NEWSLETTER
August 2013

SCLMA President's Message .....
Dr Rob Ingham

It is an appropriate time to reflect on the last twelve months and speculate on the upcoming year, as our AGM approaches. I envisage handing over the presidency to Dr Di Minuskin at the AGM, unless there are nominations from the floor.

I would like to sincerely thank each member of the LMA committee. In particular, Di Minuskin has been very supportive as Vice President. Scott Masters has proved highly entertaining as meetings convenor. Marcel Knesl has excelled in the somewhat difficult role of LMA magazine editor. Jeremy Long has ensured we are well informed on issues pertaining to Nambour General Hospital and Peter Ruscoe as treasurer has kept the books balanced.

Presently I am expecting all current committee members to renominate, and Dr Byron Oram will also be joining the LMA committee. I feel it prudent to thank all previous LMA committees for their contributions to the successful organisation we all now enjoy.

It has been my aim in the preceding twelve months to improve communication and processes between various medical groups and the Nambour Hospital. I feel open and efficient communication is essential for the betterment of health outcomes and that the LMA is well situated to assist in this area.

The next twelve months will be interesting as the formation of the new Sunshine Coast University Hospital moves forward. Sippy Downs will be the site of a superclinic and one can only hope that the September elections bring about a more stable government.

There have been increasing concerns regarding the structure of the SCUH and its impact on medical services. We will be monitoring this situation closely and hope to present a management plan in the not too distant future.

I have enjoyed my tenure as LMA president and look forward to a continued participation in 2014. Lastly I would like to acknowledge the ongoing support and assistance of Sullivan & Nicolaides in delivering this monthly newsletter.

Rob Ingham
President, SCLMA

The Sunshine Coast Local Medical Association sincerely thanks Sullivan Nicolaides Pathology for the distribution of the monthly newsletter.

Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

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The Sunshine Coast Local Medical Association welcomes contributions from members, especially ***'Letters to the Editor".***

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SEPTEMBER NEWSLETTER

Deadline Date for August newsletter will be FRIDAY 13 SEPTEMBER.

The Editor would like the newsletter to reach all readers in the 3rd week of each month. So ... ALL reporters and advertisers - please help us achieve this challenge!

Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches approximately 800 recipients!

Contact Jo: 5479 3979
Mobile: 0407 037 112
Email: jobo@squirrel.com.au
Fax: 5479 3995

We welcome new content - case studies, local news and photos. If you are a new member, send in a short bio and a photo to introduce yourself.

ARE YOU A MEMBER?

If you are not a member please complete the application form available on the website:

www.sclma.com.au.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself
Enquiries: Jo Ph: 5479 3979 or 0407 037 112
Email: jobo@squirrel.com.au

2013

Current Membership subscription is HALF PRICE from July till the end of 2013.

Editor's Corner

The month of August has been dominated by politics.

As September the 7th approaches we will once again be able to express our freedom of opinion.

Australia is blessed with a transparent political system (bar the issuing of mining licences in NSW). We only have to look to Zimbabwe or Egypt to realise the freedom of expression that we take for granted in Australia. Our standard of living is amongst the highest in the world. Life expectancy now exceeds 80 years, infant mortality is very low, literacy is high and the majority of the population has access to running water and a flushing toilet. As a country we have achieved a lot. Maybe it's time that the politicians celebrated our achievements. So on September the 7th when you cast your vote take a minute to reflect on the achievements that surround us. And maybe also take a moment to reflect on the Wallaby Springbok game on September the 7th.

The French baguette for us is simply a piece of bread but for the French it's their life. Our family was once again privileged to be able to host a year 11 French student from Aurillac, Cantral province, France. During Clare's 3 weeks with us our household was once again drawn to the romance of France. My daughters would jabber away in broken French, my wife would draw on her school memories and I took on the art of French cuisine. We soon realised that the French are not really into Asian food. A noodle stir-fry was met with indifference but a Julia Child recipe of "Supremes de Volaille aux champignons" was met with delight and a plate cleaned out with a piece of baguette. By the way translated into English it reads as chicken breast with mushroom and cream. You tell me which one sounds better!

On the business front we thank Rob for steering the committee forward for that last 12 months and Di for nominating to take on the presidency for the next 12.

Clive thank you for your motoring column which always is very informative and this month celebrates its 10th year.

On the local restaurant Peter Kuruvita has opened a new restaurant, Noosa Beach House in the Sheraton. The style is classic beach elegance with wooden floors, white tablecloths and a simple but delightful menu:

Sri Lankan Snapper Curry ($38); Cape Grim Eye Fillet of Beef, Local King Prawns, Red Wine Butter ($40) to mention a few dishes.

So enjoy the read and keep safe till next time.

mknesl@oceaniaoncology.com

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 26 SEPTEMBER 2013

Speaker:	Dr Peter Georgius
Topic:	*'Spinal Cord Stimulator'*
Speakers:	Dr David Johnson Sean Campbell Danielle Keough
Topic:	*'Three month Intensive Back Rehabilitation Program*
Sponsor:	Boston Scientific
Venue:	**Maroochydore Surf Club**

THURSDAY 24 OCTOBER 2013

Sponsor:	Ipsen
Speaker:	Dr Stuart Collins, Urologist
Venue:	**Maroochydore Surf Club**

THURSDAY 28 NOVEMBER 2013

Sponsor:	Caloundra Private Hosp & nabhealth
Speaker:	Dr Doug Maclean, Orthopaedic Surgeon
Venue:	**Maroochydore Surf Club**

ENQUIRIES: Jo Bourke
Ph: 5479 3979 (M) 0407 037 112
Email: jobo@squirrel.com.au

Meeting attendance:

- ***Free for current members.***
- ***Non members: $30.***
- ***Application forms available on night.***
- ***Membership forms also available website:***

www.sclma.com.au

Dear Editor,

It is noteworthy that a recent MJA article (Med J Aust 2013; 198 (11): 612-615) put some facts back into the debate surrounding A&E patients and GP afterhours. Government health ministers have argued that GP superclinics may function in taking the burden off hospital A&E departments. They have postulated allowing easy access for GP type patients will decrease A&E overcrowding, especially afterhours.

The latest research firmly contradicts this postulate. It in fact shows that about 1 in 10 patients attending A&E may have been suitable for general practice. These patients account for 3-5% of overall stay time and a lesser proportion of staffing, cubicle use, etc. They are also more likely to attend during normal office hours other than after hours.

The authors conclude "After-hours GP clinics, super clinics and polyclinics may fill gaps in medical services but have minimal effects on ED attendances." Lets put a stop to the lie that policians may otherwise try to peddle

Regards

Scott Masters

SCLMA VICE PRESIDENT REPORT
Dr Di Minuskin

"You must be the change you want to see in the world"
Mahatma Gandhi

There is a wind of change blowing through the medical system on the Sunshine Coast. The announcement that expressions of interest are being sought for privatization of medical services at the Sunshine Coast University Hospital has certainly generated a response. This is a model that we are not familiar with, and that unfamiliarity has raised concerns. I believe that as doctors, who are at the coalface of medical care, we need to be vocal in the discussions and seek answers to the questions being raised.

Our role as advocates to ensure our patients have timely and affordable access to quality medical care has never been so important.

After discussions with my colleagues, there are topics that seem to be universally raised. Concerns surround those traditionally unprofitable areas such as ICUs and DEMs. Concerns regarding opportunities for teaching and research have a strong focus as well. We need to ensure that our young doctors and nurses are provided with the level of training needed to produce the high standard of graduates that we have had in the past. There is also concern about the interface between general practices and a private provider. Over the last 12 months a group of GPs representing all areas of the district have worked very hard to simplify referral processes and open channels of communication with Nambour Hospital. I thank Kevin Hegarty and his team for embracing this process, and much progress has been made. Will a private service provider continue to value the role GPs bring to the table? Concern regarding employment conditions and contracts are another common thread in the discussions.

