



*Bongaree*

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

**President's Message . Dr KIMBERLEY BONDESON**

**PRESIDENTS REPORT**

Thank you for your support and faith in me for electing me to be your new president, and our wonderful team of Vice President, Wayne Herdy, Secretary Ken Fry and Treasurer Peter Stevenson. I need to thank QML, particularly Margaret for making our meetings possible. I am delighted to be working with the same dedicated team, and thank them for their support and advice, which is ongoing.

We have a new Prime Minister and government, as well, which means that we can expect some changes in our health system. Hopefully, these will be positive, involve the profession, and benefit our patients. On the list with pre-election promises, are the following:

There is a broad commitment to keep the hospital funding going – which amounts to an extra \$20 billion for public hospital to 2020.

Review of Medicare Local s – in South Australia, the Medicare Local have produced a 22 page document for GP's to sign for afterhours care (a step up from the 2 page afterhours PIP document which was previously needed by HIC) and engaged a firm of consultants to advise them. Very interesting. I would suggest that the people who will make the most money out of this will be the consultants, and if the contract they are suggesting that the GP's sign is anything like the one that the Queensland Metro North put forth, GP's will walk away as it is just too complicated and hard. The contract that I saw from our Medicare Local was complicated, gave all the power to the Medicare Local , allowed Medicare Locals to audit and obtain any patients file at any time, put the responsibility for any after hours doctors consultations onto the principal General Practitioners, including any deficits in the Afterhours GP's training or registration, or insurance. It also allowed the Medicare Locals to dictate to the GP practices, when, where and how the after hours shifts were to be done. Medicare Locals could

change their requirements for the GP's to do after hours care, and the GP's had to do it. For a large number of GP's, it is much easier to walk away from after hours care, rather than be tired up into such a contract. This is what occurred in the UK, when a similar system was introduced.



This review is very much needed, and we will wait with interest.

Of note, the "defunct" Redcliffe Superclinic, which is now owned by the Redcliffe Hospital and therefore Queensland Health, has finally an opening date, 6 years after it was built.

The first stage of the super clinic is set to be open in early October, 2013. Tenders for its operation have gone to Think Pharmacy and Medicare. At this stage, we do not know if the change in Government will effect this opening date or not.

In the states of Western Australia, Victoria, South Australia and Tasmania, laws have been introduced which are allowing the Continued Dispensing by Pharmacist of PBS medications without a doctors prescription. I personally think this is an extremely dangerous move, and will wait with interest to see how it pans out.

Our September meeting is an earlier than normal meeting, as both myself and my vice-president, Wayne Herdy, are attending the AMA conference in Santiago, Chile. The overall topic of the conference is "Health Worldwide – Challenges and Future Directions". Dr Herdy is presenting a talk entitled "International Aid in Times of Natural Disaster – Banda Aceh", and I will certainly report back on his talk and the conference.

**QML Pathology. | Redcliffe Laboratory**  
 Partnering with Redcliffe & District Medical Association for more than 30 years.

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

### **2013 MEETING DATE CLAIMERS:**

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

### **CPD Points & Attendance Certificate Available**

**Venue:** Golden Ox Restaurant, Redcliffe

**Time:** 7.00 pm for 7.30 pm

Tuesday February 26<sup>th</sup>

Wednesday March 27<sup>th</sup>

Tuesday April 30<sup>th</sup>

Wednesday May 29<sup>th</sup>

Tuesday June 25<sup>th</sup>

Wednesday July 31<sup>st</sup>

**AGM - Tuesday August 27<sup>th</sup>**

**Wednesday September 18<sup>th</sup>**

Next Meeting

**Tuesday October 29<sup>th</sup>**

### **End of Year Networking Function**

**Friday November 29<sup>th</sup>**

## **OCTOBER NEWSLETTER 2013**

The **17<sup>th</sup> October 2013** is the **timeline** for ALL contributions, advertisements and classifieds.

Please email the RDMA Publisher at

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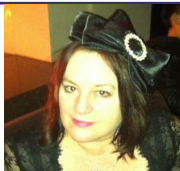
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National Library of Australia nla.pic-an2256865-v  
 Augustus Earle, *Portrait of Bungaree, a native of New South Wales, with Fort Macquarie, Sydney Harbour, in background*, (1826): oil on canvas; 68.5 x 50.5 cm. [National Library of Australia](https://nla.gov.au/nla.pic-an2256865-v)



Bongaree is at the southern end of the island, on the meeting was peaceful until protected 'calm side' or one attempted to remove 'passage side' of Bribie Island. Flinders' hat. Flinders It is thought that the name Bribie Island was derived from an Aboriginal expression, 'Boorabee', referring to a man who had tried to remove a koala or the island itself. An estimated 600 Aborigines lived on the island at the time of Flinders exploration they were broadly part of the 'Kabi' or more correctly Gubbi Gubbi people. In 1877 an Aboriginal Reserve was established near White Patch and by 1897 most of the island's Aboriginal population had died. In 1901 a fish cannery was opened at the northern end of the island. Within 10 years freight and passenger shipping ran regular services to Bribie Island. A telephone link and bowls club were established in the 1920s, and a school was opened in 1924 at Bongaree, the island's main settlement. Bongaree was served by the 'SS Koopa' a steamer which came from Redcliffe. A barge also crossed the channel from Sandstone Point. As late as the 1950s Bongaree's main street was a sandy esplanade dotted with holiday houses, a general store with wallabies and wild ponies seen from the verandahs, and a local hall was the social centre.

Lieutenant James Cook first sighted naming the Glass House Mountains west of the island on 17/05/1770 and he named the passage the Glass House Bay. On 16/07/1799 Captain Matthew Flinders left Glass House Bay about two miles east of the and sailed south-west spotting an opening in the low western shore. He anchored at 8:15 am and transferred with a small crew and Bongaree to a smaller craft. He landed on Bribie Island unaware that it wasn't the mainland and met a small group of Aborigines who had gathered on the beach. Although Bongaree didn't speak the same dialect

Flinders pulled ashore some five miles north of the area for repairs to the ship. He explored the mainland side of the passage for 15 days scaling Mt. Beerburrum to get a view of the region.

