



## SCLMA President's Message .....

### Dr Roger Faint



*The date for the SCLMA Gala Cocktail Party is Friday 2nd August at Peppers' Noosa Resort and Villas.*

*This Gala event is new this year and I am pleased to announce that the SCLMA is using this event to raise money for Wishlist to support*

*our local Sunshine Coast Community. I like this idea and hope all members do also. The SCLMA can give money generically to Wishlist or give to a defined purpose, (e.g clown entertainment in the Paediatric wards). If members have strong feelings of donating for a particular purpose, please let us know.*

*I am also very pleased to announce that Dr Siavash Es'haghi, Managing Director and CEO, Sunshine Coast Radiology, will be the Keynote Speaker on the night. Dr Es'haghi has an intriguing story of escaping Iraq, living in Pakistani detention camps, graduating medicine in New Zealand and specialising in Radiology in Australia, before establishing one of the largest Radiology companies in Australia on the Sunshine Coast. Remarkable!*

*There will be a silent auction with a 'Doctors' Dozen' of high quality donated wines up for grabs. A local surgeon and neonatologist are leading the donation stakes currently. If you are a wine collector, please donate a bottle!*

*The Integrated Electronic Medical Record (IEMR) system is not so popular in Queensland generally, however I am pleased to say that the SCHHS rollout has been well planned and progressively relatively smoothly, albeit at the cost of some medical services such as OPD and surgery. This is temporary apparently and normal services are resuming.*

*The QH contract for the Ramsay owned Noosa Hospital ends in mid 2020. There are reports that the contract is being renegotiated for at least another ten years. It is quite apparent that QH has no interest in the option of taking over the management of the*

*hospital themselves, presumably because of cost. It seems Noosa residents could be better served by a local public Hospital as currently most Noosa DEM admissions are transferred via QAS with the only exception being some medical unit admissions and also OPD services are minimal.*

*On the 25th July at our monthly clinical meeting, the SCLMA will be once again be hosting the SCHHS executive, PHN representatives and the hard working GPLOs. This was a very lively meeting last year, is a fantastic opportunity for members to engage in a forum with our local public health service and I encourage all to attend and contribute. Sadly, CE, Naomi Dwyer, cannot attend this year, secondary to QLD state senate estimates. Naomi has complete faith and respect for the new Acting Executive Director Medical Services, Dr Andrew Hallahan, in representing her and I look forward to his input on the night.*

*I will finish with mentioning the naive rants of Sydney Journalist, Nikki Gemmell in the The Weekend Australian Magazine recently. She did suggest in her article that male Doctors specialising in O&G are perverse and raised speculation that they may have unsavoury reasons for entering this specialty. I do wonder how this reflects on Colorectal Surgeons and their interest in bottoms; and female Urologists.*

*My advice, don't read her articles anymore.*

*Regards*

*Dr Roger K Faint*

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



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

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## JULY 2019 NEWSLETTER Deadline will be FRIDAY 19 JULY 2019

**DO YOU HAVE  
SOMETHING TO SAY?**

- Perhaps you might like to comment on articles published.
- What would you like to see in the newsletter?
- Do you have some jokes we can publish (and not offend anyone!!).

**Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches more than 1,000 recipients!**

**Contact Jo: 5479 3979**

**Mobile: 0407 037 112**

**Email: jobo@squirrel.com.au**

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*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](http://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**

Are you listed on the Member Directory on our website? Are your details correct?

Directory form available on the website.



# SCLMA GALA CELEBRATION

—— Friday 2 August ——

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# The Sunshine Coast's First Paediatric Respiratory and Sleep Clinic

Introducing Dr Tonia Douglas (MBChB, FRACP, MD) a Sunshine Coast based Paediatric Respiratory and Sleep Physician now consulting in Maroochydore. Dr Douglas has 15 years experience in diagnosing and managing childhood respiratory and sleep disorders, she has completed a medical doctorate in asthma, led research and teaching in Western Australia and Queensland respectively and is currently co-director of cystic fibrosis at the Queensland Children's Hospital.



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*Editorial .....*

*"You can never cross the ocean unless you have the courage to lose sight of the shore."*

Christopher Columbus



*Our recent federal election was most noteworthy for its seemingly endless supply of torpid 'leaders', populist candidates and lacklustre debates. It appears that powerful lobbyists and financially backed interest groups have more sway than science and reason. In our rapidly changing world, politicians are becoming more, rather than less, languid. Although this is giving rise to action groups - our Sirius stars! Less than a week after the federal election, the Extinction Rebellion brought central Melbourne to a standstill as school students hosted megaphone speeches, created a "sea of sprawled corpses of the theatrically dead" and held placards with sentiments such as, "We'll be less activist if you'll be less shit". They are drawing inspiration from the likes of Swedish teenage activist Greta Thunberg who suggests that instead of looking for hope, we need to look for action...from which then hope will come.*

*So the Australian National Outlook 2019, a report published by the CSIRO this month, seems a timely clarion call for us all. It is the culmination of a large collaborative effort between scientists, heads of industry and educators, designed to stimulate conversations about where we want Australia to go and how do we get there. The CSIRO outlines that we could continue on our current trajectory and «drift towards a future of slow decline» or we could respond to the myriad of challenges before us to create a more competitive industry on a world stage, more sustainable living and greater prosperity for all. But we need leaders with sagacity to make difficult and necessary economic and structural reforms. The increasingly existential threat of climate change means we need to work towards avoiding catastrophic possibilities rather than just looking at probabilities.*

*The document highlights six areas of challenge to which we must respond: the rise of Asia, trust (in government, business, media), technological changes, demographics, social cohesion, climate change and the environment. The last four of these are already impacting on health care and our day to day delivery of it. Automation and bio-technical advances are changing the skills medicos need to deliver state of the art healthcare. We have an ageing population burdened with more numerous and more complex chronic health problems - in a nation with a declining workforce participation rate.*

*Editorial ..... /cont:*

*Loss of social cohesion is contributing to an epidemic of anxiety/depression/mental health issues and is decreasing our ability to build consensus on long term solutions.*

*Climate change is altering the pattern and distribution of some diseases and the increasing frequency of extreme weather events is making people more susceptible to adverse health events and death.*

*We each need to change in a rapidly changing world; to see and seize the opportunities and to venture out of our comfort zones.*

Regards,

Kirsten

e. [kirsten@eximious.com.au](mailto:kirsten@eximious.com.au)

### HIGHLIGHTS in this issue:

- P 3: SCLMA GALA CELEBRATION!
- P 6-7: Adj. Prof Naomi Dwyer, CE, SCHHS
- P 8: Karen Clarke - New GM - BPH
- P 10: Oli Steele - SCUPH Update
- P 12: PHN - 'Death Cafe'
- P 20: Dr Clive Fraser - Motoring
- P 24: Poole Group - 'Aged Care Part 2'
- P 28-29: AMA Queensland Report
- P 30-31: Dr Wayne Herdy - 'Is there Anybody at the Steering Wheel of this Juggernaut?'

**Please 'like', 'share' and 'follow' our Facebook page: [sunshinecoast local medical association](#).**

**Website: [www.sclma.com.au](http://www.sclma.com.au)**

### CLINICAL MEETINGS FOR 2019:

**Please note that these details are correct at time of printing! They may change! Check our website for latest updates. [www.sclma.com.au](http://www.sclma.com.au) Click on Activities and Meetings.**

#### THURSDAY 25 JULY 2019

**PHN** The new Smart Referrals system for GP referrals in to Queensland health hospitals; My Health Record update; HealthPathways update. Also speakers from SCHHS.

#### THURSDAY 29 AUGUST

**Speaker:** Dr Greg Finch, Orthopaedic & Spine Surgeon (Also AGM will be held)

### MORE INFORMATION BACK PAGE

**Queries: Jo 0407 037 112**

## HEALTH SERVICE LINK - JUNE 2019

### *Nambour General Hospital is now digital ...*

We reached another important milestone last month with the safe and successful implementation of the ieMR at Nambour General Hospital. With the great support of their SCUH colleagues who went live in February this year, the Nambour team were well prepared. It was great to have consumer involvement in this preparation as well. That now completes the State's largest implementation of a full stack ieMR to date, and we turn our attention to embedding the system and realising the benefits for improved patient care.



### *Winter is here ...*

There is no doubt winter has arrived, bringing an earlier and higher influenza notification rate. So far, our region has had 1200 notifications to date, and over 50 hospital admissions. We're adopting a number of strategies to provide timely care to our growing number of patients. In fact, this year, we saw 6000 more patients in our EDs, then the prior year, and I'm pleased to share that 5000 more were admitted, discharged or transferred within time, then the prior year. This is significant, given that more than half of the growth in our emergency presentations relates to our sickest patient categories. With such increasing growth in demand for care, we are very focused on strategies to improve our access and flow and are seeing ongoing improvement. One of the strategies making a real difference is our expanded 'Hospital In The Home' (HITH) program, now offering 36 virtual beds to consumers across all areas of the Sunshine Coast, and includes Residential Aged Care Facilities. The HITH service invites direct referrals from General Practice as an alternative to traditional hospital based acute care by enabling clinically appropriate patients to remain in their usual residence. HITH referral criteria is listed on Health Pathways for reference and the HITH Medical Officer is available 24 hours a day 7 days a week for referrals and questions relating to suitability. You can see our HITH Director, Dr Ted Chamberlain showcasing this program on our Facebook page.