Over the next few months it will become clearer which of these concerns are valid, as the decision is made whether none, some or all clinical and nonclinical services at the SCUH will be privatized. Whichever path is chosen, I would like to think that the SCLMA has a voice in the discussions. Horace Mann, a 19th century American educator said,

"Let us not be content to wait and see what happens, but give us the determination to make the right things happen"

I intend to nominate for the president's role for the next 12 months. There are some big shoes to fill and I hope that if I am successful, I will do justice to the position. I have been Rob Ingham's "apprentice" for the last 12 months, and am grateful for the opportunity of working with him. We hope to continue this working relationship with him stepping into the VP role. I suspect he wants a break from writing the dreaded monthly President's report! I have been lucky to serve on the committee for some years now, surrounded by a group of enthusiastic colleagues. The depth of experience on the committee is wonderful and if I find myself in the President's role, I will be seeking their support and advice.

Dr Di Minuskin

Vice President

SCLMA Management Committee 2012-2013.

Sunshine Coast Hospital and Health Service

NAMBOUR HOSPITAL

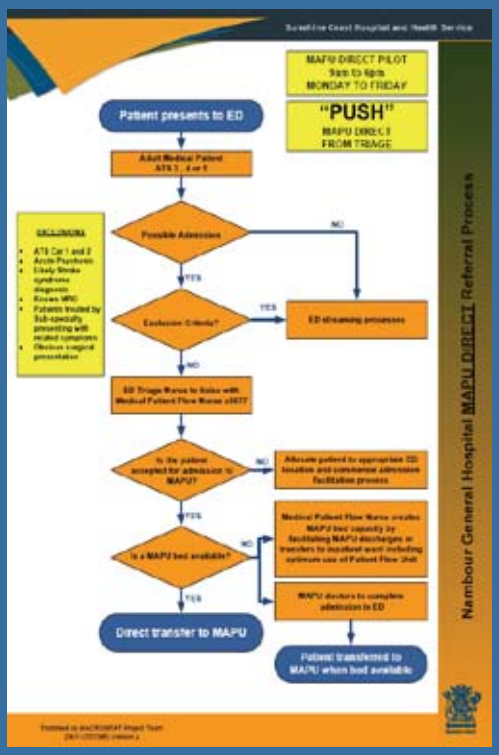
MACRO NEAT

Our aim is to improve patient flow and access to healthcare services through a targeted redesign process to achieve the National Emergency Access Target

MAPU Direct

Start date: 12 September 2012

The MAPU Direct initiative allows selected non urgent adult patients requiring medical admission to be referred directly from the Emergency Triage desk, or immediately following initial medical officer assessment, within the ED without waiting for a series of investigations and a definitive diagnosis. The majority of MAPU Direct patient's initial care is conducted in the area where they will receive their definitive care. Selected patients are those who are non-urgent, medically stable and who are unlikely to benefit from spending a prolonged period on the Emergency Department (ED).



All Patients % NEAT

- Dec 12 65%
- Nov 12 59%
- Oct 12 58%
- Sep 12 51%
- Aug 12 47%
- July 12 47%

SURGERY Direct

Start date: 18 October 2012

The Surgery Direct initiative targets stable adult surgical patients soon after their initial ED assessments who have a clinical diagnosis of appendicitis, cholecystitis, diverticulitis, bowel obstruction or pancreatitis. Following the commencement of supportive management (IV fluids, pain relief, and antibiotics) these patients are transferred from ED to a surgical assessment unit (SAU) where they receive surgical team review, necessary imaging and planning for definitive operative or non-operative care.

KIDZ Direct

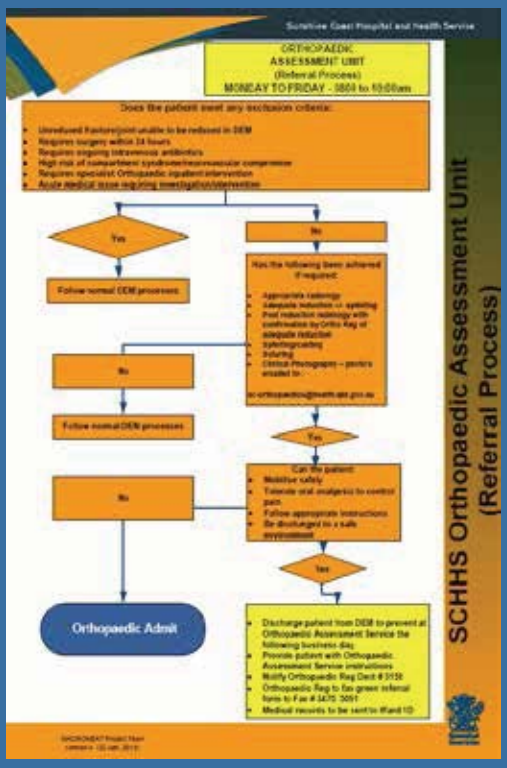
Start date: 14 January 2013

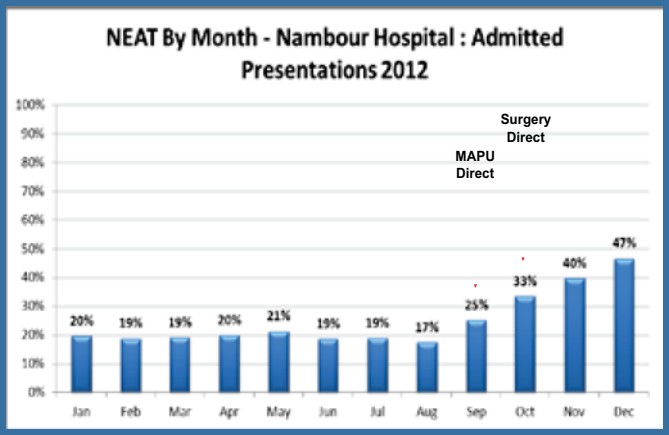
The KIDZ Direct initiative targets selected groups of paediatric patients who do not require prolonged ED assessment and can be managed and transferred safely and swiftly to their in-patient unit. Four specific ED admission protocols/pathways have been revised and reintroduced covering the clinical diagnoses of croup, asthma, head injury and gastroenteritis.

ORTHOPAEDIC Assessment Service

Start date: 7 January 2013

The Orthopaedic Assessment service targets selected groups of patients who do not require specialist inpatient treatment and can be safely referred, to return the following day for outpatient assessment and definitive treatment planning. Due to the nature of orthopaedic injuries the process is focused on patient safety and is not 'injury specific'.





Queensland Government

M. Baker, K. Bailey, Dr S. Priestley, E. Gordon, J. Selfe
22/1/2013 v3

HEALTH SERVICE LINK - AUGUST 2013
with Kevin Hegarty

After utilising this column over the last few months to share information on the Sunshine Coast University Hospital and associated issues, I'm keen for a change of focus in this issue.

The opportunity provided by the SCLMA at this month's Dinner Meeting to showcase clinical service initiatives at Nambour Hospital, sets the theme!

The four feature presentations are:
Dr Dawid Smalberger - new models of management in General Medicine;
Dr James Tunggal - new Orthopaedic modes of referral management;
Dr Tania Morris - new Persistent Pain Service;
Dr David Fowler - ATODS model and shared care with GPs reducing waiting lists.

The diverse areas covered, accurately evidence that innovation and service development is occurring across the Hospital and Health Service.

Although not featured at the meeting, there are a number of other innovations worthy of highlighting:

- The Nambour Hospital Short Low-intermediate Chest (SLIC) Pain Risk trial.
- Recent evidence suggests that a low-risk cohort for major adverse cardiac events at 30 days can be identified, and by using an accelerated diagnostic protocol the time spent in an emergency department can be potentially shortened.
- To test this concept in a routine clinical practice, Dr Terry George, Director Emergency Medicine, Nambour General Hospital, and colleagues has safely introduced a "Short Low-Intermediate Chest Pain' (SLIC) pathway. This has reduced Emergency Department length of stay with high patient acceptance.
- Over a seven month period, nearly 20% of patients, with undifferentiated chest pain, were identified as suitable for the SLIC protocol and could be discharged within National Emergency Access Targets (NEAT). Follow-up investigations were then conducted on an outpatient basis with no major adverse cardiac events, at 30 days, for this cohort of patients.
- Macro NEAT. I highlighted this initiative at the time of its commencement several months ago. Patients are now benefiting from the results of the various strategies that have been implemented. The following diagrammatical presentation best summarises the various elements of this multi faceted process.

