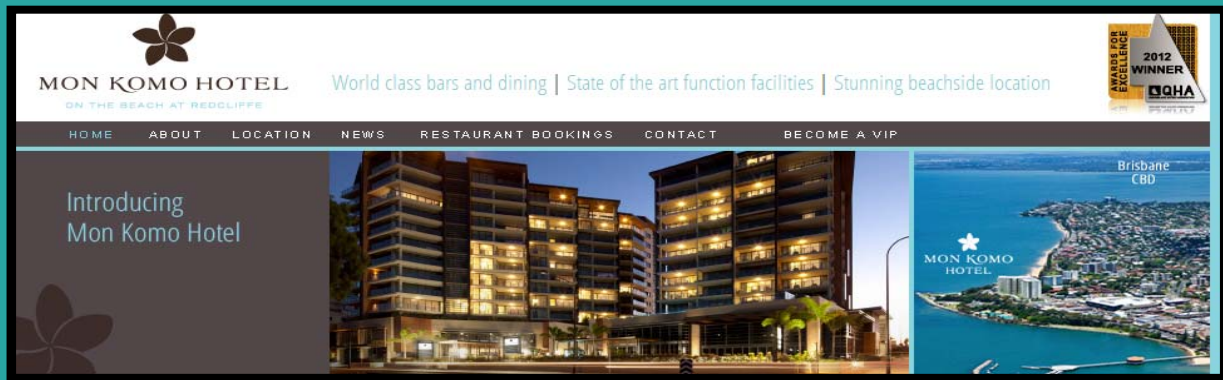
"There's been no appraisal of anything but the economics of the scheme," he said.

"I will ask the Federal Health Minister to put a stop to it - at least temporarily - till we can have a look at it.

"And we certainly have to resolve just where the doctors and their patients, in the Redcliffe Hospital region stand," he said.

Dr Shepherd praised the Redcliffe LMA for its swift action in making all medical groups aware of the scheme which had been introduced without any announcement, pre-planning with the medical profession or proper discussion.

RDMA MEMBERS FOR NOTING



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

Interesting Tidbits **NATTY MOMENTS:**



NATIONAL HEALTH REFORMS

The British Medical Association has weighed in on the new Prime Minister David Cameron's health care proposals.

The Allergists voted to scratch it, but the Dermatologists advised not to make any rash moves.



The Gastroenterologists had a sort of a gut feeling about it, but the neurologists thought the Administration had a lot of nerve.

The Obstetricians felt they were all labouring under a misconception.

Ophthalmologists considered the idea short-sighted.

Pathologists yelled, "Over my dead body!" while the Paediatricians said, "Oh, Grow up!"

The Psychiatrists thought the whole idea was madness, while the Radiologists could see right through it.

The Surgeons were fed up with the cuts and decided to wash their hands of the whole thing.

The ENT specialists didn't swallow it, and just wouldn't hear of it.

The Pharmacologists thought it was a bitter pill to swallow, and the Plastic Surgeons said, "This puts a whole new face on the matter...."



The Podiatrists thought it was a step forward, but the Urologists were pissed off at the whole idea.

The Anaesthetists thought the whole idea was a gas, but the Cardiologists didn't have the heart to say no.

In the end, the Proctologists won out, leaving the entire decision up to the anal-retentives in London



TOYOTA 86 “Worth Its Weight”

Readers of last month’s column will recall the great deal on your investment over 40 years for owners of Ford’s GTHO Phase 3. My calculator came up with an annual compound return of 10%. Not bad I thought, particularly when shares, property and fixed interest are scratching at the moment to even stay in positive territory.



So for the second month running I’m going to suggest that buying a new car may be the best investment you can make right now! How does a return of 20% sound? And that’s over only three months, and not a whole year.



The suggestion of buying a new car did not of course come from my financial planner, but as you might expect it came from my local car dealer. A Toyota dealer, no less.



It all began when I started spruiking for a discount on Toyota’s latest model, the Toyota 86. “No way”, he said and then he proudly Googled up the second-hand prices which seemed to suggest anything up to an eight grand mark-up over the new car price for a three month old vehicle with about five thousand kilometres on the clock.



You see it’s all about the law of supply and demand. If you want a Toyota 86 so badly and can’t wait till Christmas, you might just have to shell out something extra for one. Toyota are supplying 150 Toyota 86’s each month and buyers are queuing up to drive off in one.