We are also reviewing our SPOTON program, a successful long-term collaboration with our Primary Health Network (PHN). SPOTON, or Supporting Patients Through Organised Networks, aims to reduce lower acuity presentations to our EDs, by improving public awareness of GP services as an alternative to ED, and providing QAS transport or referrals to GPs instead of EDs. A six month review of the program is being undertaken by members of SCHHS, QAS and the PHN with the intention of meeting highest area of need. We look forward to updating you more in future newsletters. For more information: [SC-SPOTON@health.qld.gov.au](mailto:SC-SPOTON@health.qld.gov.au)

We were very pleased to see the Budget announcement for 30 Nurse Navigators to be employed across our health service. These senior Nursing positions will be located across our region and within a number of clinical streams to co-ordinate care for complex patients, both children and adults.

### *Closing the Gap .....*

To celebrate National Reconciliation Week (27 May – 3 June), 'Grounded in Truth, Walk Together in Courage' our Aboriginal and Torres Strait Islander team members joined partner groups to launch the SCUH reconciliation garden and participate in a reconciliation walk.

At the heart of reconciliation is the relationship between the broader Australian community and Aboriginal and Torres Strait Islander people. The idea of the Reconciliation Garden was developed during community consultation for our Reconciliation Action Plan. We now have a beautiful garden which showcases our heritage, tradition and ceremonies and is also a place where all are welcome to visit, gather and enjoy the surroundings and sit in quiet reflection.

### *2018/19 – A big year ....*

As we close out 2018/19, its worth reflecting on some of the outcomes achieved by your local public health services. I am very proud that as the year ends, our SCHHS team have delivered:

**HEALTH SERVICE LINK - JUNE 2019 /cont:*****Record volumes of care ....***

- **150 000 emergency presentations (6000 more than last year)**
- **2500 more people were admitted to our public hospitals**
- **2100 more surgeries were provided, 20% more than the previous year**
- **209 more babies delivered**

We will have no patient waiting longer than clinically recommended for their endoscopy for any category, fewer than 60 patients waiting longer than clinically recommended for their elective surgery and no ultra-long wait outpatients.

***New and expanded services ...***

We have introduced Plastic and Reconstructive Surgery, Maternal Foetal Medicine, Neonatal Care from 28 weeks and I expanded the hours of our radiation therapy services. We are planning for future services as part of our Master Clinical Services Planning.

***Beautiful and sustainable care environments ...***

We delivered the \$17M redevelopment of Caloundra Health Service, appointed a Managing Contract, completed detailed design and started prep works for Nambour Redevelopment and our SCUH was awarded Australia's best public building in the Property Council of Australia /Rider Levett Bucknall Innovation and Excellence Awards.

***Great doctors now and for the future ...***

We were so proud to join with our partner, Griffith University to launch the inaugural Sunshine Coast Griffith University Medical program. I caught up with Dr Jen Williams, Dean of the Medical Program this week, who shared with me that they are an outstanding cohort of first years.

We were all proud when our own Dr Rebecca Ryder, was awarded the prestigious AMA Doctor in Training of the Year Award. Rebecca is an obstetrics registrar who developed her own training program for gynaecological surgery after returning to work from maternity leave. She is passionate about the wellbeing of doctors in training and is currently completing a research project on trainee resilience. In the first study of its kind, she has surveyed every obstetrics and gynaecology trainee in Australia and New Zealand. She has also put her own experiences to practical use in training and teaching. When she returned to work in 2017 from maternity leave, she recognised that her prior gynaecological surgical experience was limited and developed her own upskilling program. Her template is now used to teach laparoscopic surgical skills to other junior trainees.

***And still more to do ....***

We know there is much more to do to meet the needs of our community, and you can be assured that the Sunshine Coast HHS team are committed to continuous improvement of our services. We are very grateful for the partnerships we have with Dr Roger Faint, members of the SCLMA and the wider clinical community here on the Coast. We look forward to continuing this special collaboration in 2019/20 in the interests of those we serve.

Until next time, take care

*Naomi*

*Adj. Prof Naomi Dwyer, Chief Executive, SCHHS*

## BUDERIM PRIVATE HOSPITAL

### June 2019 Update

Dear SCLMA colleagues,

It is my pleasure to write to you as the new General Manager at Buderim Private Hospital. I am honoured and excited to have been selected to lead this wonderful hospital and build on the solid foundations already in place.

My most recent role was Chief Executive Officer/Chief Nursing Officer with St Vincent's Private Hospital in Melbourne where I was responsible for driving high clinical standards; the introduction and implementation of innovative technology; and building additional theatres.

Earlier in my career, I held a number of roles including General Manager/Director of Nursing at St Vincent's Private Hospital, Director of Nursing and Operations at The Royal Melbourne Hospital, and Hospital Manager/Director of Nursing and Midwifery at Mercy Hospital for Women.

From the moment I first visited Buderim Private Hospital, I had the immediate sense that this is a very special place with passionate and dedicated staff and doctors and I am very pleased to join this amazing team.

Building on the hospital's strong track record of success is a challenge I've accepted with confidence and determination.



My vision is to further enhance and develop our unique blend of care, commitment and expertise to consistently exceed the needs and expectations of our patients, their families and the community.

I am looking forward to meeting you at future events and meetings, sharing news to benefit you and your patients, as well as hearing any feedback you may have about the hospital and the services we provide.

Kind regards,  
*Karen Clark*

General Manager  
[karen.clark@uchealth.com.au](mailto:karen.clark@uchealth.com.au)  
07 5430 3260

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## Sunshine Coast Orthopaedic Clinic

### SAVE THE MENISCUS – AN UPDATE ON ARTHROSCOPY

There have been a number of recent papers questioning the role of knee arthroscopy and partial medial meniscectomy in the degenerate knee. This has quite rightly led to a decreased use of knee arthroscopy to treat the degenerative knee, at least as a first line treatment. That's not to say that arthroscopy and partial meniscectomy cannot be beneficial in certain older patients, but it is reasonable to start with a dedicated physiotherapy programme first and reserve arthroscopy for recalcitrant symptoms, or those with severe mechanical symptoms such as locked or locking knees or conditions such as root tears, loose bodies etc.

An unintended consequence, however, has been to reduce referral rates of younger patients for which the benefit of early arthroscopy and repair of the meniscus is clear. The goal of knee surgery is to save the meniscus. So meniscal repair and to a lesser extent conservative meniscal resection is the mantra for knee surgery, especially in younger patients. Meniscal repair preserves meniscal function so should prevent the problems of increased risk of arthritis, chronic pain and decreased function that can occur especially in younger patients. The time from injury to referral has a significant impact on the quality of the meniscus and the chances of successful repair. On a cost benefit analysis, meniscal repair is far superior to partial meniscectomy or physiotherapy. Age is not a barrier to repair. The results of repair are no different for those under 40 as to those over 40 with a 10% to 20% failure rate reported depending on the paper, but younger patients have more

to lose if their meniscus is not repaired. Meniscal repair is a more complex procedure with a longer recovery time than arthroscopic partial meniscectomy or non-operative treatment but the benefits are clear: reduced osteoarthritis, better functional outcomes and reduced long term costs.

Please consider early referral for patients with mechanical symptoms likely to be arising from a meniscal tear, especially if there is a history of traumatic onset, mechanical symptoms or clinical signs.

I am happy to take your calls and discuss further any cases as always.

### For appointments contact

Dr Steven Lawrie

Suite 17, Kawana Private Hospital

5 Innovation Parkway, Birtinya QLD 4575

p: 07 5493 3994

f: 07 5493 3897

e: [sunshineortho@bigpond.com.au](mailto:sunshineortho@bigpond.com.au)

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# SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL

## June 2019 Update

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It is a pleasure to be able to update the SCLMA on the services and developments at the Sunshine Coast University Private Hospital.

### ***First TAVI cases performed on Sunshine Coast***

An 83-year-old woman has become the first patient to undergo a new minimally-invasive cardiac procedure on the Sunshine Coast.

Transcatheter Aortic Valve Implantation (TAVI) has started at Sunshine Coast University Private Hospital (SCUPH), which allows the replacement of a heart valve in less than an hour.

Mrs Norma Wilson had been suffering from severe aortic stenosis, causing her severe breathlessness. Due to her age she was considered a high risk for surgery.

"Instead she was brought to the cardiac catheter operating room and we were able to perform a TAVI, and she went home the next day. For an 83-year-old to go home the next day after heart valve surgery, it is an amazing achievement for that patient," commented Cardiologist, Dr Peter Larsen.