In closing, I acknowledge that August marks the conclusion of the SCLMA year and the conduct of its Annual General Meeting. I therefore record my thanks and appreciation to Rob and his team for the collaborative partnership approach that has continued to be the essence of the interaction between our two organisations over the past 12 months.

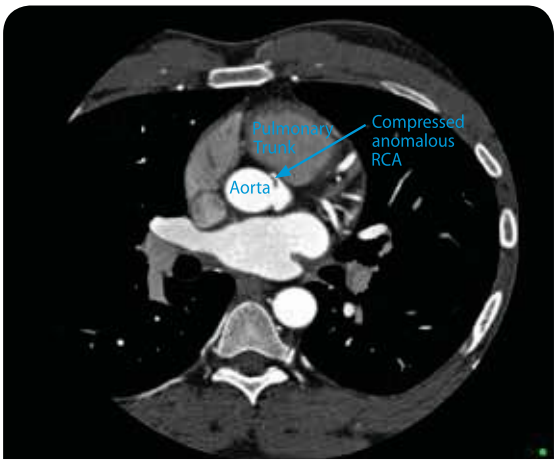
Kevin Hegarty
Health Service Chief Executive
Sunshine Coast Hospital and Health Service

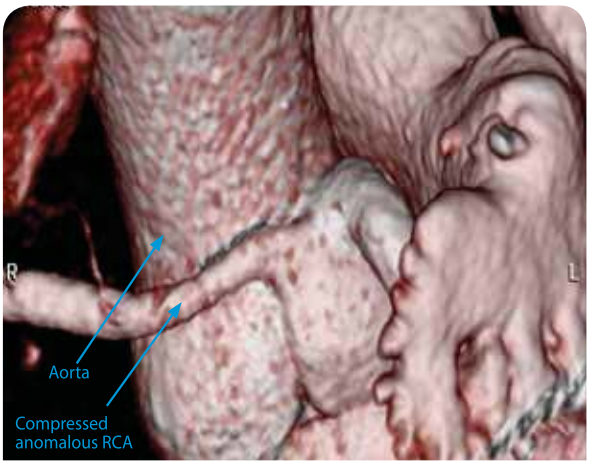
Kevin_Hegarty@health.qld.gov.au

CASE STUDY

46 year old man, with intermittent atypical chest pain on exertion.

Pacific Radiology





DIAGNOSIS: Malignant Aberrant Right Coronary Artery

FINDINGS: Selected images from a 64 Detector CT Coronary Angiogram demonstrate an aberrant course of the right coronary artery(RCA). The RCA is shown to arise from the left aortic sinus (of Valsalva), rather than its usual origin from the right aortic sinus. The proximal RCA therefore follows an interarterial course, where it is sandwiched between the aortic root and the pulmonary trunk. At its interarterial location, there is demonstrated to be approximately 50% vessel diameter narrowing. This patient has a right coronary dominant circulation.

DISCUSSION: Congenital anomalies of the coronary arteries, though uncommon, are an important cause of chest pain and in some cases can result in sudden cardiac death. Malignant anomalous right coronary, with an incidence of 0.03 – 0.17% of patients undergoing angiography, is a rare form of such a congenital anomaly. This incidence of sudden death with this anomaly is estimated at 25 – 40%, and is associated with exercise in half of reported cases. Various theories proposed for this association include slit-like ostium, acute angulation at the origin, and compression of the vessel between the aorta and pulmonary artery (as in this case). Exercise increases the diameter of both the aorta and the pulmonary trunk, worsening the compression. Treatment remains controversial, however due to significant haemo-dynamic consequences and propensity to cause sudden cardiac death, most of the literature advocates definite surgical revascularisation in all cases.

Multidetector CT (64 or greater) has an increasingly important role to play in evaluation of both the coronary arteries, and non-coronary cardiac anatomy. Catheter angiography is still considered the ‘gold standard’ for assessment of stenosis in coronary atherosclerotic disease (and has an added advantage with interventional capabilities). However, it can be inaccurate in the diagnosis of coronary artery anomalies. Difficulties with catheter engagement of the anomalous vessel can lead to the erroneous assumption that the vessel is occluded.

AMA QUEENSLAND - PRESIDENT'S REPORT
Dr Christian Rowan

Dear Members,

AMA Queensland welcomed the recent special broadcast by Health Minister Lawrence Springborg regarding the Auditor-General's recent report into Right of Private Practice (RoPP) billing processes.

As identified by the Auditor-General, the current system, which was intended to recoup funding by treating private patients in public hospitals, has been poorly managed and inefficiently administered over a period of many years.

The Government estimates that mismanagement of this system is costing the state approximately $80 million a year in lost revenue.

In Minister Springborg's own words,

> *"The audit office and the government agree—this is a problem with a broken system, NOT with our doctors.*
>
> *"To address this broken system—and in line with the government's 'Blueprint for better healthcare'—performance-based contracts for senior clinicians will be implemented which reflect the dynamic and changing workplace and value the innovative role they play."*
>
> *"Let me be clear. Current private practice arrangements will remain until 30 June 2014, unless a new contract arrangement is agreed with individual doctors before then."*
>
> *"Queensland Health will NOT seek to recover from any doctor, any part of their current allowance that has already been received."*
>
> *"Our health services are held in high regard by all Queenslanders. Senior medical officers deserve their high standing and I applaud the enormous value and professional excellence they deliver every day."*

AMA Queensland is pleased that the Government has clarified their position, and in doing so, acknowledged the concerns put forward on behalf of our salaried members.

We will continue to work closely with the Department of Health to ensure any new arrangements are consultative and well-communicated. Any members with concerns about their individual circumstances should contact our Workplace Relations team on 3872 2222.

The next few weeks will be largely dominated by the upcoming Federal Election as Australia finally heads to the polls on 7 September. Hopefully this election will deliver a decisive result and a policy agenda for the next three years. The last few years of political instability have allowed health to be overshadowed by other issues such as the economy and immigration.

Regardless of the election outcome, AMA Queensland, alongside our Federal colleagues, will keep pushing to make health a top priority for any incoming government.

Sincerely,

Dr Christian Rowan

AMA Queensland President

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

With the Federal election campaign at its halfway point, it is clear and regrettable that health has taken a minor place in the debate.

The ALP has announced little that is new.

The Greens have espoused a rural mental health plan, a nice token but no more.

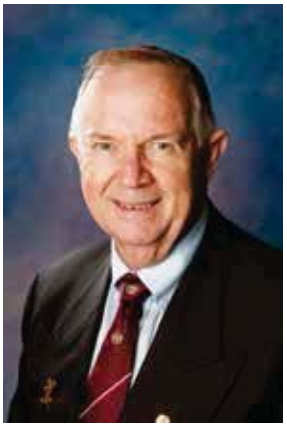
The coalition has declared that there will be a contrast in health policies, but Peter Dutton has revealed no details of what he hopes we will find new and exciting.

While the whole community nourishes a gut feeling that we are heading towards another global meltdown, the economy and job security looms highest in the voters' minds. Policies and procedures around asylum-seekers runs high in the agenda of the popular press. Faced with such stiff competition for attention, health has little chance.

I always argue that there are three black holes in health funding – aged care, mental health, and indigenous health - it makes no obvious difference now matter how much money is thrown at those three ever-increasing voids, nor does any other nation in the world have a real answer to the problems of those three populations. Better to label health as too hard and concentrate on the problems that appear to have potential solutions.

The outcome so far is that this is the most personality-driven election that Australia has ever seen, a phenomenon that is usually labelled as "presidential".

A health sideshow is looming with the recent publication by Choice magazine of opinions surrounding generic medications. This is never going to be an election-winner, but has attracted some public debate. The competing interests are complex. Pharmacists are clearly profit-driven, and one cannot deny that business operators and health professionals (I am never sure where to park community pharmacies) have a right to make a profit and earn a living commensurate with their risks and skills outlaid, but doctors do resent the way that they have seized the generic-medicine golden goose with such glee. Patients are entitled to effective and safe medicines at a reasonable out-of-pocket cost.



The principal purchaser, the government via the PBS, is entitled to a fair price and a product that actually works.

The pharmaceutical companies are entitled to a fair reward for the risks involved with genuine medical research, a field that is at the rather thin end of the diminishing-returns rule.