Subaru sell a virtually identical vehicle called the BRZ, but they are in even scarcer supply. The Toyota dealer proudly proclaimed that the 86 was “about 80% Toyota!” But, lifting up the bonnet, Subaru is stamped all over the body panels and a made by Fuji Heavy Industries (ie Subaru) sticker is mounted on the B-Pillar. The motor is a familiar Subaru flat four, but the dealer assured me that there were plenty of other

Toyota bits on the Toyota 86.

In the flesh the 86 is surprisingly small and that’s where the low weight equation comes in. With 147 kW and 1257 kgs there is a very favourable power-to-weight ratio, better than the Golf GTi and Mazda’s MX5 and RX8. Zero to 100 km/h comes up in a leisurely 7.6 seconds though due to gearing which favours twisting roads rather than drag-strips. But the handling and fun-to-drive factors more than make up for any deficiencies in straight line performance.



The seating position is very, very low and whilst there are two seats in the back they were probably only ever intended for nephews and nieces. The boot is a real surprise though. With only enough room for a small doctor’s bag I was pleased to see a full-sized spare wheel with a neat dish-shaped space for all those little items that roll around.



So what sort of doctors will buy a Toyota 86? Anyone whose spouse won’t let you indulge your passion for a really sporty set of wheels, but who likes the idea of buying a depreciating asset that appreciates in value, even if that’s only for a very short term.

Toyota 86 GT

For: At \$29,990 + ORC it’s a steal.
Against: Not quick off the mark, PULP.
This car would suit: Young registrars without kids.
Specifications: 2.0 litre 4 cylinder boxer
147 kW power @ 7,700 rpm
205 Nm torque @ 6,600 rpm
6 speed manual
7.6 seconds 0-100 km/h
7.8 l/100 km combined
\$29,990 + ORC

Safe motoring, Doctor Clive Fraser
PS Cyber-stalkers can contact me at
doctorclivefraser@hotmail.com

AMA MEMBERS are invited to look at the life insurance opportunity on these pages. It is unusual, indeed unprecedented, for me to promote any commercial product, but this is a unique product. AMAQ has negotiated a group life insurance which offers (to AMA members only) an extremely cost-effective life insurance. Because it is the group of doctors that is being insured, not individuals, there is no medical examination – one of the biggest barriers to private professionals taking out new life insurance. Because it requires only a tick in the box on next year's AMA membership renewal, it is administratively as simple as could ever be. And because it is a wholesale product, the premiums are far less than the market rate for comparable cover – it is an attractive rate for younger doctors but for over-55's the savings in premiums more than recovers the annual AMA membership fee.

This is an exclusive AMA offer, and I strongly encourage all members to carefully consider the opportunity. To non-members, this is an incentive to join the AMA, with an unequalled opportunity for just one member benefit to recover a significant amount of the annual membership cost.

(Dr) Wayne HERDY,
AMAQ Branch Councillor

EXCLUSIVELY FOR MEMBERS OF AMA QUEENSLAND



Members Life Insurance Scheme

What is the exclusive AMA Queensland Members Life Insurance Scheme?

The scheme allows the Association to act collectively to obtain Life and Total Disability Insurance for members, providing:

- Superior terms and conditions - eg, \$250,000 cover in the event of death or total permanent disablement
- Significantly reduced premiums
- No questions asked, no application forms - just accept as part of your AMA Queensland membership renewal form or first time member application form
- A once only opportunity to join the scheme - from 1st January 2013, cut off date 31 March 2013.



♥♥ We have developed this scheme, uniquely for our members.

We believe it provides the best balance of low premiums and quality cover without the need for application forms. ♥♥

Dr Alex Markwell, President AMA Queensland

Great benefits available to you

Join instantly

Join instantly by renewing your AMA Queensland membership, or as a first time AMA Queensland member.

- No questions asked
- Easy to apply - no application forms, no health questionnaire, no medical examinations
- There is no disclosure obligation
- It is irrelevant that a member has been declined insurance, has a pre-existing medical condition, is a smoker, drinks more than he or she should, engages in risky leisure activities.