Over the last 18 months, the hospital has been working to develop a new 'heart team' to deliver the new procedure- made up of interventional cardiologists, cardiac surgeons, vascular surgeons, an anaesthesiologist, geriatrician, TAVI coordinator and radiologists. Congratulations to all involved!

### ***Medical student placements to begin***

At time of writing we are preparing for the arrival of our first medical student from the Griffith/UQ Medical School. Our first student will spend a two week Orthopaedics placement in clinics, operating theatres, and our wards as well as with our Radiology partner. We are pleased that nine of our VMOs have willingly volunteered to have the medical student accompany them at SCUPH and hope this placement will be the first of many.

### ***Encouraging survey results***

We recently underwent our annual Health Inspection survey undertaken by HICMR one of Australia's leading health organisations. I am pleased to report that the hospital received a highly satisfactory report.

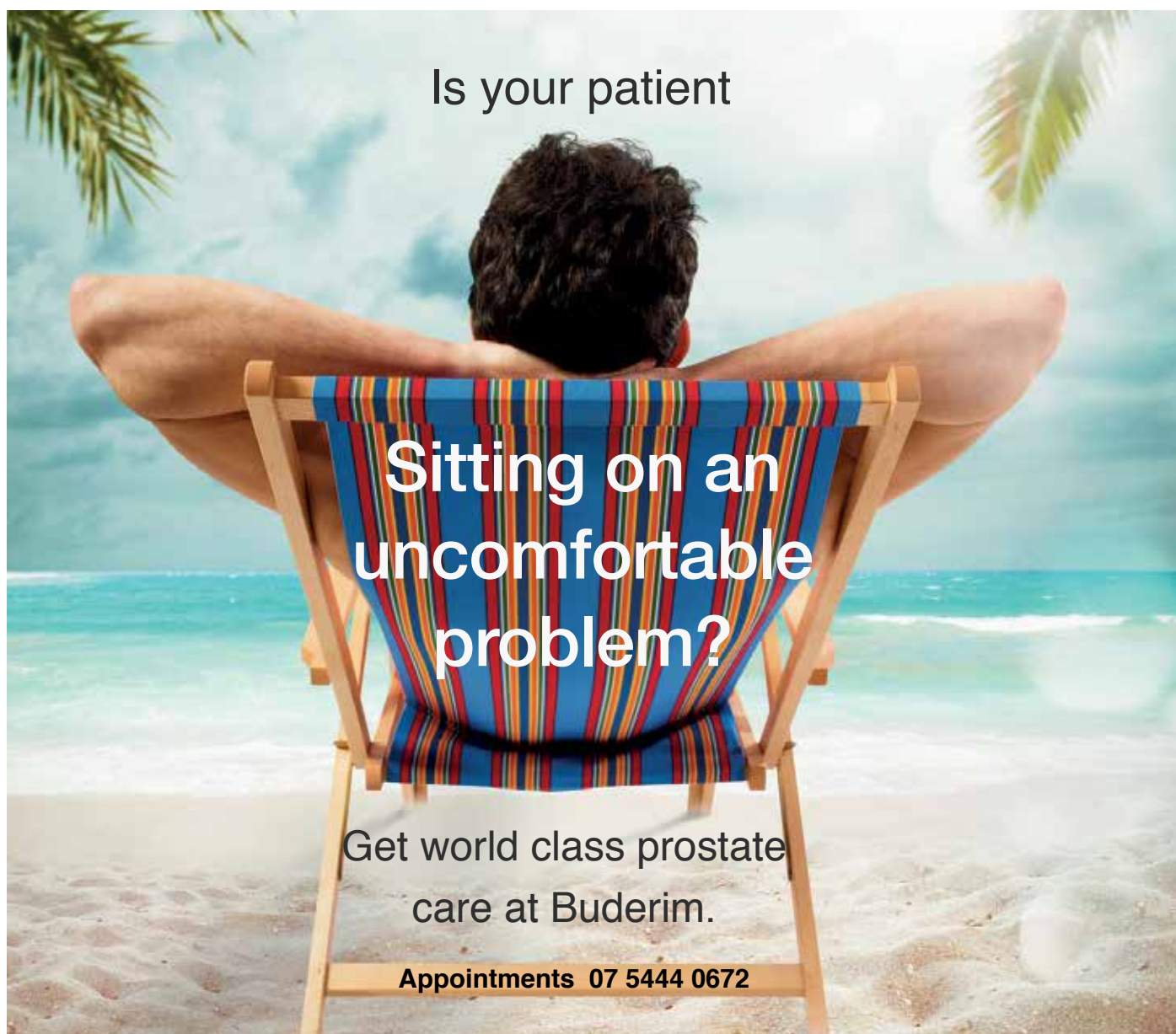
In line with all Ramsay hospitals we now invite our patients to rate their experience post discharge as part of our 'Net Promoter Score'. Patients can rate us on a scale of 1 to 10 with 10 being the best score they can confer. We were pleased to be rated at an average of 8.6 in May which we believe reflects the great work of our staff and doctors.

Oli Steele

CEO SCUPH

T: 5390 6101

[steeleo@ramsayhealth.com.au](mailto:steeleo@ramsayhealth.com.au)

**A/Prof Troy Gianduzzo**

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# CENTRAL QLD, WIDE BAY, SUNSHINE COAST PHN

## June 2019 Update

### *Conversation on the menu at Coast's Death Cafe*

Talking about dying won't kill you. That's one of the messages from Palliative Care Australia and with conversation in mind last month, Central Queensland, Wide Bay, Sunshine Coast PHN along with Spiritual Palliative Care held its first ever 'Death Café'.

The first Death Café was held in the United Kingdom in 2011, with Jon Underwood hosting the event in his home as space to have an open conversation about death and dying.

Held in a variety of settings across the world, the Death Café has no permanent venue, with the Coast's recent Death Café taking shape as a free two-hour long morning tea at the Maroochydore RSL sub branch during National Palliative Care week.

PHN's Palliative Care Program Manager Jo Pennell said six members of the public attended the event, to talk about a topic often considered taboo.

"It was a wonderful open discussion, with people asking questions, sharing their stories and normalizing a difficult, yet surprisingly not morbid, conversation," Ms Pennell said.

"Part of what we hope to do as palliative care professionals is to de-mystify the process around death and dying.

"People don't necessarily know what options are available to them, or their family members, around their end of life needs and wishes, and that's where we can help."

Participants were aged in their early 30s up to their 70s, with some keen to learn more about taking care of their own end-of-life needs among others who had experienced the deaths of loved ones.

The conversation revealed a lack of knowledge around the services already available on the Coast like home-based palliative and community care and there were plenty of questions around advanced care planning and health directives, as well as talk of how best to respect the wishes of the individual and those of their loved ones.

For Spiritual Palliative Care's Sharon Tregoning, the Death Café provides a valuable space for people to ask tricky questions as well as tell their stories and have them heard.

"It's integral we create opportunities for people to share their experience without any fear, particularly if they've had a challenging family dynamic," Mrs Tregoning said.

"People don't often consider what you need to take care of in order not to experience regret as part of your grief."

Afterwards, when filling out feedback forms, participants used words like 'positive', 'inclusive', 'informative' and 'compassionate' to describe their morning spent at the Death Café, with one saying they 'loved being able to connect with people who can relate and are comfortable to have this conversation'.

More conversations around dying, caring and grieving will take place around [Dying to Know Day](#) on 8 August.

For more information please contact:

Jo Pennell,

PHN's Palliative Care Program Manager

Ph: 5456 8100.

[Website: https://www.dyingtoknowday.org](https://www.dyingtoknowday.org)



# Know someone with a spinal problem?



**Dr Greg Finch** FRACS FAOrthA  
Spine Surgeon, Orthopaedic Surgeon

Practising from the Nucleus Medical Centre at Buderim Private Hospital, Dr Finch specialises in the treatment of all spinal conditions. So if you're looking to refer a patient with a neck or back problem to a local specialist, contact Dr Finch today. He'll **get the problem straightened out** in no time.

- minimally invasive spinal surgery
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Nambour Selangor Private Hospital

# Update

## Stroke patients at Nambour Selangor Private Hospital will benefit from a new rehabilitation device which mimics upper limb movements.

The Saebo Rejoyce is a motor functional movement simulator that supports patients to perform high repetitions of motor skills. Nambour Selangor Private Hospital CEO Sandy Moore said: "Nambour Selangor's investment in the Saebo Rejoyce demonstrates our commitment to continue providing quality and evidence-based rehabilitation services on the Sunshine Coast."

The simulator is tailored to each individual patient's strengths and motor capacity and is currently being used by stroke and neurological patients. Users are guided through a wide range of programs by a therapist and an interactive screen, which sets a learning theme to improve motor skills.

Occupational therapist Effie Sibson said: "Our aim is to facilitate the relearning of everyday skills so that patients can regain their independence. The Saebo Rejoyce allows our patients to engage in intensive, targeted practice such as simulated jar opening, drinking/pouring and picking up small objects."

Evidence shows the best patient results come from 1000 repetitions per day. The technology allows patients to work towards this milestone, by improving times and scores during their therapy sessions.