What concerns doctors most is the rapidly burgeoning number of generics and the increasing frequency of substitutions that massively increase the risk of adverse events. Somewhere in the midst of this maze is a sensible answer, a compromise that unfortunately will ultimately be dictated by cost to the taxpayer. The task facing the medical profession, ideally hand in glove with the pharmacy profession, is to ensure that the compromise is one that is evidence based (had to put that in somewhere) and, above all, safe. Our priority is patient safety.

The opinions expressed herein are those of your correspondent

Wayne Herdy.

Hot off the press .....

> *On the evening of 20th August, the Queensland government passed the Health Ombudsman Bill. It is only a matter of few formalities (ie royal assent) and Queensland will have a new health enquiry system based on the Health Ombudsman instead of the Medical Board. The medical profession has lost its dominant role in determining the hearing of health complaints.*

Wayne Herdy

North Coast Branch Councillor,

AMA Queensland

FOCUS HEALTH NETWORK - UPDATE

GP Liaison Clinical Support – Dani Causer

It is great to be a part of those steering towards a smooth operation of communication from the Sunshine Coast Hospital and Health Service and to strengthen the working relationship between general practice and the public hospitals. The current understanding around the opportunity for obtaining recurrent funding for the GPLO positions will depend on completion of the work plans and achievement of the KPIs. These KPIs have been negotiated between SCHHS and FHN and are now bedded down and ready to be submitted to Clinical Access and Redesign Unit as is Queensland Health's policy.

First up, FHN is moving! We are relocating at the end of August to 127-131 Horton Parade, Maroochydore (the ANZ building). All other contact details will remain the same.

I assisted with a recent audit of referrals coming into various OPD departments against the Referral Work-Up Guide for General Practitioners. This highlighted areas that need addressing from both ends. I will be meeting with key department executives at SCHHS to discuss how we can make this more effective for all involved. Also, for your convenience, Referral information to SCHHS SOPD is located on our website (www.fhn.org.au).

A new 'focus' for Focus Health Network. We understand that GPs are incredibly time poor (aren't we all) so FHN targeted practice nurses and managers [to paraphrase the 90s girl band The Spice Girls] and ask the question "tell me what you want, what you really, really want". With 50 attendees, FHN staff highlighted its continuing innovative work as well as gaining insight into what is missing in *GP-land*.

FHN is facilitating a workshop showcasing a new model of care: Taking An Holistic Approach to Pain Management. Formerly titled "50 Shades of Pain", you will have received a flyer with its new and *more user friendly* title **"Challenges of Pain".** This free workshop is to be held at **The Novotel Twin Waters Saturday, August 31, 2013.** For more information go to our website: www.fhn.org.au

You may be aware, through an increase in media attention that HIV diagnosis rates have been on the increase in Queensland for the past ten years. Locally, there are approximately 400 patients living with HIV and only 68% per cent of HIV positive men in the state are in fact gay men. A 2007 study highlighted that although 71% of men had health checks with their GP, only 15% were in fact tested for HIV and STIs.

HIV is a chronic manageable illness like all other chronic conditions. Most, if not all, HIV-infected patients will benefit from having a clinician who, in addition to understanding HIV, manages common comorbidities, coordinates treatment and ensures that prevention and health maintenance are addressed[1]. Treatment success with antiretroviral medication means a growing number of people with HIV are reaching an older age[2]. With current trends, by 2020, 44% of Australia's HIV population will be aged >55. HIV can increase the prevalence as well as induce earlier onset of other chronic conditions. With this in mind, patients with HIV may also be dealing with other chronic conditions. This is where GP & HIV meet. Using a shared care approach (and the GPMP as a tool) you, the GP, can work with the patient to achieve their health goals. Focus Health Network in conjunction with ViiV Healthcare and Queensland Health's Clinic 87 offer you a workshop to provide the skills and knowledge to create a shared care approach for the HIV patient. This free **"HIV & the GP" workshop** is specifically for GPs. It will be held at **Ebb waterfront restaurant September 18th from 6.30pm**. You should have received a flyer by fax and email. If you missed out, please let me know and I can send you another one.

My aim as GPLO Clinical Support is to ensure appropriate access to health care for patients. So, if you have a spare 30 mins over lunch break or just a casual coffee, I would love to come and talk to you to for you to fill me in on what works well and what needs tweaking.

Phone: 5456 8888
Email: DCauser@fhn.org.au

[1] *CHU C & SELWYN PA, An epidemic in evolution: the need for new models of HIV care in the chronic disease era. J Urbon Health 2011; 88: 556-66.*

[2] *NAPWA and NCHECR. Mapping HIV outcomes: geographical and clinical forecasts of numbers of people living with HIV in Australia. 2010 report.*

SCHHS 'SCALPEL PROJECT': ELECTIVE SURGERY WAITING LIST MANAGEMENT

The SCHHS is participating in a statewide Queensland Health project titled 'Scalpel', which is focused on 'Elective Surgery Waiting List Management', achievement of the National Elective Surgery Targets (NEST) and forward planning for surgical services delivery.

The SCHHS has recently undertaken several process redesign projects which have impacted on the management of elective surgery processes, particularly at NGH. Consequently, the Scalpel Project is specifically reviewing the work-streams of standardised categorisation and post-surgical review.

The clinicians and staff of the SCHHS Surgical Services and Specialist Outpatients Department are very appreciative of the ongoing support for management of surgical patients throughout the medical community, across a wide range of general practice, surgical and medical services.

The 'Scalpel' project team are actively seeking to engage health professionals who are stakeholders in the management of elective surgery patients throughout the SCHHS. Current aspects of the review for which suggestions, comments and contributions are welcome include: optimising waiting lists for SOPD appointments, throughput of patients in the surgical SOPD, and ensuring post-op follow-up of surgical patients is undertaken in the most clinically appropriate place in the first instance.

Further information:
Suzie Ryan
suzanne_ryan@health.qld.gov.au
5470 5492
0428 735 121

Pre-implantation Genetic Diagnosis (PGD)

Recently two healthy infants have been delivered within days of each other following advanced genetic testing performed on embryos - under the care of Dr Paul Stokes at Coastal IVF, Maroochydore.

Coastal IVF (CIVF) has provided pre-implantation genetic testing on the Sunshine Coast since 2002. This level of advanced embryological services can be provided because of the facilities at CIVF and the unique experience of the Scientific Director, Peter Jackson - with clinical embryology experience dating from 1984.

These 2 patients each carried rare genetic defects affecting offspring

- hypo-kalaemic periodic paralysis (a single gene defect)
- spinal muscular atrophy type 3 (autosomal recessive condition).

The patients underwent IVF cycles with ICSI (intra-cytoplasmic sperm injection), blastocyst culture, embryo biopsy and polymerase chain reaction (PCR) diagnostic testing prior to embryo transfer and subsequent normal pregnancies.

For patients on the PGD program, pre-cycle work-up is sometimes required before the index treatment cycle (according to the particular diagnosis) to identify a specific gene locus, to develop a marker for the indicated procedure or to study other family members. Embryo biopsy is performed on Day 3 embryos at the 8-cell stage. Single cells are isolated under strict conditions to avoid any exogenous DNA contamination, fixed and transported overnight on dry ice to the diagnostic laboratory.

CIVF has provided a wide range of diagnostic testing with embryo biopsy:

- Chromosome studies including FISH analysis (fluorescence in-situ hybridization)
    - routine aneuploidy screening - 13, 18, 21 and the sex chromosomes or
    - translocation defects.
- Comparative genomic hybridization (CGH)
- array CGH - whole genome assessment (including translocations)
- single gene defect (PCR),
- single nucleotide polymorphism (SNP).

Coastal IVF has accessed the laboratories at S&N Brisbane for FISH analysis and Melbourne IVF for the more comprehensive testing available now by array CGH and PCR. Results usually take 1-2 working days. While the embryo diagnostic process is performed, embryos are cultured in the CIVF laboratory to the blastocyst stage (Day 5-6) prior to transfer of unaffected embryos.

Pre-implantation Genetic Diagnosis (PGD) / cont:

Previous patients who have been successfully managed by CIVF by PGD had embryo biopsies for

- translocation defects,
- sex-linked conditions,
- age related aneuploidy and
- male factor autosomal translocations.

Elective sex selection is no longer available. In 2004 revision of the guidelines precluded "social sex-selection". Sex selection is now restricted to identification of embryos effected with sex –linked inherited defects.

