RDMA
RDMA & NLMA's Joint Newsletter
Newsletter
SEPTEMBER 2016

Founding Members for Redcliffe and District Local Medical Association (RDMA)

See Where We Work & Live on page 20. The Queen of the Colonies Continues:

President's Report Dr Kimberley Bondeson

I have just been reading the latest edition of "Australian Doctor" online, and the feedback by doctors to the comments by the current Federal Health Minister, Sussan Ley, about "Low-value administrative GP Consultation" for activities such as repeat prescriptions, test results and sick leave certificates''. Minister Ley suggested it was time for the government to stop supporting GPs for carrying out inefficient consults, and redirect the funds to "clinically relevant'' tasks.

None of them supported her assumptions, or statement. Wonder what she means by ''clinically relevant'' tasks. I would have thought this would have included monitoring blood pressure, monitoring BSL, monitoring diabetes, monitoring weight and all the other important components of preventative medicine. And these activities include repeat prescriptions and test results.

I would love someone else to do my "'sick leave certificates"' – but don't think Workers Compensation, Comcare or the local nursing home with an injured worker would appreciate the local pharmacist, nurse, or chiropractor sending the patient in with a 'sick leave certificate'. If I remember rightly, they are all able to write ''sick leave certificates'' already, including the local vet. In fact, in the local pharmacy, there is a notice "$25 for sick certificates".

What about alternate duties? Or light duties? Who is going to do the assessment for these? Who is trained to do the assessment for these? Certainly not the pharmacist or the vet. Well, at least not to my knowledge. And what about the reports that takes 2-3 hours to write to support a "sick leave certificate"? And repeat prescriptions. In my view, whoever writes the prescription is responsible for the monitoring of the patient, the need for further prescriptions, and the development of side effects. Some of the simple drugs we write prescriptions for are poison and can cause death. In fact, aspirin, an NSAID, is available in the supermarket, and does not need a prescription, and can cause death.

Seriously, in the last 2 months I have picked up 3 patients on over the counter and prescribed NSAID'S and have acute anaemia from an acute GIT bleed. Equivalent to 2-3 Units of blood loss?

Simple. Stop the NSAID, transfuse the patient as needed, and use other, equally dangerous forms of analgesia, so that at least the patients can get out of bed and walk.

Anyway, some of the twitter responses were as follows:

- Educating about fertility, STI's, pelvic and bladder function at Pap smear visit @susanley anyone can do it right? #Just AGP
- "Spotted and removed a melanoma when all I came for is a sick note".

And it just goes on. Some very cranky doctors out there have commented, some of them obviously specialists, as well as GP's!

Kimberley Bondeson, RDMA President

RDMA & NLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Northside Local Medical Association

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

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RDMA 2016 MEETING DATES:

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

CPD Points Attendance Certificate Available

Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Wednesday	February	24th
Tuesday	March	29th
Wednesday	April	27th
Wednesday	May	25th
Tuesday	June	28th
Tuesday	July	26th
ANNUAL GENERAL MEETING - AGM		
Wednesday	August	24th
Tuesday	September	13th
Wednesday	October	26th
NETWORKING MEETING		
Friday	December	2nd

RDMA NEWSLETTER DEADLINE

Advertising & Contribution 7 SEPTEMBER 2016
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W:www.northsidelocalmedical.wordpress.com

CPD Points Attendance Certificate Available

Venue: Rotating Restaurants

Time: 6.45 pm for 7.15 pm

1	February	16th
2	April	12th
3	June	7th
ANNUAL GENERAL MEETING - AGM		
4	August	9th
5	October	11th
6	December	13th

Next Meeting Date 13th September 2016

24.08.16 Dr Kimberley Bondeson, President Redcliffe & District Local Members Association introduced Darren Young and Cara Ceccato from Nevro Medical Australia, the Sponsor Representatives for the night. Nevro Mediccal Australia Sponsored the speaker for the night. Dr Matthew Keys, Topic: 'An update on New Pain Therapies and the Evidence".
Below Top Down:
1. Speaker Dr Matthew Keys.
2. Nevro Medical Australia representaives Darren Young & Cara Ceccato.
3. New Member Prasanna Shirkhedkar
4. Speaker Dr Matthew Keys, Darren Young and Cara Ceccato. Continued page 20.

Monthly Meeting

Redcliffe & District Medical Association Inc.

DATE: **Tuesday 13th September**

TIME: 7 for 7.30pm

VENUE: Regency 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: Moreton Eye Group
7.40pm	Speaker: Dr Graham Hay-Smith Topic: "Better management of Diabetic patients - an opthalmic view"
8.15pm	Main Meal, Question Time
8.40pm	General Business, Dessert, Tea & Coffee

RSVP: By Friday 9th September 2016
(e) derylee.bottrell@qml.com.au (t) 07 3049 4444

INSIDE THIS ISSUE:

AMAQ BRANCH COUNCILLOR REPORT
Dr Wayne Herdy, North Coast Councillor

Revalidation, GP Administrative Consultantions, and Chaperons

William Shakespeare in "As You like It" wrote there's no news at the Court sir, except the old news. Which pretty well sums up the hoary old debates recently re-surfacing like unwanted old friends from the slime of medical politics that breeds the discontent triggering yet new (or old) ways of keeping doctors under control. I smugly add that over the years I have predicted that every one of the new (or old) manipulative tools were going to come along to bite us all sooner or later.

REVALIDATION.
Reaccreditation, or a rose by any other name, is a tool to ensure that we are all keeping up to date and maintaining our knowledge, if not our skills. Once again, this beast has been re-cloaked as a possible pre-requisite to periodic re-registration.

Nurses are already familiar with the need to prove currency of experience before they can register with AHPRA every year. So far, doctors have escaped this indignity in the winter of our discontent. Nurses are different from doctors, not only in what they do, but in their lifestyle choices.