The superior cover provided

- \$250,000 payable:
 - To you on diagnosis of a **terminal illness**, or
 - To your Estate or Spouse/Partner in the event of your **Death**, or
 - To you on being assessed as **Totally and Permanently Disabled**

Affordable premiums

Generally these premiums are less than **50% off the retail insurance rates** (refer to table on the reverse).

For example, a 40 year old female will pay \$177.59 per year which is only \$14.80 per month. This is a great saving compared to the retail rate of \$31.29 per month



♥♥ We are proud to introduce this insurance product to AMA Queensland members and have partnered with Suncorp due to their solid reputation in providing quality insurance offerings and have an outstanding claims payment history. ♥♥

Jane Schmitt, Chief Executive Officer AMA Queensland

Annual Premium Rates

Age based premium for \$250,000 insured benefit

Age Next	Death and TPD AMA	
	Male	Female
20	\$127.12	\$42.54
21	\$135.81	\$42.54
22	\$141.34	\$42.54
23	\$143.71	\$39.50
24	\$141.98	\$39.50
25	\$138.70	\$42.54
26	\$135.11	\$42.54
27	\$125.79	\$42.54
28	\$122.11	\$48.61
29	\$117.13	\$51.65
30	\$119.04	\$57.73
31	\$122.14	\$63.81
32	\$124.63	\$69.88
33	\$131.41	\$72.92
34	\$138.55	\$85.07
35	\$146.39	\$94.19
36	\$160.42	\$104.52
37	\$169.81	\$116.49
38	\$184.12	\$131.50
39	\$197.89	\$144.93
40	\$218.03	\$162.70
41	\$234.98	\$177.59
42	\$255.13	\$201.44
43	\$275.27	\$225.14
44	\$298.61	\$248.99
45	\$329.87	\$278.77
46	\$364.33	\$308.54
47	\$397.11	\$341.54
48	\$438.00	\$377.54
49	\$477.08	\$413.64
50	\$531.71	\$461.82
51	\$600.98	\$504.36
52	\$681.19	\$552.97
53	\$754.81	\$604.62
54	\$841.40	\$668.43
55	\$954.24	\$741.35
56	\$1,056.42	\$829.46
57	\$1,198.49	\$932.76
58	\$1,337.34	\$1,051.26
59	\$1,517.70	\$1,155.29
60	\$1,729.10	\$1,284.45
61	\$1,977.52	\$1,392.40
62	\$2,264.21	\$1,533.95
63	\$2,537.08	\$1,693.07
64	\$2,910.52	\$1,873.79
65	\$3,337.37	\$2,082.61
66	\$1,768.66	\$867.01
67	\$2,003.89	\$959.53
68	\$2,268.89	\$1,059.98
69	\$2,560.69	\$1,171.00
70	\$2,891.20	\$1,287.30

Compare our rates

Age Next	Yearly Premium: Male		Yearly premium: Female	
	AMA Queensland group policy	Suncorp - non-smoker retail policy	AMA Queensland group policy	Suncorp - non-smoker retail policy
26	\$135.11	\$406.69	\$42.54	\$324.69
31	\$122.14	\$378.69	\$63.81	\$326.69
36	\$160.42	\$406.63	\$104.52	\$358.63
41	\$234.98	\$495.92	\$177.59	\$375.52
46	\$364.33	\$745.79	\$308.54	\$659.54
51	\$600.98	\$1,330.00	\$504.36	\$1,159.37
56	\$1,056.42	\$2,684.65	\$829.46	\$2,311.52
61	\$1,977.52	\$5,195.11	\$1,392.40	\$4,454.48

Did you know some key facts?

- 1. Our TPD cover** - The TPD cover applies to 'own occupation'. This means, if a member is unable to continue work as a medical practitioner, the insurer will pay on the policy even though the member may be capable of performing some other work.
- 2. No medicals required** - Quick and simple to be covered, and it doesn't rely on you or your families past medical history. This has been negotiated exclusively for our members.
- 3. \$250,000** - in cover upon death or TPD or diagnosis of a terminal illness - indexed each year.
- 4. If you have existing cover** - This is a cheap top-up payable in addition to all your other cover.
- 5. This scheme** - is supported by Suncorp who have a great reputation in paying claims and treating clients with care in your time of need.

TPD definitions - exclusive for our members

Our TPD cover applies an 'own occupation' definition:

- This means if a member is unable to continue work as a medical practitioner, the insurer will pay a benefit even though the Member may be capable of performing some other work.
- The 'own occupation' definition is available for Members working as few as 10 hours a week.