The technology will work in conjunction with a wide variety of rehabilitation services currently available at the hospital.

"It's an excellent tool to use in combination with a range of evidence-based therapies that our therapists at Nambour Selangor Private Hospital's rehabilitation unit are qualified to provide. It enables patients to have independent practice and provides a motivating and challenging therapy environment," Ms Sibson said.

Nambour Selangor is the first private hospital on the Sunshine Coast and the first Ramsay hospital in Australia to purchase the \$20,000 rehabilitation machine. Patients requiring rehabilitation can self-refer to the hospital's outpatient rehabilitation services.

[nambourselangor.com.au](http://nambourselangor.com.au)



**Nambour Selangor  
Private Hospital**

Part of Ramsay Health Care

# Patients experiencing ongoing dizziness caused by **vestibular dysfunction?**

**NEW  
PROGRAM**

**Eden Private Hospital's rehabilitation day programs help manage the symptoms of vestibular conditions.**

#### Symptoms:

- Dizziness
- Visual and balance disturbances
- Reduced mobility and anxiety
- Reduced independence and decreased confidence
- Social isolation

#### Associated conditions:

- Benign Paroxysmal Positional Vertigo (BPPV)
- Vestibular neuritis
- Labyrinthitis
- Meniere's disease
- Stroke / head injuries / tumors
- Ageing

#### Our programs:

- Address the causes and reduce long term consequences of living with dizziness
- Involve specific exercise therapy to help desensitize your patient to movement
- Provide education to assist functional recovery and improve overall quality of life

## LET US HELP YOU

For enquiries and assistance, call  
**Eden Private Hospital**  
on 1800 333 674.

Fenzel goggles are used to assess patients

**Eden**  
Private Hospital

**WHEN EXPERIENCE AND PERSONAL CARE MATTERS**

50 Maple Street, Cooroy QLD 4563  
Admissions and Assessment: 1800 333 674  
T: 07 5472 6472 / [edenprivate.com.au](http://edenprivate.com.au)

healthcare™

# Move without pain™

**We use new patented evidence-based Orthotic Technology!**

#### Guaranteed Outcomes

- Evidence-based research in Biomechanics and Kinetic Orthotic therapy.
- Leading therapeutic technology including:
  1. Shock Wave therapy Machines, excellent for treating chronic plantar fasciitis and Achilles tendonitis.
  2. New Photodynamic Fungal Nail Therapy Unit, highly effective and significantly safer than existing laser for this treatment.
- Passionate and experienced Team committed to delivering the best possible treatment for our patients on the Sunshine Coast and in Brisbane.

#### Locations

Maroochydore, Noosa, Nambour, Caloundra, Morayfield and Indooroopilly with satellite practices at Mapleton and Kenilworth.

**All EPC patients Bulk Billed**

**DAN EVERSON**  
PODIATRY

**Phone: 1300 130 410**  
**[www.daneverson.com.au](http://www.daneverson.com.au)**





# You're Invited to...

# Behind The Clinic Door II

## Annual Conference Valid for CPD points



An engaging day of musculoskeletal best practice



Sunshine Coast  
**Brain & Spine**  
NEUROSURGERY & SPINAL SURGERY



**sports & spinal**

**Dr. Peter Georgius**  
Pain Medicine Specialist, FFPMANZCA  
Rehabilitation Physician, FAFRM



SUNSHINECOAST  
ORTHOPAEDIC GROUP

Sports & Spinal Physiotherapy Provider No.  
640061 Activity No. 162604 Allocated 40  
Category 1 Points in the QL&CPD Program  
for the 2017-19 Triennium

**Where:** Mooloolaba Surf Club

**When:** Saturday 31st August

**Time:** 8:00am- 3:55pm

*No cost for local practitioners*

## RSVP

31st July 2019

[physio@sportsandspinalphysio.com.au](mailto:physio@sportsandspinalphysio.com.au)

## Speakers

Narrator Dr Rob Park  
Dr Daevyd Rodda  
Dr Peter Georgius  
Dr James Tunggal  
Dr Matthew Dwyer

Dr Stephen Byrne  
Dr Roger Faint  
Dr Karnie Falk  
Travis Schultz  
Sports & Spinal Physiotherapists



# Clinic is now open

## GenesisCare radiation oncology clinic

### 10 King Street Buderim

GenesisCare, Sunshine Coast Haematology and Oncology Clinic and associated allied health services have united to create a true integrated cancer treatment centre, purpose built to provide the gold-standard in cancer diagnosis, treatment and management.

The same radiation oncologists you know and trust, providing high quality, personalised care.



**Dr Debra Furniss**  
GI, Breast, lung, SABR,  
SRS, benign diseases,  
skin and palliative



**Dr Olivia Bigault**  
Urological,  
gynaecological, breast,  
skin and palliative



**Dr James MacKean**  
Prostate brachytherapy,  
urological, GI, SRS,  
haematology and palliative



**Dr Bradley Wong**  
Prostate, urological,  
skin, breast,  
palliative and SRT

### Our services now include:

- Stereotactic radiation therapy, cranial and SABR for lung, spine, bone and liver
- Deep inspiration breath hold (DIBH)
- Leading radiation therapy techniques including VMAT and IGRT
- Specialised wide-field radiation therapy for extensive skin cancerisation
- Treatment for benign conditions including Dupuytren's disease
- **Patient bus service:** We will continue to provide transport for patients

### Get in touch:

T: (07) 5374 8100 | F: (07) 5374 8110 | [receptiononcologybuderim@genesiscare.com](mailto:receptiononcologybuderim@genesiscare.com)



# Meet Doctor Bradley Wong

## GenesisCare radiation oncologist

GenesisCare are delighted to welcome the newly appointed radiation oncology specialist to our Sunshine Coast team and brand new treatment centre in Buderim.

### Dr Bradley Wong MBBS, FRANZCR

**Special Clinical interests:** Prostate & urological, skin, breast, palliative and stereotactic radiotherapy

**Consults at:** Buderim, Gympie and Caloundra



While working as a radiation oncologist across all tumour types, Brad has specific clinical expertise and interest in the management of prostate & urological, skin, breast and palliative patients. His current major technical interests are in the field of stereotactic radiation therapy and the use of 3D bolus for wide field skin treatments.

Brad is committed to the continued improvement of patient care through the delivery of advanced treatment techniques, including Volumetric Modulated Arc Therapy (VMAT), image guided radiotherapy (IGRT) as well as stereotactic radiation

therapy (SRT) and stereotactic ablative body radiation therapy (SABR). In recent years Brad has presented at multiple national meetings in the space of prostate and skin radiotherapy. He regularly participates in multidisciplinary team meetings and believes in a holistic approach to patient care.

Brad is keen to engage with the medical community and is open for clinical meet and greets, lunch educations or to anyone who would like a tour of the new state-of-the-art treatment facility in Buderim. He believes that the best outcomes for patients and their families are achieved by combining modern technology, evidence based medicine and a holistic approach to the patient, whilst ensuring that treatments provided are affordable and close to home.

Contact [receptiononcologybuderim@genesiscare.com.au](mailto:receptiononcologybuderim@genesiscare.com.au) to arrange a clinical meeting at your practice or visit <https://www.genesiscare.com/au/> for further information about GenesisCare.

## GP Education

# Better Together

*how to manage pain, bleeding, breast lumps, thyroid nodules, surgery, fevers, IBD, respiratory tests, diabetes and the eye*

Noosa and Nambour Selangor Private Hospitals proudly present an Active Learning Module featuring workshops, round table discussions and case studies identifying the advantages of a team approach to people with chronic or complex problems.

## TOPICS AND LEARNING OUTCOMES

### Respiratory Function Tests

Dr Rosemary Gan (Respiratory)

- Perform and interpret respiratory function tests

### CV risk assessment

Professor Christian Hamilton-Craig (Cardiology)

- Follow current guidelines for CV risk assessment in an asymptomatic person

### Inflammatory Bowel Disease

Dr Simone Kaye (Gastroenterology & Hepatology)

- Implement a care path for someone with inflammatory bowel disease

### What's new in pain management?

Dr Peter Georgius (Pain Medicine & Rehabilitation)

- Develop a multidisciplinary care path for people with chronic pain

### Perioperative Care of the Bariatric Patient

Dr Garth McLeod (Bariatric & General Surgery)

- Ensure patients have appropriate preoperative assessment and care

### Febrile illness in the older person

Dr Sarah Blyth (General Medicine & Palliative Care)

- Develop a protocol for investigation and management of an older person with a fever

### Thyroid nodules

Dr Felicity Adams (Breast, Endocrine & General Surgery)

- Complete initial assessment of someone with a thyroid nodule

### Breast lumps

Dr Mara Clarson (Breast, Endocrine & General Surgery)

- Implement a care path for the investigation of someone with a breast lump

### Pelvic pain/ HMB

Dr Precious Lusumbami (Gynaecology)

- Follow current guidelines for managing a woman with heavy menstrual bleeding

### Diabetes and the eye

Dr Madeleine Adams & Dr Kristopher Rallah-Baker (Ophthalmologists)

- Implementing an eye health plan for the diabetic patient



## WHEN

**Saturday 24 August 2019**  
**8.30am - 5.00pm**

## WHERE

RACV Noosa Resort  
94 Noosa Drive  
Noosa Heads QLD 4567

## REGISTER BEFORE

**Friday 16 August 2019**

Early registration strongly recommended as numbers are strictly limited



*It's easy to register*

**Online** [www.noosahospital.com.au/For-GPs/GP-Events](http://www.noosahospital.com.au/For-GPs/GP-Events)

**Email** Tansie Jarrett JarrettT@ramsayhealth.com.au

**Call** 0427 199 202



**Nambour Selangor  
Private Hospital**

Part of Ramsay Health Care



**Noosa  
Hospital**

Part of Ramsay Health Care

Email if you wish to be removed from our mailing list



# Dr. Gus Ferguson *and* Dr. Sally Johnstone

are now operating at X-Ray & Imaging Minyama.