Bungaree 1775-24/11/1830 an Aboriginal Australian from Broken Bay known in Sydney as an explorer, entertainer, and Aboriginal community leader. His distinctive appearance and notoriety within colonial society, gift for humour and mimicry made him a popular subject for portrait painters. Bungaree became prominent in 1798, accompanying Matthew Flinders on a coastal survey as interpreter, guide and negotiator with local indigenous groups. In 1801 and 1803 he again accompanied Flinders on his circumnavigation of Australia. Flinders cartographed the complete map of Australia, and prominently advocated for naming the continent "Australia". Flinders noted that Bungaree was "a worthy and brave fellow" who, on more than one occasion, saved the expedition. Bungaree continued his association with exploratory voyages accompanying Phillip Parker King to north-western Australia in 1817. Governor Lachlan Macquarie in 1815 dubbed Bungaree "Chief of the Broken Bay Tribe" and presented him with 15 acres of land. He was known by the title "King of Port Jackson". Bongaree is named after him.

## AUSTRALIAN MEDICAL ASSOCIATION QUEENSLAND PRESIDENT Dr CHRISTIAN ROWAN

### Federal Election & New Coalition Government led by Prime Minister Tony Abbott



Dear Members,

The past month has been largely dominated by the Federal election which delivered Australia a new Coalition Government led by Prime Minister Tony Abbott.

AMA Queensland welcomes the incoming Government and looks forward to working with Peter Dutton MP as the Minister for Health. The Coalition campaigned on a platform of 'under promise and over deliver' and we hope to see this fulfilled, particularly in relation to primary and indigenous healthcare.

Another new appointment this month was Ian Maynard, former Public Service Commissioner, as Director-General of Queensland Health. This is a significant development for AMA Queensland, and our union partner ASMOFQ, as we continue to negotiate proposed changes to industrial arrangements for salaried doctors.

As previously reported, Queensland Health is looking to make substantial changes to the way salaried medical officers are employed and remunerated. They have declared intent to transition SMO's from existing Award structures to individual contracts as well as restructuring current Right of Private Practice billing arrangements.

Another important development over the past month was the introduction of the Health Ombudsman Bill into legislation, heralding important changes for the way health complaints are managed and reported in Queensland.

Throughout this process, AMA Queensland has expressed significant concerns over the Health Ombudsman's lack of independence from Government and the

potential impact this may have on transparency and accountability.

These issues demonstrate how important it is for doctors to work together. Clinician engagement is crucial to ensuring the bureaucrats in charge of managing our precious health resources understand the complexities involved in delivering high quality care to patients.

This is the message I will be taking with me on the road over coming weeks as I visit our colleagues in Rockhampton, Gladstone and Emerald.

As President, I am keenly aware of our responsibility as advocates for a safe, fair and efficient system for all Queensland doctors and patients.

AMA Queensland is one hundred percent committed to protecting the rights, conditions and reputation of our members, colleagues and the medical profession as a whole.

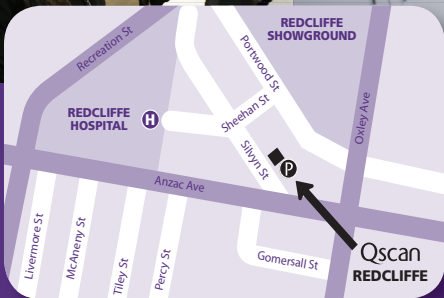
We are particularly concerned about the 'NHS-style' management practices which appear to be emerging in some Queensland public hospitals.

We will continue to lobby Queensland Health to ensure the needs and views of doctors are appropriately represented in these key decision-making processes.

With your ongoing support, I will continue to ensure doctors have a say in the future of healthcare delivery in this state.

Sincerely,  
Dr Christian Rowan  
President AMA Queensland

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## Interesting Tidbits **NATTY MOMENTS:**



### WOMEN

**“For all the guys who like a good laugh and to all the ladies with a good sense of humour.”**

When a man steals your wife, there is no better revenge than to let him keep her.

**David Bissonette**

After marriage, husband and wife become two sides of a coin; they just can't face each other, but still they stay together.

**Sacha Guitry**

By all means marry. If you get a good wife, you'll be happy. If you get a bad one, you'll become a philosopher.

**Socrates**

Woman inspires us to great things, and prevents us from achieving them.

**Anonymous**

The great question, which I have not been able to answer... is, "What does a woman want?"

**Dumas**

I had some words with my wife, and she had some paragraphs with me.

**Sigmund Freud**

'Some people ask the secret of our long marriage. We take time to go to a restaurant two times a week. A little candlelight, dinner, soft music and dancing. She goes Tuesdays, I go Fridays.'

**Anonymous**

'There's a way of transferring funds that is even faster than electronic banking. It's called marriage.'

**Sam Kinison**

'I've had bad luck with both my wives.

The first one left me, and the second one didn't.'

**James Holt McGavra**

Two secrets to keep your marriage brimming.

1. Whenever you're wrong, admit it,

2. Whenever you're right, shut up.

**Patrick Murray**

The most effective way to remember your wife's birthday is to forget it once....

**Nash**

You know what I did before I married?

Anything I wanted to.

**Anonymous**

My wife and I were happy for twenty years.

Then we met.

**Henny Youngman**

A good wife always forgives her husband when she's wrong.

**Rodney Dangerfield**

A man inserted an 'ad' in the classifieds: 'Wife wanted'. Next day he received a hundred letters.

They all said the same thing: 'You can have mine.'

**Anonymous**

First Guy (proudly): 'My wife's an angel!'

Second Guy: 'You're lucky, mine's still alive.'

**Anonymous**



# AMAQ BRANCH COUNCILLOR REPORT NORTH COAST AREA REPRESENTATIVE Dr WAYNE HERDY



## AMA COUNCILLOR'S COLUMN

For those of you who weren't paying attention, we have just survived another seismic Federal Election, we have a new government, and will soon have a new Federal Minister for Health (the ministry has not been announced as I write).