For more information:
 Contact AMA Queensland
Phone: 07 3872 2222
Email: memberinsurance@amaq.com.au



Job Vacancy

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

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

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

Practice Location: Opposite the Narangba Railway Station, Main Shopping Centre, beside the Narangba Pharmacy.
Street Address: 30 Main Street, Narangba Q 4504.
Postal Address: P.O. Box 3 Narangba Q 4504

Redcliffe Hospital News for GPs

August 2012

Policy Change Affects Varicose Vein Surgery

Queensland Health is implementing a new policy intended to improve services by allocating resources to the area of greatest health benefit or need. One procedure affected by this policy is the treatment of uncomplicated varicose veins. The exception to this exclusion is patients whose varicose veins cause significant dysfunction, disability or venous ulcers.

Redcliffe Hospital's frontline service staff in the Outpatients Department have been provided with information to support and assist referring practitioners and patients. Two letters have been created as part of this process, explaining the changes and offering suggested treatment alternatives for practitioners to discuss.

Elective Surgery Targets

The Council of Australian Governments (COAG) has developed the National Health Reform Agreement. It's a partnership which straddles two tiers of government, formalised as an Agreement between the commonwealth and state and territory governments. Its intent is to improve public hospital services, including public patient access to elective surgery, emergency department and sub-acute care services, and improve efficiency and capacity in public hospitals.

COAG has commissioned a panel of experts to review the rollout of the Agreement's National Elective Surgery Target (NEST) and to provide COAG-agreed recommendations, which will then be incorporated into the Agreement. The NEST program commenced on January 1, 2012.

Queensland Health is committed to achieving the Agreement targets, which will attract extra funding for public hospitals.



Redcliffe Hospital Performance

Elective surgery categorisation is made on the opinion of the treating doctor, who determines that in their professional assessment, surgery is needed, but can be delayed for at least 24 hours. Patients who need elective surgery are placed on a register, or waiting list, so their surgery can be planned. The urgency of the patient's need for surgery is assessed by a surgeon and given a category. There are three urgency categories, where 1 is most urgent and 3 is least urgent. People most in need of care are treated first, not in order of when they were added to the surgery list. In the year to May 2012, Redcliffe Hospital achieved 84 per cent of its NEST Category 1 target. Its benchmark was 89 per cent. In Category 2, 64 per cent was achieved, against the benchmark of 81 per cent. In Category 3, 86 per cent was measured against the benchmark of 91 per cent of patients seen within the recommended time frame.

Current elective surgery performance data at Redcliffe Hospital can be accessed in detail from this site:

<http://www.health.qld.gov.au/hospitalperformance/es-main.aspx?hospital=16>

Redcliffe Hospital

Redcliffe Hospital, Anzac Avenue, Redcliffe Q 4020

Surgical Staff at Redcliffe Hospital

Dr Rod Borrowdale

Director of Surgery

Dr Borrowdale graduated with honours in medicine at the University of Queensland in 1984. Dr Borrowdale completed his advanced surgical training through the Princess Alexandra Hospital in 1992 and went on to spend two years post fellowship training at the North Hampshire Hospital, Basingstoke UK. Dr Borrowdale took up the post of Director of Surgery at Redcliffe Hospital in January 1995.

Dr Borrowdale is a general surgeon with special interests in abdominal surgery including gastric cancer, colorectal cancer and GI surgery for benign disease, breast cancer surgery, thyroid / parathyroid surgery, gall bladder surgery and upper and lower GI endoscopies.

Dr Keith Towsey

Dr Towsey is a General Surgeon with an interest in complex abdominal wall hernia, burns, surgical oncology and colorectal surgery. Graduating with Honours in Medicine, Dr Towsey completed his residency at the Royal Brisbane Hospital before serving in the regular army as a Medical officer. He currently has a public appointment at the Royal Brisbane and Women's Hospital as a Burns and trauma specialist and at the Redcliffe Hospital as a visiting general surgeon.

Dr Glenn Sproles

Dr Sproles completed his undergraduate training at University of Queensland, completing his advanced surgical training in 1981 at the Royal Brisbane Hospital. Dr Sproles undertook study at the Glasgow Royal Infirmary in the UK and the Methodist Hospital in Texas in



the US. Dr Sproles is a Visiting Medical Officer (peripheral vascular surgery) at The Prince Charles and Redcliffe Hospitals.