## Procedures offered

### RADIOFREQUENCY NEUROTOMY for

- ✓ Spinal Facet-Related Pain Relief
- ✓ Cervicogenic Headaches
- ✓ Occipital Neuralgia
- ✓ Sacroiliac Joints
- ✓ Amputee "stump" neuromas
- ✓ Morton's Neuroma

### Also available

- ✓ Nerve Root Sleeve Blocks
- ✓ Intercostal Nerve Blocks
- ✓ Cluneal Nerve Blocks/Ablation
- ✓ Facet Joint Injections
- ✓ Costo-vertebral Blocks

### Please send referrals to:

Email: [painclinic@xrayimaging.com.au](mailto:painclinic@xrayimaging.com.au)

Fax: (07) 5458 4499 Phone: (07) 5458 4444

Address: 3/7 Nicklin Way, Minyama QLD 4575



**X-RAY &  
IMAGING**



# Medical Motoring - My Kitchen Rules

*Dr Clive Fraser*



Free-to-air television is clearly struggling against the digitally disruptive streaming services.

And without the revenue flow from advertisers networks can't find the money to fund quality productions.

Subscription services don't need to build costly transmitters all over the world and YouTube et al learn what you like to watch by harvesting data from your viewing history.

Filling the void is an over-load of reality television with Married At First Sight and My Kitchen Rules being free-to-air ratings winners.

The premise of these recently screened shows is that the voyeuristic general public will be entertained by watching disparate and/or desperate real-life unfortunates who are ready, willing and able to bare their souls on national television.

But whilst I've learnt nothing from MAFS I have to admit that MKR has taught me something about basic cooking techniques.

Starting with never serving under-cooked chicken, and also being careful not to burn the Brownies.

There are some basic chemical principles involved in cooking, starting with the Maillard reaction.

In 1912 the French chemist Louis Camille Maillard described a chemical reaction that took place at 140°C between amino acids (the building blocks of proteins) and reducing sugars that produced a flavoursome brown sticky substance.

This reaction creates the searing on a steak and the brown crust on my bread.

But a temperature as high as 140°C would quickly cook my car's engine which is designed to run at 90°C.

With the temperature in my combustion chamber and exhaust sitting at 600°C my engine relies on a water jacket in the engine and cylinder head to dissipate all of that heat.

Water boils at 100°C at sea level.

An unpressurized radiator would allow the water to boil at 90°C if I was driving at an elevation of 3000 metres.

That means that motorists in Lhasa (China), Cusco (Peru) and La Paz (Bolivia) would have boiling radiators if not for the radiator cap pressurizing the cooling system.

Radiators are sealed with a pressure cap rated to about 12psi which brings the boiling point up to 115°C.

With a thermostat controlling circulation and electric fans adding more cooling capacity modern cars have no trouble running at 90°C even in extreme environments.

That operating temperature is also very close to the 87°C required to ensure my chicken is properly cooked.

So it is technically possible to sous-vide Chicken in your car radiator.

Which is why I am writing this article.

You see my tummy is still grumbling after last night's chicken dinner served up to me at a 5 Star Sydney Hotel (aka Hyatt Regency).

I sent the first meal back after eating half of it (the thin bit).

Each slice seemed very pink (aka raw) and I didn't want to risk ingesting too many more bacteria.

I told the waiter not to bother bringing me another meal, but he gave me another one anyway, identically under-cooked.

I wasn't worried about the absence of searing on the outside, but I could tell that neither piece of chicken had reached that magical 87°C on the inside.

So the second meal was sent back without a bite.

Eager to ensure I didn't go home hungry I was then served a third meal, but I'd lost my appetite and was wondering if I would be ill.

At breakfast I was too polite to ask my colleagues how they'd fared.

So what has my 5 Star raw chicken dinner taught me?

When it comes to cooking, My Kitchen Rules!

Safe motoring,

Doctor Clive Fraser

PS I have a prize for the first doctor who correctly identifies the pictured bug which I hoped was not on my fork or in my meal.



Hint: It is a rod-shaped, flagellated gram-negative bacillus which is presumed to have wiped out the Aztec society.

Send your answers ASAP to [doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)

**Watch this space next month for the winner!**



# Hospital Medical Officers required General Wards, CCU and ICU



Opportunities exist for Hospital Medical Officers (HMO) to join our existing workforce covering:

- general medical and surgical wards
- CCU
- ICU

Sunshine Coast University Private Hospital (SCUPH) opened in November 2013 and is a 171-bed private hospital, offering a comprehensive range of inpatient and day services across a wide range of specialties.

The ICU at SCUPH is a Level 6 Intensive Care. The unit comprises of an 11 bed ICU and a dedicated CCU. The unit has 24 hours presence of a Hospital Medical Officer and is supervised by an Intensive Care Specialist who is always contactable.

The HMO rosters operate 24/7 with shifts in ICU 12 hours long and shifts on the general wards 8-12 hours long.

## Essential Criteria:

- Current general registration with AHPRA
- Minimum of 3 years' clinical experience in Australia
- For CCU: Required to have greater than 12 months CCU experience
- For ICU: Required to have greater than 12 months ICU and/or anaesthetics experience.

## To apply, please contact:

**Oliver Steele, CEO**

**Sunshine Coast University Private Hospital**

**T: 5390 6101 E: [MedicalServices.SC@ramsayhealth.com.au](mailto:MedicalServices.SC@ramsayhealth.com.au)**

Please note, only applicants meeting the above essential criteria will be considered. Applications from locum agencies will not be accepted.



[ramsaydocs.com.au](http://ramsaydocs.com.au)



[ramsay-health-care](https://www.linkedin.com/company/ramsay-health-care)



[ramsayhealth.com](http://ramsayhealth.com)



Nambour Selangor Private Hospital is a modern health care facility providing a comprehensive range of medical and surgical services to the Sunshine Coast community in a caring and supportive environment.

## Caring for people in our community for over 70 years

- Breast & Endocrine Surgery
- Bariatric Surgery
- Colorectal Surgery
- Ear, Nose and Throat Surgery
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Haematology & Oncology
- Oral & Maxillofacial Surgery
- Orthopaedic Surgery
- Paediatric Surgery
- Pain Medicine
- Palliative Care
- Rehabilitation – Day & Inpatient Programs
- Renal Medicine
- Respiratory & Sleep Medicine
- Urology
- Vascular Surgery

**Call 07 5459 7444 for more information  
or visit [nambourselangor.com.au](http://nambourselangor.com.au)**

62 Netherton St, Nambour QLD 5460



**Nambour Selangor  
Private Hospital**

Part of Ramsay Health Care



## Introducing our exciting new practice in Bli Bli

Our new practice is opening on the 1st of July. We are very pleased to provide convenient and local high quality imaging services for your patients. Easy to access North of the river, it is in the heart of Bli Bli in the new Bli Bli Village Town Centre complex. We have ample undercover parking, state of the art facilities, close proximity in Bli Bli and surrounding suburbs including:

- Twin Waters
- Marcoola
- Peregian
- Eumundi
- Mudjimba
- Coolum
- Yandina
- Mt Coolum



Dedicated local practice



Large healthcare team on-site



State of the art facilities



Reduced wait times

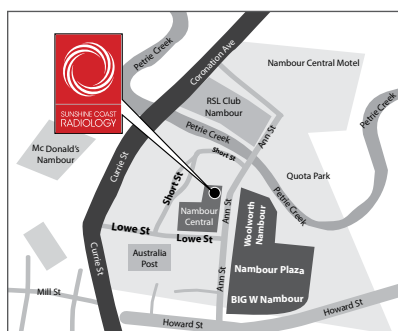


On-site local Radiologists

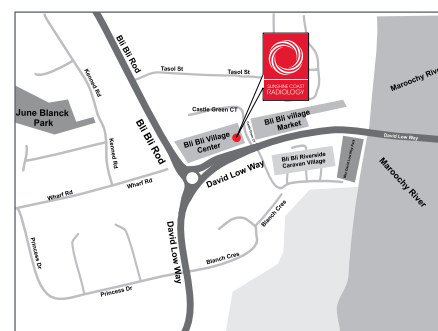


Ample parking

We also have our comprehensive practice conveniently located in Nambour. This opened in November 2018 on Ann St, just before the Memorial Bridge. We are pleased to open our Bli Bli practice on 1 July to provide 2 great local practice sites for your patients.