Health policy was conspicuously absent from the election campaign. Peter Dutton closed health debate early in the campaign. This was predictable, because health reform is a socialist concept, and a traditional strength of the ALP, so the party line focussed relentlessly on Liberal's strength, its credentials for economic management. But even the ALP avoided health policy – with the bank accounts shrinking, it is all too hard even for a socialist government. The Greens came up with a strong rural mental health policy, but as a minority party they can promise whatever they want because they will never be in a position to be held to keep their promises.

The election returned four doctors to the Parliament, and three doctors missed out. Most prominent was Bill Glasson's incredible effort. He got more primary votes than the sitting Prime Minister, and lost on preferences. As I write, I am tipping that even Kevin Rudd's ego will not let him remain quiet as a humble back-bencher, and it is likely that somebody will tap him on the shoulder, either the hawks within his own party or somebody from outside politics making him an offer that he can't refuse for a plum job where he can't cause any more trouble. [Forgive the negative language here, I actually like Kev and respect what he tried to do, but not necessarily how he did it.] If Kev tiptoes away from the electorate and forces a by-election, I would predict that Bill Glasson will run again, and win hands down this time.

Doctors should also be happy to see Mal Brough romp in on the Sunshine Coast. Although not a health person, he has a history of sincere attention to indigenous affairs (translated: mostly health problems) during the Howard government. He introduced some controversial measures which aren't widely loved but undeniably improved the health prospects of remote aborigines.

Odds-on to be the next Minister for Health is Queensland boy Peter Dutton – since his electoral office is in Strathpine, he is almost a local. [PS don't bet on what I say – I thought Mark McCardle was odds-on to be Campbell Newman's Queensland Minister for Health and I wasn't near the mark. But since Peter has been Opposition spokesperson on health for two electoral cycles, this one might be a safer bet].

Peter knows his way around the portfolio so will hit the ground running. He also has a track record of actually listening to what the medical profession says.

Don't expect a lot of change or a lot of new money. Tony Abbott's history is more one of incremental

creep rather than radical reform. And it won't surprise anybody to know that the government coffers are empty. So the emphasis will be on streamlining what's already there rather than bringing in a lot of new stuff.

My predictions?

- We will see a bigger focus on private practice, with supports such as private health insurance attracting government help. Under the Labor government, private practice was neglected in favour of supporting public health resources.

- Despite their big majority, the Coalition will actually listen to health providers (not only the AMA but all peak bodies, and I think that the aged care sector will get the lion's share of the attention).

- The easiest change to predict is that the Coalition will keep their promises to support primary care, although there won't be big cash advances. We have to welcome the promises to increase financial support for GP training – my readers must be getting tired of my constant harping that training is the fastest-growing black hole in the health environment, and I could have added that GP training was getting least real government help, until now.

- Peter Dutton has repeatedly publicly said that he will reduce government support for Medicare Locals, but the language changed over the years from "disband" to "defund" to "review". Medicare Locals will cease to be charity cases and will have to sing harder for their supper.

- A new dental scheme? Unlikely – no matter how much it is needed, it will be too expensive.

- Enhanced mental health delivery. Not all that expensive if based in primary care, and something that the electorate demands (even if they don't understand what they are demanding.)

- More incentives to attract doctors to the bush? Very likely, if Barnaby Joyce has any say in the matter, and he will, even if he doesn't get the job of leading the National Party.

- The debate over the \$2,000 cap for self-education expenses will be relegated to a nasty little piece of ancient history.

The bottom line: over the next three years, we won't see the medical landscape change much, but it will look a lot tidier by the time the next election comes around.

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

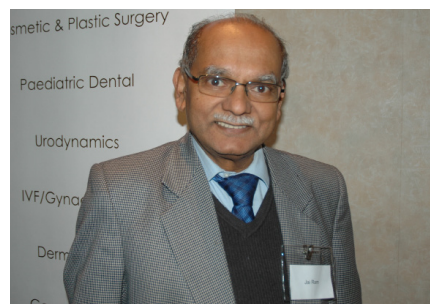
Wayne HERDY,  
North Coast Branch Councillor, AMA Queensland.

## RDMA AGM August Meeting 27.08.2013

Chair President Dr Wayne Herdy, Speaker Dr Sam Islam Topic: Fats and the Liver. Speaker Dr Daniel Mehanna Topic: Advances in the Treatment of Haemorrhoids: The HALRAR Technique. A GP's Perspective. Sponsor Monserrat Day Hospital North Lakes Representative Nadine Carlson.



**Centre Clock wise; Speakers Sam Islam & Daniel Mehanna. Jai Ram, Meeting Convenor Margaret MacPherson, Jai Ram, Margaret & Ken Fry. Arnold Dela Cruz and New Member Roderick Chua, Newly Elected Executive announced by Emily Kwan Returning Officer; Peter Stephensen Treasurer, Ken Fry Secretary, Kimberley Bondeson President, Wayne Herdy Vice President. Sponsor: Montserrat Day Hospital representative Nadine Carlson & Wayne Herdy President**



## REDCLIFFE & DISTRICT MEDICAL ASSOCIATION Inc.

MONTHLY MEETING

- Date:** Wednesday 18th September 2013
- Time:** 7 for 7.30pm
- Venue:** Renoir Room - The Ox, 330 Oxley Ave, Margate
- Cost:** Financial members - FREE  
Non-financial members \$30 payable at the door.  
(Membership applications available)
- Agenda:**
- 7.00pm Arrival and Registration
  - 7.30pm Be seated - Entrée served  
Welcome by Dr Kimberley Bondeson - President RDMA Inc.
  - 7.35pm Sponsor: MSD Pharmaceuticals
  - 7.40pm Speaker: Dr Namrata Bajra  
Topic: Update with Contraception Choices
  - 8.15pm Main Meal, Question Time
  - 8.40pm General Business, Dessert, Tea & Coffee



**RSVP:** e: [margaret.macpherson@qml.com.au](mailto:margaret.macpherson@qml.com.au)  
t: 3049 4444 by Friday 13th September 2013

 **QML Pathology.**

**T**HE government's budget bombshell on Medicare has triggered an angry and united protest by the medical profession that is virtually without precedent.