While trying to avoid being accused of gender bias, we have to admit that historically nursing is a female-dominated profession, it is relatively low-paid, and in the past has been characterised by women leaving the profession to raise families and returning to the profession years later sadly deskilled. Hence nurses were expected to prove currency of practice before re-registering. Doctors don't behave like that our ladies have babies and return to their high-paying jobs fairly promptly.

Doctors are already subjected to periodic review by their colleges, and AHPRA only requires college approval for continuing registration. What is new (or old, and new again) is the proposal to have doctors prove recency of practice before AHPRA re-registration.

One take on re-credentialing is that examinations might measure the wrong thing. The difference between a good GP and a great GP is not how much they know but how well they handle people. As the bard wrote, "all the world is a stage"

GP ADMINISTRATIVE CONSULTATIONS.
The Minister for Health is casting a razor's eye on GP consults that do not (arguably) produce a contribution to patients' health, viz and to wit sire, repeat prescriptions and writing medical certificates. Such stuff as dreams are made on.

The AMA's first response was GP consults account for only 6% of the total health budget, and knocking a few of these consults off the Medicare budget is going to have no effect.

In practical terms, most medical certificates are written as part of a more complex consultation, and most repeat scripts are issued only with at least passing thought to the reasons why the patient is taking this particular witch's brew, eg when did the patient last have a BP check or a lipid profile or whatever is relevant to this script. And does the patient still need this potion at all?

Writing scripts and certificates still requires some exercise of clinical and professional discretion. Something will indeed be rotten in the state of Denmark the day we hand over this responsibility to nurse practitioners. What a piece of work is a man, how noble in reason, how infinite in faculties, according to Hamlet? And those cerebral faculties get applied to the most menial of administrative consultations, no matter how Minister Ley believes otherwise.

Less superficially, prescriptions and work certificates have legal ramifications, and I wonder how many script-writes will hand the keys of their legal insurers over to nurses.

Back to practical issues handling telephone requests takes time and incurs a measurable practice cost. Lawyers do absolutely nothing unless it is being billed to somebody, and as long as medical practices are also businesses, we cannot be expected to put personal time and receptionist time into managing administrative consultations at nil cost. Most GPs charge a nominal fee for work done without face-to-face contact (and without Medicare rebate **Continued on Page 10**

AMAQ BRANCH COUNCILLOR REPORT
Dr Kimberley Bondeson, Greater Brisbane Area

AMAQ Conference, Radiology Funding Cuts and Frozen Rebates resulting in some Radiology Procedures not being Bulk Billed

Shortly, I am off to India for the AMAQ conference. It will be a very busy affair, 5 intense days, full of plenty of education sessions, based on the topic “Research – Turning It Into Reality”.

Perhaps we could bring back some suggestions for the current federal government on research as a “reality check”, on what actually works and what does not work.

Medicine in Australia is under attack by bureaucrats who do not appear to be advised well, or even have common sense. India’s population is vast, its areas of research and expertise are of an excellent quality, but overall is a very poor country.

We have a lot to learn from how they run their medical system, and their medical research.

Despite what the recent election revealed in its final result, which to me seemed to be that the incumbent government is now in a worse position then before the election.

They are going ahead with all the unpopular, untested, and it certainly appears to me, fundamentally poorly thought out and researched projects, which the voters did not support. Are they dismantling the fundamental core of Medicare by stealth?

Radiologist have recently stopped bulk billing certain procedures they had previously been able to, as their funding has been cut and rebates are continuing to be frozen.

I have at least 6 patients who in the last week alone, I have referred to the public system for a simple procedure, previously available at the local radiology clinic and bulk billed.

I suspect these patients will be put on a Category 5 waitlist – which to me, means an indefinite 4-5 years waiting time, if ever.

And, as we now are producing a larger number of medical graduates, why is the government not putting appropriate funding into supporting Australian Graduates in training and in particular placement in rural areas?

The Federal Department of Health has recommended 41 health roles – including GP’s, :
- surgeons and
- anaesthetists

to be removed from the country’s Skilled Occupation List.

However, the Department of Immigration is ignoring this recommendation. What a mess! And it is ongoing.

It will be interesting to see what Dr Herdy and I discover about India’s Health System at the end of this month.

Sincerely
Kimberley Bondeson

AMAQ Councillor Report
Greater Brisbane Area

MONTSERRAT
— CANCER CARE —

Excellence in Cancer Care Across South East Queensland

Our clinics are built with patient outcomes, comfort and atmosphere in mind. Our Day Spa environment makes people feel welcome, calm and nurtured. The manner in which we care for them eases the experience and provides a high level of dignity and excellence that all people deserve.

Providing treatment for blood disorders and cancer:

- Chemotherapy
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- Blood Transfusions
- Blood product support
- Patient education and support
- Supportive Allied health services Dietician, Exercise and Massage

Meet Our Team

Dr John Reardon
Medical Oncologist/
Clinical Haematologist
***SC**

Dr Hong Shue
Medical Oncologist
***SC**

Dr Sorab Shavaksha
Clinical Haematologist
***SC**

Jesse Goldfinch
Excercise Physiologist
***SC**

Dr Rosanne Middleton
Clinical Health Psychologist
***SC**

Dr Peter Davidson
Consultant Haematologist
***NL**

Dr Kieron Bigby
Medical Oncologist
***NL**

Sarah Higgins
Dietician/ Nutritionist
***SC**

Dr Darshit Thaker
Medical Oncologist
Palliative Medicine Specialist
***NL**

Dr Lydia Pitcher
Haematologist/ Oncologist
Paediatric Haematologist
***SC**

Tania Shaw
Oncology Massage Therapist
***SC**

Dr Raluca Fieser
Clinical and Laboratory Haematologist
***NL**

Dr Geoff Hawson
Medical Oncologist
Clinical Haematologist
Palliative Care Physician
***NL**

Be Our Guest

Sunshine Coast Haematology and Oncology Clinic is delighted to be supported by the McGrath Foundation through the provision of the McGrath Breast Care Nurse, who is available to help community members and their families through breast cancer by providing free advice, support and care when it's needed most.