**Ann St, Main entry before  
the Memorial bridge, Nambour**



**Bli Bli Village Centre  
310 David Low Way, Bli Bli**



**07 5430 3900**



[scradiology.com.au](http://scradiology.com.au)



## Sunshine Coast Orthopaedic Clinic

### The Acute Knee Clinic

The first few days can make all the difference in recovery from a sporting injury.

Dr Steve Lawrie at the Sunshine Coast Orthopaedic Clinic provides an Acute Knee Clinic each Monday and Tuesday which is specifically designed for, but not limited to, sports injuries of the knee with a view to rapid assessment, investigation and adoption of a management plan within the first few days of the initial injury.

The Acute Knee Clinic has now been running for twelve years. We have treated many professional and semi-professional athletes as well as the "weekend warriors", including a special interest in paediatric sporting injuries. Dr Lawrie has a close association with many sporting teams on the Sunshine Coast, including the Sunshine Coast Falcons, Melbourne Storm and many other local clubs.

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques

or an appropriate non-operative treatment programme.

To access the Acute Knee Clinic, a patient needs to have a current referral to Dr Steven Lawrie and plain x-rays of the knee should also be arranged before the initial consultation.

A plain x-ray is very important in the initial assessment to exclude fractures, loose bodies, and to show the alignment of the knee joint and the patellofemoral joint, which cannot be seen on other investigations, such as an MRI scan.

Splints and orthotics can be organized directly with Leonie Walton on 5473 5858. Leonie attends our clinic on a Thursday afternoon, but she is available throughout the week as needed.

The Acute Knee Clinic is intended to complement Dr Lawrie's other interests, including hip and knee replacement, revision arthroplasty, computer assisted joint replacement, cartilage surgery, as well as hip, knee and ankle arthroscopy.

Dr Lawrie is happy to take phone calls for advice, queries etc as this often helps the referral process.

### For appointments contact

Dr Steven Lawrie  
Suite 17, Kawana Private Hospital  
5 Innovation Parkway, Birtinya QLD 4575  
p: 07 5493 3994  
f: 07 5493 3897  
e: [sunshineortho@bigpond.com.au](mailto:sunshineortho@bigpond.com.au)  
[www.sunshineortho.com.au](http://www.sunshineortho.com.au)

### Examples of these injuries include:

A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied with the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.

Paediatric meniscal tears may be repairable early after an injury, but a delay typically means meniscal resection becomes necessary.

Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.

Traumatic meniscal tears where early repair rather than delayed resection can make a dramatic difference in outcomes

Early ACL surgery in the young active patient/sportsman.

SUNSHINE COAST  
**HEART**  
SPECIALISTS  
*your local heart team*



## Your LOCAL Heart Team Comprehensive Sub Specialty Practice

### FIRST TRANSCATHETER AORTIC VALVE IMPLANTATION (TAVI) PERFORMED AT SCUPH.

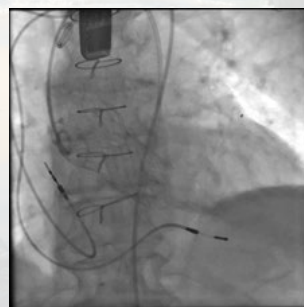
The SCHS Heart Team has successfully performed the first TAVI cases at SCUPH.

TAVI is now the preferred treatment option for patients with severe aortic stenosis. Clinical trials have demonstrated superiority over surgical AVR for high, intermediate and low risk patients.

Our SCHS Heart Team: Drs Peter Larsen and Stuart Butterly, (Interventional Cardiologists) and Dr Mark Johnson (Cardiac Imaging Specialist) worked with Specialist Cardiac Anaesthetist Dr Rae Duffy to perform the first cases on 3rd June 2019 in a major milestone for Cardiac Care on the Sunshine Coast.

Our first TAVI patient was an 83 y.o female. A 26mm Evolut R TAVI was performed and the patient was discharged home the following day!

We welcome all referrals for patients with Aortic Stenosis to be assessed through our Multi-disciplinary Heart Valve Team. At SCHS our goal is to improve access to and the quality of Cardiac Care on the Sunshine Coast.



The Medtronic Evolut R TAVI valve.



Our first patient on discharge, day 1 post TAVI

**PHONE: 5414 1100 FAX: 5414 1101 admin@scheart.com.au www.scheart.com.au**

#### BIRTINYA

Suite 4 Ground Floor  
Sunshine Coast University Private  
Hospital, 3 Doherty Street  
Birtinya QLD 4575

#### BUDERIM

Suite 9 Medical Centre  
Buderim Private Hospital,  
12 Elsa Wilson Dr  
Buderim QLD 4556

#### TEWANTIN

Suite 1, 66 Poinciana Ave  
Tewantin QLD 4565

#### GYMPIE

Ramsay Medical Consulting Suites  
70-72 Channon Street  
Gympie QLD 4570



## HOME CARE PACKAGES AND SELF-FUNDED RETIREES- article 2



All too often we see self-funded retirees accessing home care packages resulting in their paying more for care than if services were directly accessed. This is because fees such as administration and case management fees charged by service providers, reduce the value of funds available for care and support. A fully self-funded retiree may want to consider if it is actually worthwhile accessing a Level 1 or Level 2 package when considering the fees charged by service providers. Home care packages are provided by a range of service providers from not-for-profit and commercial enterprises which are subsidised by government. Therefore, an Aged Care Assessment Team (ACAT) assessment is required to access a package. There are four packages available: **Level 1** – Basic care package, **Level 2** – Low level care package, **Level 3** – Intermediate care package, **Level 4** – High level care package.

Home care packages will not cover full-time care, as a rough estimate the government subsidised services are unlikely to stretch to more than the equivalent of 15 hours a week of care for a Level 4 package. Each package level has a budget allocation which is funded by the Government and the client's own fees. The Government's contribution varies based upon the 'income-test care fee' contributed by the home care recipient. Every dollar paid by a home care recipient, as an 'income-tested fee', will reduce the subsidy paid by the government by a dollar. The 'income-tested fee' merely shifts how much is paid by the government and how much is paid by the home care recipient.

- **Basic Fee** – up to \$10.54 per day (based on 17.5% of the single basic age pension) **PLUS**;
- **Income-tested care fee** – capped at \$11,012.99, calculated by the Department of Human Services (DHS)

Now let's look at the cost of a home care package for a fully self-funded retiree paying the capped 'income-tested fee' of \$11,012.99. You can see from the below table that the self-funded retiree pays the 'basic daily fee' and capped 'Income-tested fee' which equals \$14,860.09 per annum (blue column). This is the amount payable by the self-funded retiree for their homecare package. However, if they were to access a Level 1 package, they would pay only \$12,118 (orange column), as a person can never be asked to pay more than what it costs to take care of them. A self-funded person in this situation may want to consider whether it's actually worth accessing a Level 1 or possibly Level 2 package due to the administration and case management fees which further reduce the value of a package. Hence, what the self-funded retiree is paying for, they may not get back when also paying service provider fees. Therefore, it may be worthwhile for a self-funded retiree to use their own money to purchase the services directly.

Home care package	Basic daily fee per annum (\$10.54 per day)	Income-tested fee per annum (annual capped value)	Basic daily fee + Income tested fee per annum (max. fee payable by self-funded retiree)	Total package value with basic daily fee per annum
Level 1	\$3,847.10	\$11,012.99	\$14,860.09	\$12,118.00
Level 2	\$3,847.10	\$11,012.99	\$14,860.09	\$18,892.40
Level 3	\$3,847.10	\$11,012.99	\$14,860.09	\$36,923.40
Level 4	\$3,847.10	\$11,012.99	\$14,860.09	\$54,133.15

\*fees current to 30/06/19

There is more to consider than just the cost when accessing a home care package as a self-funded retiree. Therefore, we always recommend a home care review be conducted by an accredited aged care specialist when a self-funded retiree is considering accessing a home care package.

Yours in Aged Care



*Sharon Coleman*

Accredited Aged Care Specialist / Accountant



**YOUR AGED CARE SOLUTIONS**

part of the



Aged Care Services Old Pty Ltd ABN 81 609 413 792 t/a Your Aged Care Solutions is a Corporate Authorised Representative of Poole & Partners Investment Services Pty Ltd AFSL 280 232 / ABN 24 093 450 394. The information provided is General Information only and does not take into account your personal circumstances



# Quality health care close to home

Noosa Hospital is a fully accredited medical and surgical hospital located in the heart of Noosa. We welcome privately insured patients, veterans, public patients and overseas visitors.