The announcement of a \$3.50 cut in the Medicare rebate set off an immediate chain reaction through the ranks of the AMA nationwide - and nowhere was that opposition more vocal and unanimous than in the north Brisbane region.

The public outcry has been such that politicians have been making a spectacle of themselves as they fly for cover.

At the federal level the Labor caucus has handed the hot potato over to a three member working party to have the proposal reconsid-

ered. And on the local level the Member for Petrie Gary Johns backed away, at the last minute, from a meeting he had sought with the Redcliffe and Districts Local Medical Association. He offered no explanation.

The Redcliffe and District LMA fired the first salvo at its monthly meeting on August 30 when it voted unanimously to recommend that doctors abandon bulk billing as a means of protesting the government decision.

The meeting's decision was conveyed to all doctors between Banyo and Kilcoy over the next two days.

It was this move by the Redcliffe LMA that prompted Johns to seek a meeting with a view to establishing dialogue with local doctors.

Redcliffe LMA president Bob Brown arranged for a special meeting of the LMA executive at the Peninsula Private Hospital on Friday September 6 to meet Mr Johns.

But two days before the meeting Mr Johns' electorate secretary phoned Dr Brown to say he could not make the meeting as Parliament was sitting the following Monday.

But he wished the LMA the "the best of luck".

In a fax message received from Mr Johns later that day he conveyed his apologies but said he would "meet your group A.S.A.P."

Dr Brown said the LMA had gone out its way to

# DOCTORS UNITED ON BUDGET SHOCKER

*The \$3.50 Fiasco*

accommodate the meeting at short notice.

"It was most disappointing that a valuable opportunity to establish dialogue had been lost."

**THE ADF  
VIEW ...  
See page 5**

Redcliffe's stand on Medicare was followed within days by Caboolture doctors.

In a joint communique signed by 17 of 28 doctors in the Caboolture district.

The communique read: "We, the doctors of Caboolture and District, have independently decided to cease bulk billing non-concession card holders as from October 1, 1991, following the advice of the AMA and RACGP. We

have reluctantly made this decision due to the disastrous Federal Government decision to reduce the rebate to YOU, our patients."

Caboolture GP Colin Holloway headed the list of 17 signatories.

Another meeting of doctors - this time from the north-eastern suburbs of Brisbane - was held at the Virginia Palms Motel on Monday, September 9.

Redcliffe LMA president Dr Brown organised the meeting which was attended by 23 practitioners.

There was unanimous support for the following motions:

- No more universal bulk billing;
- No limit to the maximum co-payment charge;
- A re-introduction of gap insurance;
- Condemnation of the inequitable and grossly unfair Medicare system;
- The medical profession to approach other community groups such as the ACTU and consumer groups to try to find some common ground;
- GPs to educate their patients by word of mouth, as well as posters, about the fail-

ure of Medicare to address the real health issues.

Dr Brown said that, once again, the meeting had proven the value of being organised as a craft group at the local level.

"The groups are then able to input to an AMA affiliated Local Medical Association which, in turn, can out these views to the AMA," he said.

"However the AMA must then act or lose all credibility.

"The AMA must recognise that all this energy must not be wasted.

"Our executive must force the issues."

Earlier Dr David Brand organised a meeting of 12 doctors in the Kallangur-Petrie area at which the first "no bulk billing" agreement was adopted.

Dr Brand said it was the first time all the doctors in his area had come together and the result had been unanimous agreement on the action to be taken.

He said he would report to the State AMA on the actions taken within the Redcliffe LMA area and present them as an example which should be followed by other local associations.

## THE CAUCUS BRIEF TO THE MEDICARE TASK FORCE

THE guidelines handed down to the three-member working committee on Medicare were contained in a motion put by Health Minister Brian Howe.

The motion as recorded in the minutes was as follows: Motion: Moved: Brian Howe Seconded: Gary Punch

"I move that the caucus establish a three member working party to consider the changes to Medicare announced in the budget.

"The working party will consider the package announced by the Government and recommend if any changes are desirable to more effectively meet the objectives of:

(A) sustaining Medicare as a simple equitable universal health insurance system paying particular regard to:

(i) the necessity to achieve the fiscal

result in the health care area announced by the Government in the budget;

(ii) the necessity to cut the rate of growth in medical services per person particularly in the fields of radiology, pathology and general practice;

(iii) the desirability of addressing questions of patient access in conjunction with measures to reduce the supply of doctors;

(B) the desirability of improving the quality of primary health care available through General Practice paying particular regard to:

(i) the limitations on the Commonwealth's constitutional powers in this area;

(ii) the mechanisms to be pursued in facilitating change by the medical profession;

(iii) the linkages between the measures to address the supply of doctors and measures to facilitate higher quality care.



## RDMA 2014 MEETING DATES

February 25th Tuesday

March 26th Wednesday

April 29th Tuesday

May 28th Wednesday

June 24th Tuesday

July 30th Wednesday

**AGM**

August 26<sup>th</sup> Tuesday

September 17<sup>th</sup> Wednesday

October 28<sup>th</sup> Tuesday

**Networking Function November 28<sup>th</sup> Friday**

**SNAPSHOT FROM THE PAST Rebate Issue Is Not Finished**  
**REDAMA Newsletter from Series 2 No 15 September 1991, Page 8**

## Beware: the Rebate issue is not finished

**A**S you are probably aware the changes to Medicare announced in the budget and due to start on November 1 have been referred to a caucus sub-committee for further consideration.

**Does this not mean the changes will not proceed?**

Mr Howe was very specific in his brief to the sub-committee and he has demanded of them that any changes they suggest **MUST** produce the same end results.