North Lakes Haematology & Oncology Clinic
Tel: (07) 3833 6755 | www.nlhoc.com.au
7 Endeavour Bvd, North Lakes Q 4509 (next to OzCare)

Sunshine Coast Haematology and Oncology Clinic
Ph: 07 5479 0000 | www.schoc.com.au
10 King Street, Buderim, 4556

AUSTRALIAN MEDICAL ASSOC PRESIDENT
DR CHRIS ZAPPALA

MEMBER'S UPDATES

Dear Members,
Re-validation? Bureaucracy gives birth to itself and then expects maternity benefits Author: Dale Dauten.

AMA Federal Council recently heard a submission from the Medical Board of Australia in regard to re-validation. I think for the first time I finally understand this issue and what is proposed. We have a problem!

The Board's two main aims are to maintain and enhance performance AND prevent harm and reduce risk. One system will apparently not meet both aims. Lifelong learning is a prime aim - which a regulator should strive to support. They also seek to guarantee patient safety from incompetent individuals. The Board feels these two purposes should be separated with different strategies developed for each. Continuing Professional Development is very effective (apparently ample published evidence) but some programs are deficient and do not include measuring outcomes, undertaking educational activities and reviewing performance. Therefore, perhaps the only good thing that might come out of this notion of re-validation i.e. competence to practice medicine (think about that for a second, not just being clinically up-to-date), is to ensure our individual and collection protection afforded through CPD is robust – plus it is more likely to actually help us be better doctors!

So what is driving all of this…….? Actually nothing of substance! There is no evidence misconduct or poor performance is more problematic here or standards of medicine deficient. Moreover, there is no evidence laborious re-validation produces positive outcomes when we look to Northern America and the UK. Re-validation processes, that administrators shrug off as necessary because they are so petrified to apply common sense and be accused of missing even one possible case of negligence/poor performance, generate onerous obligations (often unpaid) to doctors. All without any sense of what the problem actually is and if they are truly improving anything! The office of the health ombudsmen in Queensland comes to mind……

The main evidentiary driver is articles such as the one by Bismark and colleagues published in 2013 in the BMJ Quality and Safety, in which she notes that 3% of the Australian medical workforce accounted for 49% of all complaints and only 1% accounted for a quarter. It is thought poor performance can be predicted, possible risk factors include –

- Age from 35 upwards (more so past age 70)
- Male
- Number of prior complaints
- Time since last complaint

So, with this data in hand, the medical regulators feel we have a problem (I'm far from convinced). The desire is to root out these nefarious doctors or those about to stray from the path of righteousness, with better review processes, including CPD – but definitely not limited to this. I'm not sure this is what the Medical Board of Australia should be concentrating on when their core business seems yet to achieve an efficiency optimum or professional credibility.

Speaking of medical regulation, it's worth digging out the MJA article by Elkin KJ and colleagues in 2011 – another example of data driving re-validation. An analysis of tribunal (the term used to encompass the body able to strike a doctor off in each state) disciplinary cases between 2000-2009. Male doctors were four times more likely to be disciplined than females, with O&G and psychiatrists coming off worst among the specialties. 81% of cases led to either deregistration or restrictions on practice. The most common offences committed were sexual misconduct (24%), illegal or unethical prescribing (21%) and inappropriate medical care (20%). It is worth noting that in 78% of cases the tribunal made no mention of any patient having experienced physical or mental harm as a result of the misconduct.

Note in this report that only 458 doctors were disciplined over 10 years (the current number of doctors Australia-wide now tops 100,000 and this report also included New Zealand). So, on average less than 50 doctors a year are disciplined across NSW, Qld, WA, VIC & NZ. The discussion of Elkin's article is worth a read. She notes 'Several measures in our study highlight that serious harm to patients is not a prerequisite for serious disciplinary action against doctors. Forty-one per cent of cases involved only upset or risks to patients, 5% had no impact on the patient involved, and 15% involved misconduct unrelated to patients. Yet 43% of these non-injurious cases resulted in removal from or restrictions on practice for the offending doctor (the same as the removal rate for cases associated

Continued on Page 11

Comprehensive Cancer Care at North Lakes

Medical oncology, haematology and radiation oncology delivered by an integrated team

Australia's first private Integrated Cancer Centre is now open within the new North Lakes Health Precinct. The centre delivers exceptional cancer care from diagnosis to treatment, be it chemotherapy, radiation therapy or both, in combination with an onsite pharmacy service. Our friendly and professional staff understand the individual needs of our patients and support them through every step of their treatment.

About the centre:

- One team dedicated to exceptional cancer care
- The latest cutting-edge radiation therapy technology that spares healthy tissue through a focused dose of radiation
- 15 chair oncology day hospital providing comprehensive treatments for all cancers and blood conditions
- Iron infusions
- Onsite pharmacy with expert oncology pharmacists
- State-of-the-art, stand-alone centre eliminates the need to travel to inner city
- Supportive, nurturing environment for patients
- Responsive service
- Holistic approach to cancer care
- Free on-site parking

Experienced team of doctors:

Dr Jason Butler
Clinical Haematologist

Dr Robert Hensen
Clinical and Laboratory Haematologist

Dr Michelle Jalilian
Radiation Oncologist

Dr Haamid Jan
Medical Oncologist

Dr Ashish Misra
Clinical Haemato-Oncologist and Bone Marrow Transplantation

Dr Manoja Palliyaguru
Radiation Oncologist

Prof Andrew Perkins
Clinical Haematologist and Medical Oncologist

Dr Jason Restall
Clinical Haematologist and Haematopathologist

To refer a patient please contact us on:
P 07 3453 0000 | F 07 3453 0001
E admin.northlakes@iconcore.com.au

9 McLennan Court, North Lakes
iconcancercare.com.au
radiationoncologycentres.com.au

claimable), and most patients accept this small burden. All that glisters is not gold, but with Medicare rebates frozen we still have to pay our staff and operating costs.