Coastal IVF has provided infertility services to the Sunshine Coast since 1996 – services range from minor to complex.

It is reassuring to patients that following a thorough infertility work-up, over 50% of pregnancies at CIVF are achieved with fertility managements which avoid unnecessary IVF. Management is always under the direct supervision of a medical infertility specialist – with co-operative involvement of clinician, nurse, embryologist and counsellor all present in the one location to ensure continuity of care for all patients.

MEDICAL MOTORING

with Doctor Clive Fraser

Buying a "new" car?

How "new' is "new"?

This column marks my tenth anniversary as AMA motoring writer.

Over the years I've received just as many brickbats as bouquets and one learns to firm up and not shy away from telling it like it is.

I have noticed that doctors who disagree with what I've written may even accuse me of not even driving their beloved model.

By way of example I thought I'd accurately described that holding onto the steering wheel in a previous Mercedes model was like dancing with a fat lady, but a colleague thought I'd gone too far with that analogy.

Just for the record, I did drive the car, and I have danced with a fat lady!

And for those that do disagree there has always been the option of a letter to the editor.

One of my IMG colleagues aptly pointed out to me that was exactly why he chose to live in Australia, because it is a country of free speech, at least outside of Queensland and if the Murdoch-owned press agree with your views.

So at the risk of offending a whole nation of car dealers, I'm going to spill the beans on what it means to buy a not so new, "new" car.

A doctor called me last week and asked me to take a close look at a new 1.6 litre turbo-diesel Volvo C30 that he'd found at a great price on the internet.

The RRP for that vehicle is currently $36,990 + ORC.

Whilst it was listed at $28,990 drive-away on the internet, the dealership had $29,990 on the windscreen so there already looked like there'd be some room for negotiation.

My colleague was particularly asking that I check the build date on the car's body.

On closer inspection it seemed that this particular vehicle left the Belgian production line in February 2012.

By my calculations that made it 18 months old, and not so new after all.

On the inside I wasn't greeted by that new car smell one comes to expect and there was a lot of dusty debris inside which I'm sure would have been removed at pre-delivery.

Under the bonnet there was more debris indicative that the vehicle had spent its whole life outside and in the harsh sun-light.

Not so good if you're fortunate enough to have undercover parking for your own car.

There was also a lot of corrosion on all the alloy bits under the bonnet some of which I'm sure would wipe off, but some of which was pitting the surfaces.

And whilst the dealership would insist that the engine oil should be changed every 12 months regardless of how many kilometres travelled to maintain the warranty, I would be surprised if this vehicle had already had a service.

So is a discount of about 28% off the RRP too good to pass by on an 18 month old "new" car that has only done 68 kilometres.

My colleague wasn't sure.

He offered the dealership $26,000 (cash, no trade).

The salesman feigned indignation and said they wouldn't go lower than $28,000.

My colleague walked.

Just as well, because the next day he bought a new and some would argue better 2.0 litre turbo-diesel Opel Astra for $21,700 drive-away.

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

Welcome to Maroochydore's advanced imaging and medical diagnostic centre

Pacific Radiology is delighted to announce that our new neighbour in Maroochydore is the Sunshine Coast's newest state of the art advanced nuclear medicine imaging facility.

This is a second Lakeview Imaging site, owned and operated by Dr Andrew Paszkowski. Andrew is a well-known and respected local nuclear medicine physician, who currently operates one other site on the Coast in Warana.

The new facility opens late July next to our Maroochydore rooms with internal connections between the two practices.

The end result is Maroochydore's newest advanced imaging and medical diagnostic centre, comprising of:

- **SULLIVAN NICOLAIDES PATHOLOGY**
- **LAKEVIEW IMAGING NUCLEAR MEDICINE** (offering the Coast's newest state of the art SPECT-CT system)
- **PACIFIC RADIOLOGY** (offering Maroochydore's only 64 slice CT scanner and wide bore MRI)

With the newest state of the art equipment and dedicated local specialists, you can rest assured your patients are extremely well catered for in terms of any diagnostic testing required.

Dr Paszkowski offers all general nuclear medicine studies, as well as exercise ECG testing. To make things simpler for our referring doctors, we now include nuclear medicine studies on our referral forms – you can use either our Pacific Radiology request forms or Lakeview Imaging's request forms to refer your patients for nuclear medicine studies. It is anticipated that those of you who use our online image viewer (Inteleviewer/Inteleconnect portal) will be able to directly view Lakeview Imaging's nuclear studies via the same system.

Oceania Oncology Sunshine Coast Specialist Oncology Dietitian

After working with the Oceania Oncology Sunshine Coast (OOSC) Radiation Oncologists in the Cancer Care department at Nambour Hospital for the last few years and being asked 'we need a dietitian, when are you coming to work for us?' each week I decided to make the move in January 2013.

The transition to working in the private sector as an oncology dietitian has been enlightening and especially rewarding. I work with a team of professional, compassionate and efficient staff who appreciate the value of having a dedicated dietitian on site and the importance of nutrition support in the provision of holistic patient care – a crucial service which is sometimes neglected in private cancer care settings.

With 25-50% of patients presenting with compromised nutritional status prior to treatment, which often worsens with multi-modality therapies, establishing a proactive dietetic service at OOSC was critical. Malnutrition is also an important adverse prognostic indicator for high risk patients with head and neck cancer at the time of diagnosis and for eventual treatment outcomes. This is particularly relevant given that a large proportion of patients currently receive combined treatment and malnutrition is often under-recognised and under-diagnosed.

The last 7 months of my work has involved establishing a niche service for private patients having radiation treatment and/or surgery and chemotherapy on the Sunshine Coast. All patients at OOSC commencing treatment are now screened for malnutrition and referred to the dietitian if they are having concurrent treatment or receiving radiation to the head and neck, oesophageal, or gastrointestinal area. This is in line with current best practice guidelines, which were recently revised and published in the Nutrition and Dietetics journal earlier this year (Isenring et al 2013).

Other patients at risk are identified using a nutritional screening tool, which has been validated in patients receiving radiation therapy (e.g. Malnutrition Screening Tool). Patients are assessed using validated nutrition assessment tools – the Patient Generated Subjective Global Assessment (PGSGA) and Subjective Global Assessment (SGA) which can be later used to determine the incidence of malnutrition among patients presenting to a regional radiation facility on the Sunshine Coast; novel data that has not been reported to date.

Each day, I am reminded that even the smallest suggestion made to a patient with cancer can make a huge difference to their symptoms, quality of life, and ability to eat or drink safely. Answering basic questions such as 'what should I be eating during treatment?', 'what supplements should I be taking?', 'should I be juicing every day?', 'I have oestrogen receptor positive breast cancer, can I eat soy foods?' can allay the greatest fears in many patients and their families while also saving time for treating doctors who are often asked the very same questions. Similarly, early identification of patients requiring prophylactic enteral nutrition support can have marked benefits to a patients' ability to maintain their weight and nutritional status during treatment.

The media plays a huge role in perpetuating myths about nutrition, praising and critiquing food day in day out. We all eat – so everyone has an opinion and everyone is an 'expert'. Marketing sometimes trumps science unfortunately and the 10 second media grab can often have a lot more impact than a paper that has taken lots of blood, sweat and years to publish!

The bottom line. Any oncology patient can be referred to the dietetic clinic at OOSC. The radiation oncologists can also initiate a Chronic Disease Management Plan through GPs to enable patients to claim the service through Medicare or DVA. The clinic is currently run on a Wednesday and where possible, appointments are accommodated with patient treatment schedules.

I am happy to take calls at any time to discuss the service (and arrange an early morning ride)!

Tanya King, APD, AN
BSc Hons (Sport & Exer), MSc (Nutr & Diet)

Isenring et al 2013 'Updated evidence-based practice guidelines for the nutritional management of patients receiving radiation therapy and/or chemotherapy,' Nutrition and Dietetics, online 29 Jan 2013

AMADIO WINES .....

dr. plonk

Like many grape growers and wine makers in South Australia, their roots can be traced back to the "Old Boot" in the Mediterranean. These Italian pioneers helped shape primary produce in Australia and it is to Mr Giovanni Amadio that I thank for making that journey to Australia and having the foresight to grow grapes.