Specifically they must:

- entrench Medicare;
  - achieve the same fiscal result as the budget;
  - address the problems of over-servicing;
  - address the problem of oversupply of doctors;
  - not disadvantage pensioners and the chronically ill;
  - reform the way GPs are paid;
  - cut the rate of growth in services to GPs, pathologists and radiologists
  - improve the quality of health care:
- This means that no matter

**By Dr David Brand  
 Queensland Chairman, AD**

what happens the results of any changes will have the same impact on general practice.

These are:

- a drop in patient numbers
- a drop in incomes
- as yet unknown reforms to general practice, including salaried GPs and practice budgets

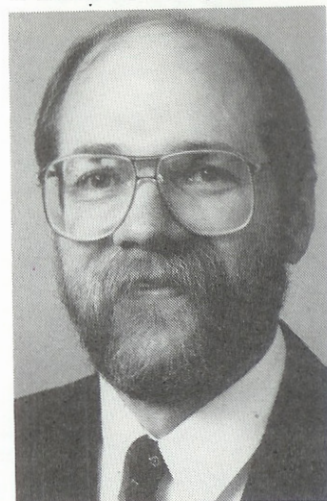
There is only one way for us to show our resolve and unity on these matters:

**Start charging a proper fee for a proper service and start now.**

Meetings at Kallangur / Petrie, Redcliffe, Caboolture, Sandgate/Boondall and the Sunshine Coast have all overwhelmingly accepted the AMA/RACGP position of ceasing universal bulk billing. Meetings in other areas are to follow.

For the future of general practice act now. We may not get another chance.

If you have any comments or questions on this issue, feel free to contact me on (07) 285 5311 or Bob Brown on 265 4555.



**Dr DAVID BRAND**

## Diabetics programme begins

A new seven week programme for the Diabetic Education Group has been arranged by the Redcliffe Hospitals Board.

The programme, which commenced on Sept 5, is being held in the ground floor common room of the Redcliffe Hospital every Thursday from 1.30 pm to 3 pm.

The balance of the programme is as follows:

- Sept 19: Diabetes and diet (dietician)
  - Sept 26: Blood glucose monitoring, hyper and hypoglycaemia.
  - Oct 3: Diabetes and exercise (physiotherapist).
  - Oct 10: Complications of diabetes and ..
  - 17 Oct: Diabetes and diet (dietitian)
- All diabetics and their families are welcome. Enquiries should be directed to Sister Betty Mulder on (07) 883 0883.

## DRAMATIC RISE IN ICE HARMS IN VICTORIA

A 318% increase in the number of times ambulances were called to “ice”-related emergencies over 2 years in Melbourne is cause for concern, say the authors of a research letter in the *Medical Journal of Australia*.

Crystal methamphetamine (ice) can cause psychosis, stroke and cardiac abnormalities and is an increasing public health concern, particularly among 15–29-year-olds.

Dr Cherie Heilbronn, a research fellow at the Turning Point Drug and Alcohol Centre in Melbourne, and her co-authors used metropolitan Melbourne ambulance data from July 2010 to June 2012 to identify amphetamine involvement in ambulance presentations.

They found that while there was a substantial rise in all amphetamine-related attendances (11.1 to 21.1 attendances per 100 000 population), the rise in ice-related incidents was even more dramatic.

“Metropolitan Melbourne ambulance attendance data ... are unique in terms of capacity to distinguish use of ice from use of other amphetamines at a population level”, the authors wrote.

The 318% increase in ice use (3.4 to 14.2 attendances per 100 000 population) underpinned the overall increase, they said.

“The greatest increase occurred in people aged 15–29 years (8.4 to 39.0 attendances per 100 000 population) — an Australian subpopulation with higher rates of heavy stimulant use and increased risk of harms”, the authors wrote.

The ambulance attendance data were not the only indicator of the alarming increases in dangerous drug use.

“Comparing 2010–11 and 2011–12, amphetamine-related episodes of care provided by Victorian [drug and alcohol] services increased by 77%, while amphetamine-related calls to DirectLine, Victoria’s telephone [drug and alcohol] helpline, increased by 194%”, the authors wrote.

“These findings support growing public health concerns regarding increases in amphetamine-related harms.”

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 or the MJA unless that is so stated.*

CONTACTS: Mr Winston Tan 0407 785 706 Media Liaison Officer, Eastern Health On behalf of Dr Cherie Heilbronn

# MEDICAL MOTORING with Doctor Clive Fraser

Motoring Article #104

Safe motoring,  
[doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)



## How To Vote? “Just Called Me Clive!”

Never one to listen to gossip I was surprised recently to hear a rumour that’s doing the rounds about me at the moment at my local hospital. That rumour is that myself and Clive Palmer are the same person.

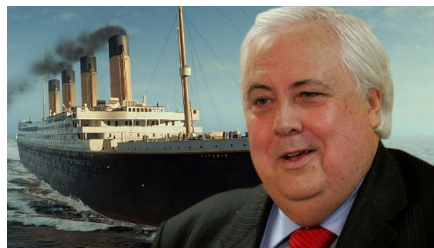
It seems that those colleagues that believe the rumour have pointed out that as well as sharing the same name, we both have a BMI over 25 and we both have university qualifications (Clive Palmer is an adjunct professor at Deakin University). We both love cars. He has 50 vintage cars in his museum at The Palmer Coolool Resort. I own an almost vintage 1997 Volvo V70.



We both aren’t billionaires. Clive Palmer is only worth \$795 million. We live in the same electorate and the strongest

evidence of all that I might be Clive Palmer is the fact that we have never been seen in the same room at the same time. Previous rumours that I was Santa were only dispelled forever once I produced a photo of myself next to the man in the red suit.

As this column is being written Clive Palmer’s political future is in the hands of a tiny number of postal voters. Regardless of who you voted for the result in Fairfax exemplifies that democracy is at work in Australia.



So it was with no surprise on voting day that I was confronted in the polling booth by a ballot paper for the Senate with 82 names on it.

But I was surprised to find a party called the Australian Motoring Enthusiast Party. We’ve had major parties, minor parties and a now we have a new genre called micro-parties.