CHAPERONS.
Although there has been a recent flurry of debate in the medical media about whether chaperons are desirable, as an ageing male my viewpoint is that this debate is a classic no-brainer. A male doctor alone in a closed room with an incompletely-clad female faces a risk of unimaginable proportions. Even if Hamlet's Queen believed the lady doth protest too much, methinks a Court or Ombudsman or professional registration board will usually take the lady's side. A vindictive complaint can ruin not only a professional career but leave the saddened doctor bereft for life.

Done to death by slanderous tongue was the Hero that here lies. Having a chaperon present takes little extra time, costs little if the doctor is already paying a staff member, and offers enormous protection for the doctor, if not reassurance for the patient.

Sorry folks, I just can't see why the debate has been raised at all. There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy. Ah well, parting is such sweet sorrow, until we meet again in my monthly column, a fond adieu from your correspondent.

A closing word from Macbeth: I go, and it is done; the bell invites me.
Wayne HERDY

https://2016varietybash.everydayhero.com/au/wayne (Donations listed)

VARIETY BASH RALLY
WITH DR WAYNE HERDY

Rally Car was painted by "Team Cosy"

CAR 55 WHERE ARE YOU!!

This is your last chance to donate to this worthy cause note link above. Wayne still needs more donations to meet target of $8,500;

1. TIM MCNAMARA, GAVE $100, 08 SEP 2016, Good luck, have fun.
2. KIMBERLEY BONDESON, GAVE $105, 08 SEP 2016, Hope you enjoy it, and don't crash!!!
3. JO BOURKE, GAVE $52.50, 05 SEP 2016, Another experience for your memoirs!
4. KIET DOAN, GAVE $315, 25 AUG 2016
5. DAMIEN O'BRIEN, GAVE $105, 25 AUG 2016, What out for pot holes have a great bash!
6. MONTSERRAT DAY HOSPITALS, GAVE $262.50, 22 AUG 2016, Well done for all of your hard work
7. RAY WILSON, GAVE $105, 20 AUG 2016, God bless your efforts
8. ELEASA, GAVE $105, 03 JUN 2016, Give 'em all a good run, Dr Herdy! :)
9. REDCLIFFE LMA, GAVE $1,005, 30 MAR 2016, Best of Luck, Wayne. :)
10. KELLY WILLIAMS NABHEALTH, GAVE $200, 11 MAR 2016, All the best Wayne
11. ANONYMOUS, GAVE $105, 08 MAR 2016
12. SUNSHINE COAST RADIOLOGY,GAVE $750, 04 MAR 2016, Go Car 55!
13. I MINUSKIN, GAVE $105, 02 MAR 2016, Hope you don't go thru too many spare parts!
14. ANONYMOUS, GAVE $210, 17 FEB 2016, Good luck Wayne. Hope the car survives the trip!
15. ANONYMOUS, GAVE $110,13 FEB 2016,
16. MAUD ST MEDICAL CENTRE, GAVE $348.60, 22 JAN 2016, public subscriptions
17. MAUD STREET MEDICAL CENTRE WAITING ROOM, GAVE $348.44, 16 JAN 2016, public donations
18. LARRY GAHAN, GAVE $55, 17 DEC 2015, What an adventure! Well done, Wayne
19. PETER STEPHENSON, GAVE $105, 15 DEC 2015, Hope the vehicle survives! :)
20. ANON JB007, GAVE $105, 14 DEC 2015, Good luck with your endeavours
21. GEORGE FRASER, GAVE $115.50, 14 DEC 2015, 2 x Car55 = $110
22. NOELINE FERGUSON, GAVE $10514 DEC 2015, Car 55 Where Are You?

with patient injuries)'.

I therefore remain unconvinced there is an evidence basis for change and that the proposed changes (re-validation) will have any positive effect, other than to increase the costs of registration and create more relatively useless regulation. There also remains a perpetual failure to attend to frequent complainers (and not just frequent offenders – who fully deserve to be investigated and disciplined if appropriate) and measure outcomes and probity properly.

What particularly worries me is that I feel the Medical Board of Australia has allowed themselves to become blinkered by their rush to protect the public from any real or possible public threat, that they've forgotten to remember their critical role in supporting the profession itself, with a clear aim to re-train and rehabilitate doctors to benchmarked practice, rather than simply punishing. They forgotten (or minimised) they're own aim to support lifelong learning and competence.

The Medical Board has definitely missed an important opportunity to insist on robust, well-trained medical leadership at all levels of the healthcare system, in the public and private sectors – this is where most useful change can occur to improve patient safety and standards of care/professional development. Empowerment of and greater investment in medical leaders will never occur unless they dispense with the misguided belief that we have a terrible problem that more high-level regulation will fix and more importantly, while doctors remained oppressed by non-medical leadership. Truly respected, resourced and appropriately trained medical leaders can optimise performance review and CPD and obviate any need for greater regulation. We just need to step up!

In August the Medical Board of Australia released its interim report into re-validation. They are currently travelling around the country receiving feedback and receiving it online. Hopefully they are hearing a great deal of scepticism and perceive a lack of support for re-validation, especially at a time when we are already struggling with medical regulatory problems in this state. Please speak up now…….

Chris Zappala, AMAQ President

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FETAL ALCOHOL SYNDROME DISORDER (FASD) SHOULD BE RECOGNISED AS A DISABILITY

The AMA is calling for Fetal Alcohol Syndrome Disorder (FASD) to be included on the list of recognised disabilities, so that families can have access to much-needed support services.