Mr Amadio arrived in 1927 with his wife and son joining him 2 years later. Like many Italians, home-made wine was an essential way of life. His neighbors enjoyed this lighter Med style and soon commercial production occurred with fruit from leased vineyards. He registered the name "Dry Table Wine" in a sea of heavy fortified sweet wines made in Australia.

His son Gaetano Amadio, a builder by trade, felt the pull of the vine and set up large grape growing area in the Adelaide Hills at Gumeracha in 1987. Further in 1997 Amadio Vineyards Kersbrook in SA was established over 300 acres of vineyards . These vineyards not only supply for Amadio many other Australian iconic brands winemakers.

The Grand Son Danniel whose fingernails were smitten with the fertile soil of the Adelaide hills decided that this yearning for the grape was even stronger than before and set about defining his own label under the well-respected family name: AMADIO Wines.

The enthusiastic team is backed up by his wife, who handles the bookwork whilst Danniel is free to create and guide his vinous journey. My attention to the wines was focused by the many varietals grown. Plenty of the well- known grapes such as Shiraz, Cabernet Sauvignon, Merlot, Grenache, Sauvignon Blanc and Chardonnay are grown, but the heritage driven Italian varietals such as Sangiovese, Nebiollo, Pinot Grigio, Lagrain, Barbera and Arneis are the curious standouts. The shooting stars of this later group include Sagrantino and Aglianico.

The driving force from Danniel is evident with 75% of production being exported. He has been nominated for many business and entrepreneur awards. The use of the Italian varieties is not necessary a sentimental family journey but reflects a keen sense of new directions on what punters want to consume.

Wines tasted ...

2011 Adelaide Hills Pinot Grigio- Pale yellow with tinges of green. The nose is a basket of honeyed stone fruits, lime and hints of straw and minerality. The Palate is on the Gris side of this style, meaning a full mouth feel and slight sweetness but balanced by some abundant natural acids. Have with a green Mango and scallop Asian Salad.

2007 D3/V14 Adelaide Hills Merlot- The code is the specific Merlot clone used by the Family vineyard. The wine is getting the touches of brown on the background of a deep garnet color. The nose is a maturing raft of red plums, spices, and prunes. The secondary tobacco and twig essences are equally satisfying. The palate washes over the anterior and mid sections with integrated fruit tannin and acid structure. In a blind tasting it smacks of a Shiraz with some Cabernet elements. A truly great Australian Merlot that sits well with an old fashioned rare roast beef. Drink now as already 6 years old but will cellar for another 5 years.

2011 Adelaide Hills Aglianico- this Southern Italian grape has found a new home. It has a bright garnet hue with a depth of color. The nose has cherry and spiced raspberries notes. The aromas do change over time and become more intense on the darker fruit range and background hits of earthy twiggy aromas. Whilst juicy in its palate, the acidity is intense but balanced. I liked this with my duck ragout pasta and whilst enjoyed in its youth will be a fascinating wine in 3-5 years

2011 Adelaide hills Sagratino- another Sothern Italian Cousin. Similar colors to the above wine that looks lively. The nose is a little more on the stewed fruits of winter berries into the deeper brooding plum range. The palate is mid weighted but has an anterior juicy burst of quality fruits with some acid and structured tannins. I had with a rare steak and horseradish sauce. Cellar for 3-5 years. Very enjoyable wine on many levels.

Dr Plonk

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 27 JUNE 2013
Ebb Waterfront and Dining Restaurant
MINUTES
(confirmed at Committee meeting 25 July 2013)

Attendance: Drs Rob Ingham, Mason Stevenson, Peter Ruscoe, Nigel Sommerfeld, Denise Ladwig, Kirsten Hoyle, Di Minuskin, Scott Phipps and Scott Masters.
Apologies: Drs Jeremy Long, Marcel Knesl, Wayne Herdy.

Minutes of last meeting: 23 May 2013.
The Minutes were accepted.
Moved: Rob Ingham. Seconded: Di Minuskin. Carried.

Business arising from Minutes: Nil

President's Report: Dr Rob Ingham
- Elections will be held at the August meeting with all positions declared vacant. Scott Masters to announce at this meeting. Nomination form to be published in the July newsletter and available at the July meeting.
- Rob reported on a successful OPD meeting at NGH with Peter Hollett and Dr Ratna Aseervatham

Vice President's Report: Dr Di Minuskin: No Report due to time constraints

Secretary's Report: Dr Wayne Herdy - apology

Correspondence In:
- AMAQ Insurance – Business Insurance Policy Confirmation

Correspondence Out:
- Mediprotect – cancelling Health Professional Plus Policy.

Business arising from Correspondence: Nil

Treasurer's Report: Dr Peter Ruscoe
a) Accounts to be paid:
- Australia Post – Account May 13
- Office National – Account May 13
- Jo Bourke – Secretariat May 13
- Snap Printing – June 2013 invites
- Snap Printing - June 2013 newsletter
- Jo Bourke – June 2013 newsletter
- ASAP Entertainment – Christmas Function
- Novotel Twin Waters – 2nd payment Christmas Function
- Novotel Twin Waters – 3rd payment Christmas Function
- Carol Hawkins – Account May-June 2013
- C Bourke – website updates
- AMAQ Business Insurance Policy

The Treasurer, Peter Ruscoe moved that the accounts be approved for payment.
Seconded: Mason Stevenson. Carried.

(b) Membership Report.
- Dr Sarah Ip (Anaethesia, NGH)
- Dr Caroline Hughes (Paediatrics, Caboolture Hospital)

The applications for membership were accepted.
Moved: Peter Ruscoe. Seconded: Denise Ladwig.
Carried.

AMAQ Councillor's Report: Dr Wayne Herdy - apology

Meetings Convenor Report: Dr Scott Masters
- Meetings are planned for the rest of the year with some fine-tuning needed.

Focus Health Network Report: Dr Scott Phipps
- Scott reported that the Mental Health program previously known as Focus will close on 23 July 2013.
- Medicare Local (Maroochydore) will take over this program using Artius Health and Employment Services.

Hospital Liaison Report: Dr Jeremy Long – apology (via email - no hospital update, as we await government decision on the fate of the university hospital)..

General Business: Nil

Meeting Close: 7.15

Next Meeting: Thursday 25 July, Maroochydore Surf Club.

Jo Bourke (Secretariat)

PLEASE NOTE:

ADVERTISING GUIDELINES:

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

> Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"
>
> Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"
>
> Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Will your assets go where you want them to?

No one likes thinking about either their Will or the impact of their death even though death and taxes are said to be the two certain things in life. Succession, retirement and estate planning are critical issues for many SME businesses as baby boomer parents transition to retirement.

Talking about succession well ahead of retirement is probably the best thing you can do to avoid family conflicts and to make sure your family wealth ultimately ends up where you want it to.

Case Study

A few years ago Frank and Joan passed away and did not discuss the contents of their Will. The Will provided for each of their 4 children to share equally in the business ownership upon their death. Due to a recent relationship breakdown within the family, a large part of the business had to be sold leaving an uncertain future for Frank and Joan's business.

How do you decide who gets what?

There are no set rules for family succession, retirement and estate planning. Taking a proactive approach can, however, minimise the potential for family conflicts. A proactive approach allows you to communicate your succession and retirement plans to all family members whilst you are in control of the family situation (i.e. prior to your death).

Pre Will

Resolving family succession before death:

For:	Reduces potential family conflict. Successors have a clear understanding of their entitlement and can plan accordingly.
Against:	Requires action.

Post Will

Resolving family succession after death:

For:	Easy for owners (parents) to implement (doesn't require any action before death).
Against:	High degree of uncertainty for successors. High degree of risk if outcomes are not favourable.

To make an informed decision it is advisable to start by assessing your estate planning situation:

1. Will there be sufficient assets in your estate to provide for your children?
2. Will sufficient funds be available to sustain the business should you die or you are unable to complete normal duties?
3. Will your share of the business go where you want it to?
4. Have loan accounts that you have with the business been considered as part of your estate plan?
5. Have all significant loans been appropriately documented?
6. Do you intend forgiving any personal or commercial debts owed to you by family members?
7. Do you have a valid Will and an enduring power of attorney?