The hospital provides a range of comprehensive services including:

- Emergency Department
- Bariatric Surgery
- Breast & Endocrine
- Ear, Nose & Throat
- Endoscopy
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Medicine
- Gynaecology
- Haematology / Oncology
- Hepatology
- Intensive Care
- Oral & Maxillofacial
- Orthopaedics
- Plastic & Reconstructive Surgery
- Rehabilitation & Pain Medicine – Day and Inpatient programs, including Hydrotherapy
- Renal Medicine
- Respiratory Medicine
- Urology
- Vascular

**Call 07 5455 9200 for more information  
or visit [noosahospital.com.au](http://noosahospital.com.au)**

111 Goodchap St, Noosaville QLD 4566



**Noosa Hospital**

Part of Ramsay Health Care

## Dr Petra Ladwig

Infertility and Gynaecology



### Providing:

- IVF and Infertility Services
- Colposcopy and treatment with abnormal smears
- Pre-conceptual counselling and antenatal shared care
- Pelvic floor reconstruction/incontinence surgery
- Contraception and menopause counselling
- General gynaecology
- Magnetic chair pelvic floor rehabilitation

**Queensland Fertility Group**

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**ROC** RADIATION  
ONCOLOGY  
CENTRES

## Introducing Rapid Access Palliative Care Clinic

**Radiation therapy is often used as a palliative treatment  
and is designed to provide better quality of life for patients.**

### Our clinic offers:

- Specialised palliative care consultation and treatment
- No wait for CT and rapid access to commence treatment
- Affordable treatment for all patients
- The latest radiation therapy treatments and techniques to minimise side effects, including stereotactic radiation therapy – a first on the Sunshine Coast



### Dr Colin Dicks

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### Dr Marcel Knesl

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### Dr Myo Min

Head and neck, gastrointestinal, lung, skin cancers and stereotactic radiation therapy



### Dr Dinesh Vignarajah

Gynaecological, genitourinary, CNS, haematological malignancies and stereotactic radiation therapy

**For more information, or to refer a patient please contact us  
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[admin.maroochydore@roc.team](mailto:admin.maroochydore@roc.team)



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## BOSNIA AND HERCEGOVINA- A LAND OF RAW CHARM AND SPLENDOUR

Bosnia and Hercegovina is a melting pot of history, culture and natural beauty.

The country's abundant highlights are a beautiful amalgamation of Ottoman and Austro-Hungarian histories. Be it rafting, skiing, wine touring, visiting the historical and architectural centres, or enjoying their rich and unique coffee culture in a dainty café, a trip to the intriguing Bosnia and Hercegovina will surely be one fascinating entry in your diary.



### Bosnia and Hercegovina's Wonders

- **Tunnel Museum:** Located in Sarajevo- Bosnia's capital, the tunnel museum is perhaps the closest we can get to witness the consequences of the civil war in the 1990s.
- **Stari Mosti (Old Bridge), Mostar:** A UNESCO World heritage site, the bridge's arch stands magnificent against the golden sky at dusk or the aesthetic night-time floodlighting. Sit by the cafes strategically set up nearby and savour the splendid view.

### For the Adventure-Hungry

- **Sutjeska National Park:** explore the lush Perućica- Europe's primeval native forest and, Sutjeska National Park, which also offers mountain biking and hiking access to some picturesque upland lakes.
- **Skiing at Bjelašnica:** located near the Sarajevo compact airport, you could hop off the plane and slide through the snow blanketed slopes in an hour! Floodlit night-skiing is a popular attraction. The villages behind the Bjelašnica offer a gamut of exploration opportunities on a mountain bike or foot.
- **Una Valley:** the rapids and waterfall of this valley are thrilling. The imposing **Štrbački Buk** waterfall is the showstopper of the Una National Park and definitely worth a visit. It also has one of the most adventurous rafting stretches.
- **Daredevil Bridge jumping in Mostar:** Who wants to bungee jump when you could savour the exhilarating tradition of jumping off the Old Bridge 20m down into the icy waters of River Neretva?

### For the history addicts

- **Tejika:** the charming half-timbered Dervish house supposedly from the 16<sup>th</sup> century is the main attraction of the city of Blagaj. Tejika stands beside the surreal blue-green Buna River where it surges out of a cliff-cave. Breathtaking!
- **Počitelj:** the breathtaking fortress village from the Ottoman era is a fine example of architectural wonder. The part-ruined complex with stone-roofed houses, clock tower, mosque and the iconic Gavrakapetan tower fills you with an inexplicable nostalgic aura.

### What have we planned for you?

*A comprehensive itinerary has been compiled to include all the exciting attractions of the beautiful Bosnia and Hercegovina.*

- *Guided tour to the Sutjeska National Park with hiking and mountain biking opportunities*
- *Wine touring in Hercegovina*
- *A day at Bjelašnica with skiing, and other excursions included*
- *A guided day trip to Mostar from Dubrovnik with stop at the fortress town of Počitelj, the historic Old Bridge, Old bazaar among others*
- *Trip to the Una River, the glorious Ostrožac Fortress, and the Štrbački Buk waterfall along with rafting opportunities*
- *An evening filled with drinks, local sweets, delectable cuisine and, Sevdah –traditional Bosnian music playing in the backdrop at Kuća Sevdaha.*

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## Doctors secure significant MOCA 5 deal

After a protracted period of bargaining with Queensland Health, commencing February 2018, the *Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018* (MOCA 5) was successfully endorsed by Medical Officers and certified via the Queensland Industrial Relations Commission (QIRC) in May 2019.

You can read more about on the agreement and the wins ASMOFQ, in partnership with AMA Queensland, has achieved for public hospital doctors through the bargaining process online at [www.amaq.com.au](http://www.amaq.com.au).

The new agreement is in full effect from 31 May 2019.

The foundation of the agreement is the increase in wages for all medical officers of 2.5% from MOCA 4 rates per annum for the life of the Agreement and the increase in Professional Development Allowance for both Resident Medical Officers and Senior Medical Officers.

The first salary increase will be 2.5% effective from 1 July 2018. There will be over 39% increase in Professional Development Allowance for Resident Medical Officers and an increase to Senior Medical Officers' Professional Development allowance to compensate for increasing costs associated with continuing professional development, upskilling and registration.

This is a milestone agreement for Queensland's public hospital doctors, and a true sign of our members' value in our public health system.

## Voluntary Assisted Dying

The Queensland Parliament is currently holding an Inquiry into Aged Care, End-of-Life and Palliative Care and Voluntary Assisted Dying.

In April, AMA Queensland provided two submissions to the Inquiry into Aged Care, End-of-Life and Palliative Care and in May we provided our submission into Voluntary Assisted Dying, following extensive consultation with the AMA Queensland Council, which is the policy machine of our organisation.

The AMA Queensland submission made the following key points:

- AMA Queensland does not support the introduction of Voluntary Assisted Dying in Queensland.
- It believes doctors should not be involved in interventions that have as their primary intention the ending of a person's life, although this does not include the discontinuation of treatments that are of no medical benefit to a dying patient.
- AMA Queensland believes doctors and medical facilities have the right to conscientiously object to Voluntary Assisted Dying and that they should not be legally bound to participate.
- AMA Queensland recommends that if the Queensland legalised Voluntary Assisted Dying in Queensland, the medical profession needs to be involved in developing the relevant legislation and guidelines to ensure appropriate safeguards are included.

You can read the full submissions into Voluntary Assisted Dying, Aged Care and Palliative Care at [www.amaq.com.au](http://www.amaq.com.au).



### **AMA Queensland close to securing mandatory reintroduction of fluoride**

As a result of AMA Queensland's relentless campaigning and lobbying for the Queensland Government to legislate the mandatory introduction of fluoride into the Queensland water supplies, the Minister has requested we meet with him to discuss the prospect of amendments to legislation for a mandated outcome so that fluoride can be reintroduced back into the water supply across the State.

We will keep members abreast of progress on this important public health issue.

### **Welcome to the new Board and Council members**

Following the close of ballots for AMA Queensland leadership roles, Dilip has been returned as AMA Queensland President for another term.

We welcome Associate Professor Chris Perry as Vice President, Dr Michael Cleary as Chair and all our enthusiastic new Council members.

We also congratulate our new Councillors and welcome back those that are returning to another year in their representative roles.

This is a steady and experienced team and we look forward to working together to represent Queensland doctors.

You can find the full list of successful candidates at [www.amaq.com.au](http://www.amaq.com.au).