Ahead of World Fetal Alcohol Syndrome Disorder (FASD) Awareness Day on 9 September, the AMA today released its new *Position Statement on Fetal Alcohol Spectrum Disorder – (FASD) 2016*.

FASD is a diagnostic term used to describe the range of permanent, severe neurodevelopmental impairments that may occur as a result of maternal alcohol consumption.

Globally, FASD is thought to be the leading cause of preventable birth defects and intellectual disability. World FASD Awareness Day aims to raise awareness about the dangers of drinking during pregnancy and the plight of individuals and families who struggle with FASD.

AMA President, Dr Michael Gannon, said that FASD has a significant impact on education, criminal justice, and child protection services in Australia, and yet has not been included by the Government on the list of recognised disabilities.

"FASD is associated with a range of birth defects including hyperactivity, lack of focus and poor concentration, delayed development, heart and kidney problems, and below average height and weight development," Dr Gannon said.

"The average life expectancy of a patient with FASD is just 34 years. FASD is extremely costly to our health, education, and justice systems, yet is potentially preventable.

"The AMA welcomes the efforts of the Government, particularly the Commonwealth Action Plan, through which the Australian Guide to the Diagnosis of FASD was developed, but more must be done.

"The current Commonwealth Action Plan expires in 2017 and the lack of recognition of FASD on the Department of Social Services disability list leaves families without access to much-needed disability support services.

"The AMA urges the Government to continue to provide support for the important preventive and aftercare work being undertaken, and to include FASD on the list of recognised disabilities."

Dr Gannon said that no safe level of fetal alcohol exposure to alcohol has been identified.

"The AMA believes that the safest option for women who are pregnant or planning a pregnancy is to completely abstain from alcohol consumption," Dr Gannon said.

"The message is simple and safe – no alcohol during pregnancy.

"The AMA encourages partners, friends, and loved ones to support pregnant women in their choice not to drink," Dr Gannon said.

Background

- We do not currently know the true extent of FASD in the Australian community, largely due to the complexity of the diagnostic process.
- Data from comparable countries suggests FASD may affect roughly between 2 per cent and 5 per cent of the population.
- Overseas research suggests that individuals with FASD are 19 times more likely to come into contact with the criminal justice system than their peers.
- In Canada, this is estimated to cost the Juvenile Justice System $17.5 million CND and the adult custodial system $356.2 million CND annually
- No safe level of fetal alcohol exposure has been identified.
- The safest option for women who are pregnant or planning a pregnancy is to completely abstain from alcohol consumption.

---

1 September 2016

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Kirsty Waterford 02 6270 5464 / 0427 209 753

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Follow the AMA President on Twitter: http://twitter.com/amapresident
Follow *Australian Medicine* on Twitter: https://twitter.com/amaausmed
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Interesting Tidbits NATTY MOMENTS:

Brain Teasers

1. ONE TEQUILA, TWO TEQUILA, THREE TEQUILA..... FLOOR.

2. ATHEISM IS A NON-PROPHET ORGANIZATION.

3. IF MAN EVOLVED FROM MONKEYS AND APES, WHY DO WE STILL HAVE MONKEYS AND APES?

4. I WENT TO A BOOKSTORE AND ASKED THE SALESWOMAN, "WHERE'S THE SELF-HELP SECTION?" SHE SAID IF SHE TOLD ME, IT WOULD DEFEAT THE PURPOSE.

5. WHAT IF THERE WERE NO HYPOTHETICAL QUESTIONS?

6. IS THERE ANOTHER WORD FOR SYNONYM?

7. WHAT DO YOU DO WHEN YOU SEE AN ENDANGERED ANIMAL EATING AN ENDANGERED PLANT?

8. WOULD A FLY WITHOUT WINGS BE CALLED A WALK?

9. IF THE POLICE ARREST A MUTE, DO THEY TELL HIM HE HAS THE RIGHT TO REMAIN SILENT?

10. WHY DO THEY PUT BRAILLE ON THE DRIVE-THROUGH BANK MACHINES?

11. HOW DO THEY GET DEER TO CROSS THE ROAD ONLY AT THOSE RED TRIANGULAR ROAD SIGNS?

12. WHAT WAS THE BEST THING BEFORE SLICED BREAD?

13. ONE NICE THING ABOUT EGOTISTS: THEY DON'T TALK ABOUT OTHER PEOPLE.

14. DO INFANTS ENJOY INFANCY AS MUCH AS ADULTS ENJOY ADULTERY?

15. HOW IS IT POSSIBLE TO HAVE A CIVIL WAR?

16. IF ONE SYNCHRONISED SWIMMER DROWNS, DO THE REST DROWN TOO?

17. IF YOU ATE BOTH PASTA AND ANTIPASTO, WOULD YOU STILL BE HUNGRY?

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GP SUPPORT KEY TO SUCCESS OF HEALTH CARE HOMES

Welcoming today's announcement of the 10 Primary Health Network Regions to conduct the Government's trial of the Government's Health Care Homes initiative, AMA President, Dr Michael Gannon, said that GPs must be properly resourced and supported to make the trial – and the concept – a success.

Dr Gannon said the Health Care Home is potentially one of the biggest reforms to Medicare in decades.

"The AMA is delighted that the Government is using the Health Care Home trial to launch its renewed commitment to general practice and primary care," Dr Gannon said.

"We especially welcome the Prime Minister's role in actively promoting this key plank of the Coalition's health platform for the new term of Parliament.

"The AMA shares the Government's vision for the Health Care Home, and we have been actively engaged in its development.

"Under the model, patients have a continuing relationship with a particular GP to coordinate the care delivered by all members of the patient's care team.

"We know from overseas experience that the model has the potential to support better patient outcomes, and can help to keep patients out of hospital. It aims to provide more support for patients, particularly those with more serious chronic and complex conditions.