I was expecting the Greens and Family First to be on the ballot paper, and I wasn’t surprised to see Stop the Greens and the Sex Party on there to.



But from where did the AMEP come from and what do they stand for? Well their health policy

states that, “We believe that every Australian should have access to a fair and equitable decentralised health system. We advocate the establishment of Regional Health Boards and decentralisation of health services to ensure local participation in service delivery”. That sounds great to me, so they might just get my vote.



But what about their other policies? Whilst the AMEP does have a policy on vehicle maintenance and off-road vehicle use, they don’t seem to have a policy on paid maternity leave or asylum seekers! Forget about factionalism spoiling our democracy, the real area of concern is preference deals most of which fly under the radar once you vote above the line for the Senate.

The AMEP preference strategy was to put the major parties last and cross preference with like-minded micro-parties. With multiple group voting tickets and an equal split between Labor and Liberal they have managed to elect Ricky Muir as a senator in Victoria with only 12,444 votes.

That’s only one quarter of the votes gained by the Sex Party who couldn’t get it up (no pun intended).

Mr Ricky Muir does have some four wheel drive experience and he has come close to nature as evidenced by his particular affinity for kangaroo poo. But does he know how to steer

Australia in the right direction?

And getting back to the Sex Party

**australian motoring enthusiast party**

for a moment I would have loved to have seen what they could have achieved if they had held the balance of power in a hung Parliament.

The 2013 election has come and gone. Let’s get back on the road.

Safe motoring,

Doctor Clive Fraser

Email: [doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)



# COMPUTERS & GADGETS

Email: [apndx@hotmail.com](mailto:apndx@hotmail.com).

with Doctor Daniel Mehanna

## “Tools Of The Trade”



Every tradesman (and doctor for that matter) has their favourite tools. Be it a specific hammer, nails or a specific brand of stethoscope.

One such tool is the mobile phone. But in addition to what phone to use there is also the decision of what applications to install onto the phone. Do you install free apps or paid apps? Do you fill your phone to the brim with scores of apps? And if so, how many do you actually use? Or do you only install the bare minimum of apps that you use frequently?

I must admit I fall into the latter category. I prefer to have relatively few apps that I use frequently as opposed

to a great deal that I barely touch after using them for the first few times. But this has actually nothing to do with cost. I mean, an app is only a few dollars – the price of a good (or sometimes bad) coffee. In truth, I have found that I can have most of the apps that I need, pretty much for free (without being naughty and acquiring them through other means). The main reason that I prefer not to install too many apps in my phone actually is my fear of bloat. You see, I like my mobile phone (and my PC for that matter) to run lean. Whether this is due to my possible OCD or something else I am not sure. But, this has I think, probably got something to do with my upbringing on a microsoft windows diet. As you may know, a fresh installation of windows always runs like a dream but after a few months of installing and uninstalling programs, the whole system slows down to a snail's pace. A fresh install (or even easier, a reinstallation of a previously saved image) can do wonders. So that's what I do with my Android phone. I only install the essential apps. Even when a new version of the operating system is released and updated over the air, I invariably perform a clean fresh install. The same principal applies. A fresh clean installation will generally run much faster and cleaner than an update - again look at microsoft windows.

Which bring me to my favourite applications. These are the apps that I first install onto my phone as soon as I have reinstalled the operating system and which stay installed and are used frequently. My phone is a rooted Samsung Galaxy Nexus running “vanilla” Android 4.3 (jellybean). The apps all free unless otherwise stated. I have not specifically mentioned Google Maps (or navigation), Google Earth or Google +.



**AirDroid:** <http://market.android.com/details?id=com.sand.airdroid>

This a great app and unbelievably is free. With it, you can link your mobile to your PC over your home wireless network and access your mobile from your PC. You can easily transfer files, send/receive SMS messages and a list of other functions. Personally I use it for transferring files across from one platform to another. Another great use is that you can compose and send SMS messages from your PC using your PC keyboard. Much easier then typing using your phone's keyboard.

**ASTRO File Manager:** <http://market.android.com/details?id=com.metago.astro>

This is my file manager of choice. Simple, and easy to use. With it, you can browse the file contents of your phone and also send them via email.

**Call Announcer:** <http://market.android.com/details?id=com.codeansoftware.callannouncer>

This is an app that literally gets used everyday. With it installed, my phone announces the name (or phone number) of the caller so when I am not able to physically pick up the phone I know who is calling and whether the phone should be answered. Great when operating in theatre.

**Caros Diary:** <http://market.android.com/details?id=com.keros.android.kerosplanner>

Again one of my most used apps. This is essentially a calender which overcomes the standard google calenders limitations. With the standard calender, when you look at the monthly view, the actual appointment details are not described in text are represented by a colored block. With Caros diary, the monthly view shows in text the details of the actual appointment. This feature is standard on some phones, by default but not in the vanilla android operating system. This app also syncs with google calender and takes up one of my home screens.

**Carsales:** <http://market.android.com/details?id=au.com.carsales>.

This is my source of car information. Has a simple and elegant design.

**Chrome:** <http://market.android.com/details?id=com.android.chrome>

This is my browser of choice. I have tried firefox, the standard browser and dolphin browser but keep coming back to chrome.



**Dictadroid Lite:** <http://market.android.com/details?id=com.softeight.android.dictadroid.lite>

A great dictation app. Only records up to 5 mins (this can be increased in the paid version) but easy to use and reliable.

**Dropbox:** <http://market.android.com/details?id=com.dropbox.android>

This is the program I use for my cloud storage. Again simple and reliable. There are others available including versions by google and microsoft.

**eBay:** <http://market.android.com/details?id=com.ebay.mobile>

Need i say more?

**Flashlight:** <http://market.android.com/details?id=com.devuni.flashlight>

This is my flashlight app. Simple and functional. In addition to a normal flashlight you can set to do other light effects (sometimes useful for entertaining kids while you examine them!)