Independent Advice

Due the complex nature of some of these issues, it is important to allow as much time as possible for their consideration and, if possible, to arrange independent support and advice prior to making your decision. Solicitors, Accountants, Banks and Financial Planners now have access to Materials, Tools and Programs that are making it easier for families to transition their family wealth.

Please contact Don Poole if you would like to discuss the matter further on **07 5437 9900.**

Article supplied by Bstar's "award winning" Business Life Planning Program.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084

MEMBERSHIP APPLICATION

Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: jobo@squirrel.com.au

NAME	**Surname:**	**First Name:**
	EMAIL:	
PRACTICE ADDRESS: This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
PLEASE NOTE:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
2. NAME:	**Signature:**	

ANNUAL SUBSCRIPTION (GST included):	**(Please tick)**	**DELIVERY OPTIONS**
Full-time ordinary members - GP and Specialist	$ 55.00	**Your Monthly Invitation**
Doctor spouse of full-time ordinary member	$ 22.00	By Email?
Absentee or non-resident doctors	$ 22.00	By Courier?
Part-time ordinary members (less than 10 hours per week)	$ 22.00	By Post?
Non-practising ordinary members, under 60 years old	$ 22.00	**Your Monthly Newsletter**
Residents & Doctors in Training	Free	By Email?
Non-practising ordinary members, over 60 years old	Free	By Courier?
Patron and honorary members	Free	By Post?

Payment can be made by cheque payable to SCLMA or by direct debit to the

SCLMA Westpac Account. **BSB: 034-243 ACCOUNT NUMBER: 11-9298**

A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

Please return this form with your cheque OR details of your E.F.T. to:

SCLMA PO BOX 549 COTTON TREE 4558

Please note*: Membership applications will be considered at the next Management Committee meeting.*

The Sunshine Coast Local Medical Association has Public Liability Insurance

AMA QUEENSLAND MEDICO-LEGAL CONFERENCE 26 OCT

The AMA Queensland Medico-Legal Conference has been designed and developed in conjunction with the AMA Queensland Ethics and Medico-Legal Committee.

The program will equip delegates with:

- A timely understanding of how the new health complaints management process in Queensland will work.
- The key findings in health care related cases as presented by the Deputy Coroner, Christine Clements and what can be learned and implemented in practice to improve patient safety and quality in health care.
- A greater awareness of the risks with the rise of e-health, tablet computing and social media in practice and how they can be better navigated.
- The latest research from QUT's Faculty of Law on doctors' legal knowledge on end of life care/capacity issues, where the gaps in this knowledge lie and how they can be addressed.
- An overview of the latest legal case updates in relation to medical negligence and key take-aways for the profession.
- Knowledge on the key risks in general practice and how these can be minimised through correct procedures and protocols along with insurance.

LOCATION

Hunstanton, AMA Queensland
88 L'Estrange Terrace, Kelvin Grove

REGISTRATION PRICE (INC GST)

$150	Doctor in Training Rate (Years 1 – 5)
$250	Member Early-Bird Rate Available until Friday 20 September
$300	Member Standard Rate
$600	Non-Member Rate

PROUDLY SPONSORED BY:

TressCox LAWYERS

AMA QUEENSLAND INSURANCE SOLUTIONS

MDA National

RACGP ACCREDITATION

RACGP Accreditation for an Active Learning Module (Category 1, 40 points) has been applied for. Upon approval by RACGP, GP delegates will be advised of points available and further details including pre-disposing and reinforcing activities.

For any enquiries about accreditation in the meantime, please email Holly Bretherton, General Manager, Member Relations h.bretherton@amaq.com.au

RACMA ACCREDITATION

Accreditation through the Royal Australasian College of Medical Administrators has been applied for. Upon approval by RACMA, delegates will be advised of points available. For any enquiries about accreditation in the meantime, please email Holly Bretherton, General Manager, Member Relations h.bretherton@amaq.com.au.

SOLICITORS AND BARRISTERS CPD POINTS

Solicitors can claim one point per hour for attending this conference, as long as the content is relevant to your area of practice and level of expertise (please contact the Queensland Law Society for further information on Solicitors' CPD).

Barristers please note that CPD points have been approved by the Bar Association of Queensland as follows:

- 1 CPD point per hour of attendance
- 3 CPD points per hour of presentation or pro rata
- Strand- non-allocated
- Accreditation code: AMAQ131026

PROGRAM

AMA QUEENSLAND

9.00am - 9.05am — **Introduction by the Chair**

Katharine Philp *Partner, TressCox Lawyers*

9.05am - 9.10am — **Presidential Welcome**

Dr Christian Rowan *President, AMA Queensland*

9.10am - 9.50am — **The Anatomy of the New Health Complaints System in Queensland**

- The role and powers of the Health Ombudsman
- How will the complaints process be managed?
- Right of appeal available for doctors who have a complaint made against them
- Checks and balances in place to ensure a fair and transparent system

Dr Michael Cleary *Deputy Director General, Health Services and Clinical Innovation Division, Department of Health*

9.50am - 10.30am — **Panel Discussion and Response**

Dr Christian Rowan President, AMA Queensland;
Dr Michael Cleary Deputy Director General, Health Services and Clinical Innovation Division, Department of Health;
Dr Russell Stitz Chair, Health Quality and Complaints Commission;
Prof. Ian Gough General Surgeon, The Wesley Hospital;
Deb Jackson Claims & Advisory Counsel, MDA National

10.30am - 11.00am — **MORNING TEA**

11.00am - 11.30am — **Using Mortality Data and Findings to Improve Safety and Quality in Healthcare**

While only a small proportion of deaths investigated proceed to a coronial enquiry, when it appears medical treatment may have been better or different, key learnings from the findings are vital to share with the profession. Using de-identified case studies, this session will explore key findings in coronial enquiries and how they can be implemented in practice.

11.30am - 11.45am — **Questions You Always Wanted to Ask the Coroner But Were Afraid to Ask!**

This will be an interactive Q&A session. You may submit your question/s pre-conference or ask them from the floor.

Christine Clements *Deputy State Coroner, Office of the Coroner*

11.45am - 12.15pm — **Legal Issues Around Capacity for Withholding and Withdrawing Life Sustaining Treatment**

Doctors working in emergency medicine, oncology, renal medicine, geriatric medicine and palliative medicine are regularly involved in medical decisions about end of life care for adults who lack capacity. Professors Ben White and Lindy Willmott will present the findings of their three-year research project which considered doctors' knowledge of the law on withholding and withdrawing treatment. They will discuss the differences in knowledge they identified and how these gaps can be addressed in practice.

12.15pm - 12.30pm — **Interactive session to allow participants to pose their questions and difficulties faced in this domain.**

Professor Ben White *Director, Health Law Research Centre, Faculty of Law, Queensland University of Technology*

Professor Lindy Willmott *Director, Health Law Research Centre, Faculty of Law, Queensland University of Technology*

12:30pm - 1:30pm — **LUNCH**

1.30pm - 2.10pm — **Social Media, e-Records and Patient Privacy in Healthcare: Emergent Risks in the Digital Age**

From the introduction of e-health to use of social media by doctors privately and and rise of tablet computing, the increasing use in technology is opening up a raft of new medico-legal risks in medicine, particularly in relation to patient privacy and consent. Join Deb Jackson, Claims and Advisory Counsel at MDA National for a discussion on emerging risky scenarios and how to manage these in practice.

Deb Jackson *Claims and Advisory Counsel, MDA National*

2.10pm - 2.45pm — **Medico-Legal Case Digest**

Barrister Dr Donna Callaghan of the Queensland Bar will present a concise medico-legal case digest, focussing on cases of note from the last 12 months, including the obesity case from NSW (that has been recently overturned on appeal). Dr Callaghan was a medical practitioner and anaesthetic registrar before working as Claims Manager/State claims manager at what is now Avant, qualifying in law and then working as a solicitor/senior associate for six years. She was called to the Bar in 2009 and about half her practice is in the area of health law.