"Importantly, it recognises the fundamental role of a patient's family doctor who can provide holistic and longitudinal care and, in leading the multidisciplinary care team, safeguard the appropriateness and continuity of care."

Dr Gannon said that GPs are managing more chronic disease, but in recent times their practices have faced substantial financial pressure due to the Medicare freeze and a range of other funding cuts.

"The reality is that GPs cannot afford to deliver enhanced care to patients with no extra support," Dr Gannon said.

"There is no new funding for the Health Care Homes trial. Money has been shifted from other areas of the health budget.

"If the Health Care Homes funding model is not right, GPs will not engage with the trial, and the model will struggle to succeed.

"We urge the Government to provide new funding and resources for the trial, and lift the Medicare freeze and other burdens from GPs, in order to give this exciting primary care reform every chance of success," Dr Gannon said.

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24 August 2016

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MONTSERRAT
— CANCER CARE —

First in to Queensland to reduce Chemotherapy induced hair loss with the Cold Caps/Scalp cooling treatment

One of the most frequent questions we hear from patients when they discover they need Chemotherapy is, Am I going to lose my Hair?

We are proud to announce that Montserrat Cancer Care are the first in Queensland to officially offer patients a scalp cooling treatment (Paxman) that can prevent Hair loss caused by certain Chemotherapy drugs. *The service will be available at our Sunshine Coast Clinic.*

The treatment is clinically proven to be an effective way of combating Chemotherapy-induced hair loss and results in a high level of hair retention. It can be used with all solid tumor Cancers that are treated with chemotherapy drugs such as Taxanes (eg docetaxel), Alklating agents (eg cyclophosphamide) and anthracyclines/DNA intercalating agents (eg doxorubicin). The treatment cannot be used with Haematological malignancies, cold allergy suffers, cold agglutinin disease, presentation of scalp metastases and disease requiring imminent bone marrow ablation chemotherapy.

How does it work? The Paxman system causes blood vessel vasoconstriction, which reduces blood flow in the scalp to 20-40 % of the normal rate, resulting in less chemotherapeutic drug being delivered to the hair follicles. The drug infusion rate across the plasma membrane is reduced therefore decreasing the drug dose level entering the cells around the scalp. The system has been treating tens of thousands of patients annually throughout the world with a success rate from 56% to 73%. Efficacy studies in the United Kingdom show 89% efficacy. A comprehensive Clinical evidence report can be found at: http://paxmanscalpcooling.com/the-system/clinical-efficacy

We will be offering this as an additional treatment to our patients who met the criteria at **no cost.** Patients from our North Lakes Clinic can attend our Sunshine Coast Clinic at no additional charge for this service.

Further information can be found at www.schoc.com or www.facebook.com (Sunshine Coast Haematology and Oncology Clinic Friends), at the Paxman website: www.paxmanscalpcooling.com or by calling Clinical Nurse Manager Kim McCullough on: (07) 5479 0000.

Dr Kieron Bigby and Dr Darshit Thaker can be contacted via our North Lakes Clinic By calling (07) 3833 6755.

Kind Regards

Montserrat Cancer Care Team

**The Orbis Cooling machine*

Experience New Europe in Estonia

By Cheryl Ryan

One of the smallest nations in the Baltic region, Estonia has recently emerged as a most sought-after destination in Europe. Its mesmerizing cultural heritage, untouched wetlands, remote islands, thriving city life, spectacular castles will definitely leave you awestruck.

Estonia offers different holidays options for everyone, suiting every age group and every taste. The unexplored countryside makes Estonia a perfect choice for destination weddings, honeymoons, vacations or getaways with friends and families.

For the Urban Dwellers

Estonia has a creative mix of Europe and rich historical heritage of Russia, which inspires the lifestyle and delights the visitors. The capital city of Tallinn invites urban dwellers to discover and explore the transformation of creative villages. Kalamaja in Tallinn makes a perfect venue for musical concerts and is host to music festivals such as Jazzkaar and Tallinn Music Festival.

The city is also home to architectural marvels of Soviet era such as Patarei sea- fortress, Seaplane harbor, Port Noblessner.

Wanderlust

With almost half of the country covered with forests, Estonia is a nature's paradise, offering you enough to explore the unique landscapes. The Soomaa National Park, located in South Western Estonia and spread in the 390 square kilometers area, the park is known for its picturesque peat bogs.

Bog walking is the most interesting outdoor activity in the wetlands, allowing you to explore regions inaccessible on foot. The other famous National parks are Lahemaa national park, Matsalu national park and Vilsandi National Park.

For the Adrenaline Rush Seekers

If you get your kick from adventure activities, Estonia invites you with its open arms, offering

an unmatched adrenaline experience and tons of outdoor sports and activities such as off-road racing, go karting, rallying, hiking and sky diving. Estonia has almost 3000 kilometer coastline, making it heaven for watersports such as kayaking, canoeing, windsurfing, and scuba diving. The country is renowned for its love for sports and games, with readily available options throughout such as outdoor gyms, tennis courts, golf clubs, medieval archery centers, and bowling alleys.

What we have planned for you?

A detailed itinerary has been developed, including all the exciting adventures put together to make your trip to Estonia, an unforgettable experience.

- A guided trip through the city of Tallinn, exploring the creative villages and savoring local cuisines
- Visit to Kalamaja in Tallinn to experience Tallinn Music Festival
- Visit to Sangaste Castle and Taagepera Castle, to experience the history and elegant lifestyle of Estonia
- A guided Bog walking tour in Soomaa National Park, getting soaked in the natural beauty of Estonia, exploring wetlands and experiencing undisturbed flora and fauna.
- Organized Skiing tour in the city of Otepää and Sky diving near Tallinn

Book today to Witness a whole new Europe in Estonia, a refreshing experience altogether to feel and enjoy!

www.123Travelconferences.com.au

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AMA

INVESTING IN RURAL DOCTOR TRAINING PAYS OFF FOR COMMUNITIES IN THE BUSH

The AMA has intensified its call for increased Federal Government investment in rural training opportunities for doctors amid mounting evidence that it would improve access to health care for rural communities.