Dr Hugh McGregor

Dr McGregor completed his Medical Degree with first class honours from the University of Queensland in 2000. Following several years as a scholarship holder in rural and regional Queensland, he trained at the Royal Brisbane & Women's Hospital and at various hospitals throughout QLD. Since early 2009, Dr McGregor has been a Consultant General Surgeon at Redcliffe Hospital. Dr McGregor has particular interest in advanced laparoscopic surgery, especially laparoscopic hernia repair and gall bladder surgery, peri-anal disorders, endoscopy and colonoscopy, and breast cancer.

Dr William Braun

Dr Braun is a Specialist Gastrointestinal, Hepatobiliary, Bariatric and General surgeon. He underwent his surgical training in various centres in Australia and overseas. He completed his Specialist Surgical training in NSW with a two year subspecialty fellowship in Advanced laparoscopic, Gastrointestinal, Hepatobiliary and Weight Loss Surgery.

He commenced his practice at Redcliffe Hospital and in North Brisbane in 2011.

His special interests are advanced laparoscopic Upper GI and Colorectal surgery as well as obesity surgery. Dr Braun is proficient in both upper and lower endoscopy.



Dr Andreas Lambrianides

Originally from Cyprus, Dr Lambrianides trained at St. Mary's Hospital in London, where he completed his FRCS (Eng) and FRCS (Glasg).

Obtaining his FRACS in 1989, Dr Lambrianides subsequently joined Redcliffe Hospital as a VMO. His special interests are in Thyroid Surgery, Breast, GI Tract and Melanoma.

Referrals

Patients are able to access surgical services at Redcliffe Hospital with a letter of referral prepared by their GP. A booklet designed to assist GPs on referral criteria for the Metro North region is currently in production. The booklet will also inform GPs about how to access Outpatient Services at public hospitals in the Metro North region and the available services. The booklet is expected to be distributed to GPs by Medicare Local's Metro North Brisbane office.

E-Referrals

Redcliffe Hospital is now able to receive E-Referrals. E-Referrals are transmitted directly to the hospital, reducing paper use and are saved directly into practice and hospital information systems.

Central Referrals Unit

PH: 3883 7100

FAX: 3883 7901

E Mail: redh_sopd@health.qld.gov.au

Or: <http://www.gpqld.com.au/eHealth/eReferrals/#Templates>

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



NEW FUNDING NEEDED TO SUPPORT PRIMARY CARE
AMA Submission on National Primary Health Care Strategic Framework

The AMA has lodged a submission in response to the draft National Primary Health Care Strategic Framework, which has been developed by the Commonwealth and State/Territory Governments under the auspices of the National Health Reform Agreement.

The draft Framework is intended to build on the key priority areas from the Commonwealth’s National Primary Health Care Strategy, released in 2010.

AMA Vice President, Professor Geoffrey Dobb, said today that the AMA supports many aspects of the draft Framework in principle but is astounded that the whole strategy is currently based on there being no new funding to support primary care over the next three years.

Professor Dobb said it defies logic for governments to shift a greater patient care burden onto the primary care sector without a single dollar of new funding.

“It does not make any sense for the Framework to state that the centre of gravity in health care is going to shift to primary care to take pressure off the hospital sector and expect that this can be done within existing resources in primary health care,” Professor Dobb said.

“We support the recognition that general practice is the foundation of good primary health care in Australia and the admission that a strong GP-led primary health care system keeps people well and saves lives.

“The GP-patient relationship is one of the strongest features of the Australian primary health system, and it must be supported and encouraged, but it cannot survive on goodwill alone.

“The primary care sector, general practice particularly, must be properly funded to meet future demand and to maintain the high quality that makes the Australian health system one of the best in the world,” Professor Dobb said.

Key arguments in the AMA submission include:

- E-health - the AMA considers that any National Primary Health Care Strategic Framework must address in detail what needs to happen to ensure that the PCEHR and any other e-health initiatives are supported by GPs and general practices and well-integrated into primary care.
- Investment in GP consultations - GPs provide all the care needed for 90 per cent of the problems they encounter and, in addition, GPs account for less than one tenth of per capita expenditure on health. In other words, the services provided by GPs provide very good value for money and are an efficient means of using scarce health dollars.
- Tackling chronic disease – to effectively tackle chronic disease, GP items in the Medicare Benefits Schedule (MBS) need to better encourage longer consultations. This would support GPs to engage in preventive health care and take the time needed to communicate with other parts of the health system.