**GTasks:** <http://market.android.com/details?id=org.dayup.gtask>

This is the best "to do list" app that I have found after trying a swag of them. Simple, elegant and functional. It syncs with google tasks and also takes up one of my home screens.

**IMedonline:** <http://market.android.com/details?id=com.ivisiontechnology.imedonline>

This is the app i use to access radiology results.

**MX Player:** <http://market.android.com/details?id=com.mxtech.videoplayer.ad>

A great video player which allows me to watch on my android phone, movies emailed to me by my iphone friends

**Urbanspoon:** <http://market.android.com/details?id=com.urbanspoon>

Great app for finding places to eat nearby.

**Pulse:** <http://market.android.com/details?id=com.alphonso.pulse>

A slick, functional newsreader now being challenged by google currents.

**Quick Boot:** <http://market.android.com/details?id=com.siriusapplications.quickboot>

With this app, I am able to reboot my phone via software. Requires a rooted (or jailbroken) phone.

**ShareMyApps:** <http://market.android.com/details?id=com.matlary.shareMyApps>  
Another great app. Which the press of a few buttons, this app can send an email to a friend with a list of installed apps on your phone with the associated links from the play store – which is how I generated this list.

**Smart Screen ON:** <http://market.android.com/details?id=it.android.smartscreenlite>

A great app I use daily. This allows me to wake up my phone from sleep mode by waving my hand in front on the motion sensor instead of pressing the hardware button.

**Tapatalk 4:** <http://market.android.com/details?id=com.quoord.tapatalkHD>

This is the only app that I have actually needed to purchase. It cost just over a dollar on sale a few weeks ago. If you are involved in online forums (whether it be cars, computers of thousands of others) you'll know how difficult it is to access this over your mobile. Tapatalk makes reading and participating in inline forums easy and intuitive.

**TuneIn Radio:** <http://market.android.com/details?id=tunein.player>

Enables you to listen to thousands of radiostations around the world on your phone.

Happy computing.

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





**BIG GAPS IN HEALTH POLICIES FROM MAJOR PARTIES**

AMA President, Dr Steve Hambleton, today urged the major parties to plug the gaps in their election health platforms before Saturday's election. Dr Hambleton said that there are lots of votes in positive, forward-looking health policies and there is still time for Mr Rudd and Mr Abbott to pitch more comprehensive health policies to the electorate.

"I set a health policy challenge at the National Press Club in July," Dr Hambleton said. "We currently have a new set of problems and challenges in meeting the health needs of the Australian community, and they require a new set of solutions – and that is the great task for the major parties.

"Any change must be tested against the reasons we need proper health reform – mainly our increasing burden of chronic disease and our ageing population. "Proposals should be moving us toward a joined-up, strengthened primary health care system built on team-based solutions.

"The Labor emphasis to date in this campaign has been on hospital infrastructure, while the Coalition is concentrating on primary care, especially general practice. "The Greens have focused on access to healthcare, public health and environmental health. They have a policy that supports the AMA proposal for an independent panel to assess the health of asylum seekers.

"No party has yet produced a comprehensive Indigenous health policy that would provide significant new funding and direction to build on the modest but welcome successes to date of the Closing the Gap strategy.

"The ideal health policy for this election would combine elements of each of the policies on offer from Labor, the Coalition and The Greens – topped with a 'big bang' Indigenous health policy and a well-articulated approach to dealing with the growing impact of chronic disease. "We encourage the major parties to commit to practical and affordable policies that would improve public health, help the most vulnerable and disadvantaged in the community, and ensure a strong, highly skilled medical workforce to meet the future health needs of the community.

"The AMA released a Key Health Issues plan in July, which set out achievable policies that would deliver health service improvements at the front line, directly to patients. "Some elements have been addressed, but many haven't. We remind our political leaders of what they can do to bolster their health credentials in the final days of the campaign."

**Indigenous Health**

No significant new funding or direction to build on the modest but welcome successes to date of the Closing the Gap strategy.

**Scrap the Cap**

The Government deferred its ill-considered cap on the tax deductibility of self-education expenses, but no party has yet been prepared to dump this policy, which is bad for education, productivity, and the economy, as well as the safety and quality of our health services.

**Medical Training**

The AMA remains committed to working with the next Government to come up with a long-term policy that supports medical education and training. Despite the major parties announcing additional intern places in the private sector, which were welcomed, no party has tackled the need to better coordinate the medical training pipeline or address the looming shortage of prevocational and specialist training positions as predicted by Health Workforce Australia.

There needs to be a concerted effort through COAG processes to commit to additional prevocational and specialist training places, including in general practice, with funding to match, in order to ensure that Australia can properly address future community health needs.

**Chronic Disease**

The major parties need to do more to tackle the impact of chronic disease so that we can keep people well and out of hospital. Current Medicare arrangements impose too much paperwork on GPs and limit access to services for patients with higher health care needs.

The major parties need to do more to support GPs in caring for these patients by streamlining current Medicare arrangements and by looking to adopt innovative approaches such as the Department of Veterans' Affairs Coordinated Veterans Care program more broadly. We note and welcome the proposed Australian Prevention



Partnership Centre, launched today by Federal Minister for Health and Minister for Medical Research Tanya Plibersek, to research what works and what doesn't in helping people make lifestyle changes to prevent chronic disease.

**Rural Health**

Rural health has still missed out on the big funding boost it needs to address rural medical workforce shortages.

The AMA/RDAA Rural Rescue Package outlines the funding required to get more doctors into rural and remote Australia, with the right mix of skills to deliver services to these communities

**Healthier Australian Families**

There has been no specific policy announcement from Labor or the Coalition on significant public health concerns around Better Environmental Health (effects of climate change, better standards for clean air, greater health monitoring of non-conventional gas mining projects), Preventing Harms of Alcohol (curbs on alcohol marketing to young people, minimum pricing for alcohol products), or Asylum Seeker Health (independent panel).

**Dementia, Aged Care and Palliative Care**

We acknowledge and welcome recent policy announcements around palliative care and dementia, but they do not go to the key issue of access to medical care.