A study published in the latest edition of the *Medical Journal of Australia* highlights that doctors who have a rural background and train in a rural area are much more likely to practice in a rural area in the long term.

The study, *Vocational training of general practitioners in rural locations is critical for the Australian rural medical workforce*, found up to a 90 per cent chance that doctors who grew up and trained in a rural area would still be practising there five years later, helping redress persistent shortages of GPs in rural areas.

AMA President Dr Michael Gannon said the findings showed that the right investments by Government could make a real difference to access to care for rural communities.

"This study provides some important lessons for policy makers looking at how we can ensure that Australians living in rural areas have access to medical care," Dr Gannon said.

"The problem isn't a shortage of medical graduates. With medical school intakes now at record levels, we don't need more medical students or any new medical schools.

"What we need are more and better opportunities for doctors, particularly those who come from the bush, to live and train in rural areas. The evidence shows that they are the most likely to stay on and serve their rural community once that qualify."

Dr Gannon said the AMA has developed a number of policies that would substantially boost access to care in rural areas, including:

- for the targeted intake of medical students from rural areas to be increased from a quarter to a third of all new enrolments;
- the establishment of a Community Residency Program to give prevocational doctors, particularly those in rural areas, with access to three-month general practice placements;
- an increase in the GP training program intake to 1700 places by 2018;
- an expansion of the Specialist Training Program to 1400 places by 2018, with priority given to rural settings, under-supplied specialties and generalist roles; and
- access to regional training networks to support doctors to train and remain in rural areas.

"The Federal Government has a wonderful opportunity to make a real and lasting difference by adopting these sensible, effective, evidence-based measures," Dr Gannon said.

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6 September 2016

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BEACH REPORTS SHOW GPs WORKING HARDER AND PROVIDING VALUE AS CORNERSTONE OF AUSTRALIAN HEALTH SYSTEM

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Two reports released today show that GPs are working harder than ever, and confirming their standing as the cornerstone of cost-effective quality primary health care, as the Australian population ages and chronic disease becomes more prevalent.

General Practice Activity in Australia 2015–16 and A decade of general practice activity 2006–07 to 2015–16, the final reports to be published by the University of Sydney's Bettering the Evaluation and Care of Health (BEACH) program, highlight the pressures on general practice.

AMA President, Dr Michael Gannon, said these reports show that GPs are working harder, and are delivering millions more services - including treatments, prescriptions, referrals, and tests - than they did a decade ago.

"In 2015–16, Australian GPs managed 154 problems per 100 patient encounters, significantly more than in 2006-07 (149 per 100 patient encounters)," Dr Gannon said.

"The reports also reveal that GPs managed 67 million extra problems at patient encounters in 2015-16 than they did in 2006-07." Compared to 2006-07, GPs provided:

- 31 million more prescriptions;
- 25 million more clinical treatments (eg advice and counselling);
- 10 million more procedures;
- 5 million more referrals to medical specialists;
- 5 million more to allied health services;
- 24 million more pathology tests/test battery orders; and
- 6 million more imaging tests.

"Australia's health system is built around the central role of general practice," Dr Gannon said.

"Data from earlier BEACH work shows that if GP services were performed in other areas of the health system, they would cost considerably more.

"For example, GP services provided in a hospital emergency department would cost between $396 and $599 each, compared to the average cost of a GP visit of around $50.

"General practice is keeping the nation healthy and is good value for money, with Medicare spending on GP services only representing about 6 per cent of total Government health expenditure.

"Despite widespread acknowledgement that general practice needs to be strengthened if we are to ensure the ongoing sustainability of our health system, GPs are caught in a funding squeeze.

"The continuing freeze on Medicare rebates and other funding cuts are poor policy that fails to recognise the value that general practice is delivering to our health system.

"While the AMA shares the vision for the Government's Health Care Home model, the Government has committed no new funding and simply expects GPs to deliver enhanced services for patients with no extra support.

"The recent election highlighted the value Australians place on their GPs. It is now time for the Government to give GPs the support they need to deliver the care the community deserves."

Today's reports are the last to be published by BEACH, following the Government's decision earlier this year to withdraw funding for the 20-year-old program.

"I would like to pay tribute to BEACH and its researchers, who have made an invaluable contribution to informing policy around General Practice for the past two decades. Their work will be missed," Dr Gannon said.

1 September 2016

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Follow the AMA, President, Australian Medicine on Twitter https://twitter.com @ama_media, @amapresident, @amaausmed, @AMAGenPractice

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC
MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491

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Don't waste time! Join now!