Dr Donna Callaghan *Barrister, Queensland Bar*

2.45pm - 3.15pm — **AFTERNOON TEA**

3.15pm - 3.45pm — **Practical Case Studies - Risk Mitigation in Practice**

Medical indemnity expert Chris Mariani of AMA Queensland Insurance Solutions will explore common and emerging medical and business risks in medical practice and how to mitigate and manage these risks through the right insurance program. Stepping through some practical case studies, Chris will outline:

- Implementing your own risk management framework in order to better identify your risks in practice.
- An explanation of the insurances the 'average' private practice should hold to protect their assets and liabilities - from medical indemnity, public liability, property, business interruption, management liability and others.
- Medical indemnity for you and your practice entity, legislation and government support schemes and how they protect and support you – an exploration of relevant case studies.

Chris Mariani *Advisor, AMA Queensland Insurance Solutions*

3.45pm – 3.55pm — **Conference Wrap up and Closing Remarks**

Our Chair, Katharine Philp, will sum up our key learnings from the day.

Katharine Philp *Partner, TressCox Lawyers*

3.55pm – 4.00pm — **Evaluation**

4.00pm — **Closure**

A NUN AT HOOTERS

A nun, badly needing to use to the restroom, walked into a local Hooters. The place was hopping with music and loud conversation and every once in a while 'the lights would turn off.' Each time the lights would go out, the place would erupt into cheers. However, when the revelers saw the nun,the room went dead silent. She walked up to the bartender, and asked, 'May I please use the restroom? The bartender replied, 'OK, but I should warn you that there is a statue of a naked man in there wearing only a fig leaf.' 'Well, in that case, I'll just look the other way,' said the nun. So the bartender showed the nun to the back of the restaurant.

After a few minutes, she came back out, and the whole place stopped just long enough to give the nun a loud round of applause. She went to the bartender and said, 'Sir, I don't understand. Why did they applaud for me just because I went to the restroom?' 'Well, now they know you're one of us,' said the bartender,'Would you like a drink?' 'No thank you, but, I still don't understand,' said the puzzled nun. 'You see,' laughed the bartender, 'every time someone lifts the fig leaf on that statue, the lights go out. Now, how about that drink?"

WHO SAID AUSSIE RULES FOOTBALLERS AREN'T SMART

Barry Hall (Sydney) when asked about the upcoming season: 'I want to kick 70 or 80 goals this season, whichever comes first.'

'Luke Hodge - the 21 year old, who turned 22 a few weeks ago' (Dermott Brereton).

'Chad had done a bit of mental arithmetic with a calculator.' (Mark Williams). [At least this one could have been ironic]

'We actually got the winning goal three minutes from the end but then they scored.' (Ben Cousins, West Coast Eagles).

'I've never had major knee surgery on any other part of my body.' (Luke Darcy).

'That kick was absolutely unique, except for the one before it, which was identical.' (Dermott Brereton).

'Sure there have been injuries and deaths in football - but none of them serious.' (Adrian Anderson).

'If history repeats itself, I should think we can expect the same thing again. (Andrew Demetriou).

'I would not say he (Chris Judd) is the best centre man in the AFL but there are none better.' (Dermott Brereton).

'I never comment on umpires and I'm not going to break the habit of a Lifetime for that prat.' (Terry Wallace).

Garry Lyon : 'Have you ever thought of writing your autobiography? David Swartz: 'On what?'

'Well, either side could win it, or it could be a draw.' (Dermott Brereton).

'Strangely, in slow-motion replay, the ball seemed to hang in the air for even longer.' (Dermott Brereton).

And the favourites, from the mouth of North Melbourne's Wayne Carey:

"Tell me, Wayne, did you get your nickname, The Duck, because of your gait?" "No, it's because of the way I walk."

When Wayne was telling team mates about the house he had just bought, he was particularly proud that the kitchen featured a lot of timber in the way of cupboards and benches. Said a team mate: "Is it in Baltic pine?" "No, in Keilor," (Keilor is a Melbourne suburb, for benefit of interstate and overseas readers)

CLASSIFIEDS

CLINTON HERD, RHEUMATOLOGIST - RETIREMENT

With great regret, I wish to announce my retirement from my Private Practice in Rheumatology on the Sunshine Coast after 32 years.

Patient records can be accessed by phoning Elizabeth on **0414 258 754**

July 2013

BUDERIM MARKETPLACE MEDICAL CENTRE - LOOKING FOR A FT/PT GP

- Friendly Family Practice located in the heart of Buderim in modern facilities.
- Fully Computerised, well equipped: ECG spirometer etc accredited with RN Support.
- Hours negotiable, and a wonderful opportunity for someone to build a long term career.

Please phone Dr David Hawes 07 5445 1046
Email bmpmc@bigpond.net.au
August 2013

FULL OR PART-TIME VR GP REQUIRED

- GPCare Medical Centre, Maroochydore now under new ownership (Non-Corp) is seeking a full time or part time VR GP to join our practice.
- Fully computerised (Best Practice/PracSoft), fulltime nursing support including dedicated nurse to handle Chronic Disease Management.
- Efficient long term admin staff, mixed billing. Friendly work environment - great location, great team.

Contact Christine – 5409 9800
Email management@gpcare.com.au
August 2013

DR HONG SHUE - Medical Oncologist

- Welcoming new patients to my full-time private practice at Sunshine Coast Haematology and Oncology Clinic
- CONSULTING ROOMS: Level 2, Cnr The Esplanade and Second Avenue, Cotton Tree 4558
- HOSPITAL: 32 Second Avenue, Cotton Tree 4558
- Dr Shue is a Fellow of the RACP with specialist qualifications in Medical Oncology. Dr Shue has a broad range of experience, having spent time at PA, PCH and RBH as well as the Mater Hospital in Brisbane.
- To arrange an appointment, or make enquiries,

Phone : 5479 0000. Fax : 5479 5050
Email : reception@schoc.com
August 2013

MAROOCHYDORE CLINIC SPACE FOR RENT

- Suitable for medical, dentist or other Allied Health Professional.
- Reception, waiting room, 2 or 3 treatments rooms, excellent location, off-street car parking.

Enquiries to Liz 5443 1655.
August 2013

GP MAROOCHYDORE, SUNSHINE COAST

- Busy Family Practice is seeking a female PT/FT VR GP to work with us.
- The Practice is modern and fully computerised with Medical Director and Pracsoft software, nursing support and a very harmonious and great administrative and GP team to work with.

Please contact Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096.
July 2013

FEMALE GP REQUIRED BY BUSY HINTERLAND PRACTICE.

- Fully computerised, accredited, nursing support and long standing efficient administration staff.
- Either full time or part time work available to complement the 5 current GP's in the practice. No after hours. Mixed billing.

Please contact Clare on 0412 716758.
Email : tut13@otpusnet.com.au in the first instance.
July 2013

CALOUNDRA AVAILABLE FOR LEASE OR PURCHASE - SUITABLE FOR MEDICAL OR OTHER PROFESSIONAL PRACTICE

- Renovated house previously used as Specialist Suite
- Reception and 2 or 3 consulting rooms
- Excellent location and visibility in Central Caloundra
- Double lockup garage plus onsite parking
- 607 sq m property

Enquiries: contact Debra Hyde ph: 0413 259 353
July 2013

SKIN PRICK TESTING
Now available by appointment with Dr Peter Zwoerner
Buderim Laboratory • Nucleus Medical Suites
23 Elsa Wilson Drive
T: (07) 5459 1400 F: (07) 5478 4240
(Referral can be faxed).
For a full list of special tests available at this site refer to
www.snp.com.au

Classifieds remain FREE for current SCLMA members.

$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

Classifieds will remain on the list for three months unless notified.

SCLMA JULY 2013 CLINICAL MEETING

Speakers: Dr Janusz Bonkowski, Neurosurgeon : 'Cervical Spine Surgery'
Dr Steven Yang, Orthopaedic Surgeon : 'Lumba Spine Surgery'
Kimberley Pierce, CEO, Sunshine Coast University Private Hospital
Sponsored by The Sunshine Coast University Private Hospital

Presenters Dr Janusz Bonkowski and Steven Yang with Dr Tevita Taka and Dr Siavash Es'haghi

Amanda Staples, sponsor with Kimberley Pierce, CEO SCUPH

Dr Chandra Chandreseker, Dr Raouf George and Dr Somesh Attotti

Dr Vince Flynn, Dr Ken Wishaw and Dr Brian Kimbell

Left: Dr Russell Bourne with Dr Noel Cassels

Right: Carolyn Graham from nabhealth with the lucky door prize.