The major parties need to ensure that people with dementia, those who require palliative care, and older Australians with complex and multiple conditions can receive appropriate medical care. The major parties need to do more to ensure the Medicare arrangements are geared to deal with the increasing numbers of these patients and the need to better manage these patients in the community.

Better recognition of and support for the time that doctors spend assessing patients, organising services and providing support to the patient's family and carers would ensure that quality dementia, palliative and medical care for the elderly is provided in appropriate settings. This would relieve the counterproductive use of acute services.

**Affordable Medical Services**

Immediately restore indexation of MBS patient rebates. Reverse the decision to raise the Extended Medicare Safety Net threshold from 2015. Restore tax deductibility of out-of-pocket medical and health care gaps.

**Authority Prescriptions**

While the major parties mention tackling red tape, no party has committed to reducing the time wasted by doctors having to telephone the Department of Human Services (DHS) to obtain an authority to write prescriptions for certain PBS medicines. Based on DHS information, up to 25,000 patient consultations are lost while doctors wait for their calls to DHS to be answered.

AMA Key Health Issues for the 2013 Federal Election is available on the AMA website at <https://ama.com.au/keyhealthissues>

The AMA publication, Alcohol Marketing and Young People, is at <https://ama.com.au/alcoholmarketing-and-young-people>

The AMA submission on air quality is at <https://ama.com.au/inquiry-impacts-health-airquality-australia>

The AMA media release calling for coal seam gas health checks is at <https://ama.com.au/media/ama-calls-coal-seam-gas-health-checks>

The AMA/RDAA Rural Rescue Package is available at <https://ama.com.au/node/4136> 4 September 2013

**CONTACT:**

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

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Follow Australian Medicine on Twitter: <https://twitter.com/amaausmed>  
Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

## **PARTNER-DELIVERED THERAPY EFFECTIVE FOR CHLAMYDIA**

RISING rates of chlamydia in Australia have prompted a call for the legalisation of patient-delivered partner therapy from the authors of a Perspective article in the *Medical Journal of Australia*.

Chlamydia is Australia's most common reportable communicable infection. However, despite screening programs, notification rates have been steadily rising for more than a decade, according to the National Notifiable Diseases Surveillance System.

Standard treatment involves "timely and appropriate antibiotic treatment of patients with confirmed infection and their sexual partners" which depends on notifying partners for maximum effectiveness.

Prof Christopher Fairley, Professor of Sexual Health at the University of Melbourne and Dr Sarah Huffam, an infectious diseases physician with Alfred Health's Sexual Health Centre in Melbourne, and their coauthors said partner notification had not been undertaken effectively in Australia.

"One potentially effective option in some cases, patient-delivered partner therapy (PDPT), is not specifically supported by legislation in most Australian states and territories", the authors said.

PDPT, where the original patient diagnosed with a sexually transmitted infection is given antibiotics to deliver to sexual partners, is legally permissible in 33 US states, but in most Australian States and Territories PDPT is explicitly illegal, or the legal status is unclear.

"Legal status is the main barrier to implementing PDPT. Other concerns include acceptability within general practice, the risk of adverse reactions, and lack of opportunity to diagnose and manage complications in partners receiving PDPT", the researchers said.

The Australasian Chapter of Sexual Health Medicine, a chapter of the Royal Australasian College of Physicians, and the Australasian Society for Infectious Diseases have produced guidelines for PDPT which address those concerns.

"The guidelines include an information sheet for sexual partners highlighting the need for a clinical consultation (particularly if there are symptoms), follow-up testing ... and the importance of contacting other sexual partners", the authors said.

"In the face of rising chlamydia prevalence, and no currently effective control strategy, we ask those Australian jurisdictions not actively planning to expressly endorse PDPT through laws permitting implementation of a proven effective strategy to do so as a matter of urgency."

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 or the MJA unless that is so stated.*

CONTACTS: Prof Christopher Fairley 0438 155 536





# Narangba Family Medical Practice

## Job Vacancy

A part-time (*with view to full time if required*) VR Family Doctor for the Narangba Family Medical Practice ([www.narangba-medical.com.au](http://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



# MAJELLAN MEDICAL CENTRE



## Job Vacancy

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

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

**Contact:** **Angela De-Gaetano (Practice Manager)**

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

**Practice Phone:** (07) 3880 1444

**Practice Fax:** (07) 3880 1067





## “AMA CONGRATULATES COALITION ON ELECTION WIN”

AMA President, Dr Steve Hambleton, today congratulated the Coalition on its election win and said that the AMA looks forward to working with the new Government to provide better health services for all Australians.

Dr Hambleton said that the AMA had a positive and rewarding working relationship with new Prime Minister, Tony Abbott, when he was the Health Minister in the Howard Government, and in recent times the AMA has consulted closely with Shadow Minister for Health and Ageing, Peter Dutton.

“We have a strong foundation with the new Coalition Government, and we would welcome Peter Dutton as Health Minister should he stay in the portfolio,” Dr Hambleton said.

“The health policies that the Coalition took to the election responded in part to concerns raised by the AMA, especially in providing greater support for general practice.

“We will be seeking an active role in the review of Medicare Locals and we will be urging the new Government to immediately scrap the cap on claims for work-related self-education expenses.

“In campaigning for this election, Tony Abbott said that he would “under-promise and over-deliver”. The AMA is confident

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

that this slogan will apply to health funding and services.”

Dr Hambleton also paid tribute to the outgoing administration.

“The AMA at all times had access to Prime Ministers Kevin Rudd and Julia Gillard, both of whom took the advice and views of the AMA seriously,” Dr Hambleton said.

“Tanya Plibersek and Nicola Roxon were both quality Health Ministers who will leave a strong legacy in the health sector, especially in public health.

“The tobacco plain packaging legislation is a landmark achievement by Labor in Government.

“We wish Julia Gillard and Nicola Roxon every success in their post-politics careers and look forward to working with Tanya Plibersek and Kevin Rudd in their new roles in Opposition.”

8 September 2013

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

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### 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](mailto: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.



# Where We Work And Live