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Dear Doctors

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

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

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ABN 88 637 858 491

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Email Address: _____

2. Dr _____

(First Name) *(Surname)*

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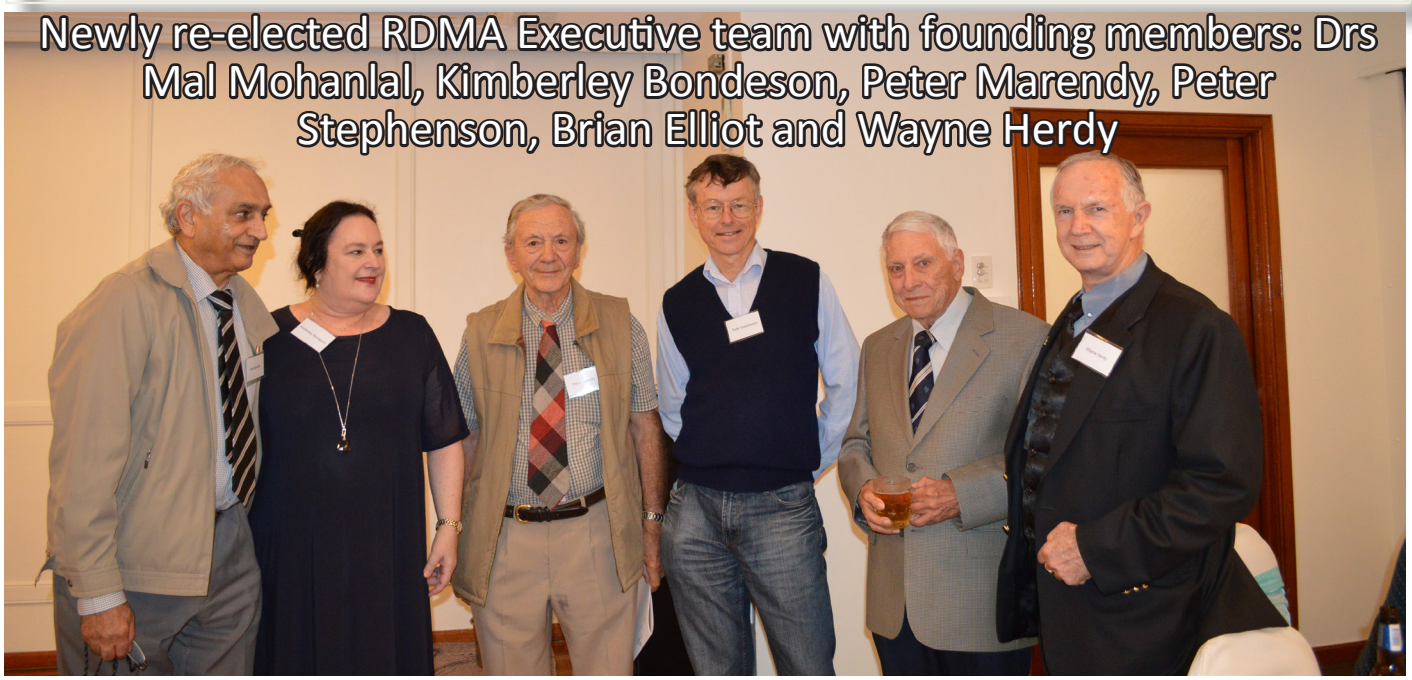
Where We Work and Live

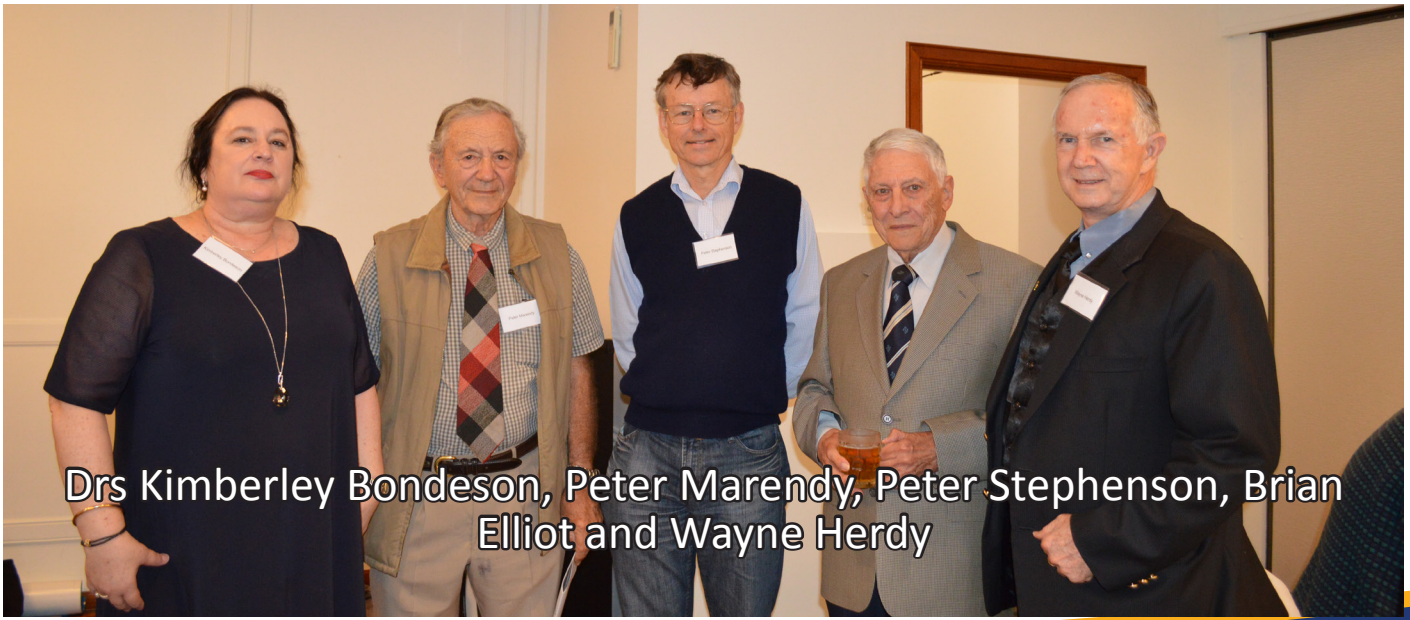
Founding Members for Redcliffe and District Local Medical Association (RDMA)



Newly re-elected RDMA Executive team with founding members: Drs Mal Mohanlal, Kimberley Bondeson, Peter Marendy, Peter Stephenson, Brian Elliot and Wayne Herdy

Drs Robert Hodge, Brian Elliot, Geoff Talbot,

Dr Matthew Keys, Darren Young and Cara Ceccato.



Drs Kimberley Bondeson, Peter Marendy, Peter Stephenson, Brian Elliot and Wayne Herdy