One call.

Depression.

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

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MEMBERSHIP NOTICE

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

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

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

Email: RDMAnews@gmail.com.

Australian Medical Association Limited



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ABN 37 008 426 793

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



MEDICARE PATIENT REBATES FAILING TO KEEP PACE WITH THE TRUE VALUE OF QUALITY MEDICAL CARE

AMA Vice President, Professor Geoffrey Dobb, said today that the new Medicare Benefits Schedule (MBS) patient rebates, to apply from 1 November 2012, fail dismally to reflect the true value of quality medical care in Australia.

The new MBS patient rebate for a standard GP consultation is \$36.30, an increase of just 70 cents. The Government's own data show that, in 2011-12, the average out-of-pocket cost for patient billed services for GP consultations was \$26.97, an increase of \$1.72.

Professor Dobb said that the MBS indexation is totally inadequate. "It is not keeping pace with the increased costs of providing medical care and it is shifting higher costs to patients. "It is also undervaluing quality medical care," Professor Dobb said.

The AMA List of Medical Services and Fees better reflects the value of quality medical care and what is occurring at the coalface of health service delivery. This year, AMA fees have been indexed, on average, by 3 per cent. This compares with the Labour Price Index of 3.65 per cent and CPI of 1.75 per cent. The new AMA recommended fee for a standard GP consultation is \$71, up from \$69 in 2011.

AMA indexation places significant weight on increases in the Labour Price Index in order to reflect increasing practice costs such as staff wages, and operating expenses such as rent, electricity, computers and professional insurance. These costs must all be met from the single fee charged by the medical practitioner.

Professor Dobb said that the AMA List of Medical Services and Fees provides guidance to AMA members in setting their fees, based on their own practice cost experience.

"Successive governments have failed to index the MBS fees in line with other key indices such as the Labour Price Index and CPI, let alone the increase in the cost of delivering quality medical care,"

Professor Dobb said. "There is now a significant and growing disconnect between MBS fees and the realistic cost of providing the services."

Professor Dobb said that MBS indexation has also created an anomaly whereby patient rebates for seeing a nurse practitioner are higher than the rebates for seeing a fully qualified doctor. "Consultations with Other Medical Practitioners (non-vocationally recognised doctors) are not indexed, but nurse practitioner consults are," Professor Dobb said.

"A nurse practitioner attendance of 30 minutes has an MBS fee of \$39.75. The same consult with an Other Medical Practitioner for the same amount of time has an MBS fee of \$38. "It is absurd that a patient will get a lower Medicare rebate for a more highly skilled service."

Background:
Since 2005, MBS fees have been indexed on average by 2.09 per cent per year.

Pathology and diagnostic imaging, and some medical practitioner attendance fees, have not been indexed at all.

Since 2005, the average AMA indexation has been 3.11 per year.

While 81 per cent of GP services are bulk billed, there is cross subsidising by patients who incur a gap, and their gap is increasing.

The AMA Fees List is indexed each year based on the AMA MFI, which comprises Labour Price Index, All Group CPI, Private Motoring CPI, and Medical Defence Insurance (MDI) premiums.

16 October 2012
CONTACT:
John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

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

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

REDCLIFFE & DISTRICT LOCAL MEDICAL ASSOCIATION MEMBERSHIP

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

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

Meeting dates are in the date claimers on page 4

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

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CHANGES TO CLASSIFIEDS

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

Classifieds will be published for a maximum of three placements.

Classifieds are not to be used as advertisements.

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

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

NOTICE TO ALL NEW AND PAST MEMBERS

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

Dear Doctor

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

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

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

Yours sincerely

Dr Peter Stephenson
Treasurer

ABN 88 637 858 491

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

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(First Name) (Surname)

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(First Name) (Surname)

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

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

Practice Address: _____ Post Code: _____

Phone: _____ Fax: _____

CBA BANK DETAILS:

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

METHODS OF PAYMENT:

1. PREFERRED INTERNET BANKING

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

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

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

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