**If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via [membership@amaq.com.au](mailto:membership@amaq.com.au).**

**Dr Dilip Dhupelia**, President AMA Queensland

**Jane Schmitt**, CEO AMA Queensland



88 L'Estrange Terrace, Kelvin Grove QLD 4059 • 07 3782 2222 • [www.amaq.com.au](http://www.amaq.com.au)

## IS THERE ANYBODY AT THE STEERING WHEEL OF THIS JUGGERNAUT?

*Dr Wayne Herdy*

*I don't usually use this column to talk about my personal problems, but this issue is different – and has a global implication.*

*I came back from a recent holiday to find that I had been bombarded with no fewer than five referrals from the Office of the Health Ombudsman to AHPRA about me and my prescribing. The common theme was that the complainants were all drug addicts and had been foiled in their attempts to obtain semi-legal prescriptions for their drugs of choice. All had been notified to Medicines Regulation and Quality and were known addicts on approved treatment programs. All had been unable to doctor-shop because the intending prescriber or pharmacy had made a due diligence enquiry with either MRQ or my office.*

*Last year, a street addict made a complaint to OHO because his pharmacy refused to dispense an opioid to him. His complaint was that I had failed to provide a prescription. The fact was that there was a valid prescription at the pharmacy, but the pharmacist refused to continue staged dosing because of the patient's antisocial and threatening behaviour. After issuing the usual notice to me, an officer of OHO made a phone call to my office, got the facts, maybe also called the pharmacy, and eventually I received a letter that the complaint had been resolved at a local level. Common sense prevailed. That was last year.*

*This year, the performance of OHO has gone totally out of control. Of the new referrals to AHPRA about me, the worst case involved a lady who was a known amphetamine injector, with lots of evidence, from previous treating doctors and from my own records, that this was a fact. She tried to get into another GP. The other GP recognized something was amiss and phoned me. He got an answer that the patient was under MRQ approval, that she had recent proof of injecting and of near-psychotic behaviour. I suggested that he not prescribe (well, under State regulations he was not allowed to prescribe controlled substances for her legally), but if he was prepared to take over her care, he was welcome to contact MRQ and request transfer of the approval. He declined to see the patient.*

*She complained to OHO that I had false information on my records (which neither she nor the other doctor had seen) and that I was stopping her from seeing other doctors, so she wanted the false information removed from my record.*

- *Fact: I was not stopping her from seeing other doctors; the State regulations were stopping her from getting legal prescriptions from other prescribers unless or until they had the MRQ authorization transferred.*
- *Fact: I have an unfair burden of challenging patients that most GP's refuse to see, so I am always delighted when another GP is prepared to take on one of my problem children.*
- *Fact: I refuse to remove from my records an entry which I conscientiously believe to be accurate, especially when there is copious clinical evidence and independent documentation that it is the truth.*

*When they received this telephoned complaint, OHO notified my office that a complaint had been received (but only to inform me that I should have no further contact with the patient in case I pollute their evidence). Nobody from OHO spoke to me to learn that the patient was a florid addict. Nobody from OHO contacted the other doctor to ask what had happened in his office that prompted him to (a) telephone another doctor for information and (b) refuse to see the patient. If OHO had spoken to me, they would have been told that, at the time, the complainant was an in-patient in SCUH being treated for acute amphetamine toxicity. She had been pulled over by the police for erratic driving, with three unrestrained children in the back of the car, and abused and assaulted the police when she stepped out of the car. The children were taken into care by DOCS and handed to their father. The patient was taken to medical care.*

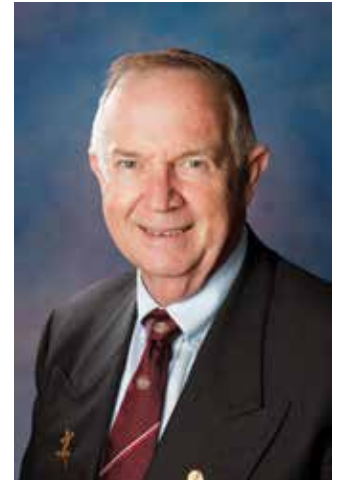


## IS THERE ANYBODY AT THE STEERING WHEEL OF THIS JUGGERNAUT?

**Dr Wayne Herdy**

*In this case, a single brief telephone call from the OHO officer to talk to me could have averted any further action. If any doubt remained, another brief call to the other doctor, maybe one to MRQ, and maybe another to SCUH, would have removed any doubt. Instead, the case escalated straight to AHPRA.*

*The Ombudsman must be seriously lacking in resources (government budget) to flick every matter straight to AHPRA (budget paid by you and me in our registration fees). The OHO staff look as if they are totally lazy or totally stupid or both. Contrasted to the commonsense "local level" resolution of last year, resources are being wasted. Not the least of the resources being wasted is my time – I foresee hours of paperwork before this one goes away, which means that hundreds of patients will not get appointments with me over the next few months.*



*Bottom line: the Office of the Health Ombudsman has failed to exercise its most basic function of enquiry before launching a trivial matter into a major investigation. And, having aired my amazement about this case, I keep hearing that I am far from being an isolated case. There are others. Will you be next?*

### SCREEN TIME STRIKES AGAIN.

*One of my favourite soap box items is my abhorrence of screen time, electronic media generally, and social media specifically. I don't have a Facebook or Twitter account. I relish telling stories about watching families come into the restaurant, sit down and spend the entire time of their family night out totally absorbed in their individual screens.*

*So, of course, I loved it when the news came out last year that the American Medical Association had gone public on their policy about "safe levels" of screen time (starting at zero for the age group 0-2 years).*

*Another fond pursuit of mine is drawing distinctions between male and female behaviour. No, not the salacious stuff, but more subtle differences. When a man goes to destroy another man, he will do so physically, either punch him up or shoot him down. A woman wanting to destroy another woman will destroy her reputation (look up the origin of the word "trivia", ultimately a meeting place in the ancient world where women would gossip about other women). Boys do, girls talk.*

*So let's combine these two peccadillos of mine and look at a study recently reported. The research looked at what teenagers do after school (instead of the archaic pursuits of kicking a football around or whatever). Boys and girls all indulge in screen time, but there is a difference. Girls go to social media. Boys go to gaming. Same rules, i.e. boys do, girls talk, but now in a totally modern environment. There has to be an evolutionary lesson there somewhere.*

Wayne Herdy



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**MEDIA RELEASE**  
**14 June 2019**



## **Rural and remote Queenslanders will have their dying wish**

Doctors' calls for country Queenslanders to be able to live their final days at home have been answered with a \$17 million injection into community-based palliative care services in Tuesday's State Budget.

Australian Medical Association (AMA) Queensland President Dr Dilip Dhupelia said the funding was recognition of a long-standing need in rural and remote areas.

"Sadly, there has been a significant unmet need for palliative care services in Queensland for many years and it's been exacerbated by the ageing population," Dr Dhupelia said.

"Rural and remote areas are hit hardest with historic poor resourcing, lack of staffing and limited understanding amongst Queenslanders of the value of quality palliative care.

"AMA Queensland has advocated strongly for the right of people to die with dignity and minimal suffering and this palliative care funding injection is a giant leap in the right direction."

Dr Dhupelia said a new \$80 million *Healthy Ageing: A Strategy for Older Queenslanders* also funds public education about Advance Care Planning, which AMA Queensland has been advocating for some time.

"AMA Queensland launched the *Fifty over Fifty* campaign earlier this year to encourage people to tackle the taboo topics of dying and death with their loved ones and GP," he said.

"The campaign aims to have 50 per cent of all Queenslanders aged over 50 establish an Advanced Care Plan (ACP) by 2020."

Dr Dhupelia said while 70 per cent of Australians wanted to die at home, only about 14 per cent were able to<sup>i</sup> because they did not have an ACP, which is also called an Advanced Health Directive or living will.

"If your family and GP don't know your wishes for end-of-life care, this can add a lot of extra pressure at a time when loved ones are trying to make difficult decisions on your behalf," he said.

"We applaud the State Government for bringing this important issue to light and urge Queenslanders to start having conversations with their family and loved ones about how they would like to be cared for when the time comes."

Dr Dhupelia called on the State Government to establish a registry for ACPs to ensure the documents were legally binding and could be accessed by all doctors.

"AMA Queensland would also like to see a set of guidelines developed on when clinicians should discuss Advance Care Planning with their patients," he said.

"More end-of-life care is being delivered in communities and at home, so it's vital we develop a strong framework to support and protect doctors and their patients."

**MEDIA CONTACTS: Fran Metcalf, Sequel PR - 0417 627 867;**  
**Chiara Lesevre, AMA Queensland - 0419 735 641;**

<sup>i</sup> Swerissen, H and Ducktt, S., 2014, Dying Well. Grattan Institute





## Take a moment .....

### For the dog lovers ...

A German Shepherd, Doberman Pinscher, and (Storm) Staffordshire Bull Terrier have died and all three are faced with God at the pearly gates who wants to know what they believe in.

The German Shepherd says, "I believe in discipline, training and loyalty to my master."

"Good," says God "then you shall sit by my right side."

"Doberman, what do you believe in?" Asked God.

Doberman answered, "I believe in the love, care and protection of my master."

"Aha." God said, "you may sit by my left side."

He looks at the Staffordshire Bull Terrier and asks, "what do you believe?"

The Staffy answers, "I believe you are sitting in my seat."

### Mahatma Gandhi ...

When Mahatma Gandhi was studying law at the University College of London, a professor by the name of Peters disliked him intensely and always displayed animosity towards him. And because Gandhi never lowered his head when addressing him, as he expected, there were always "arguments" and confrontations.

One day Mr Peters was having lunch at the University dining room when Gandhi came along with his tray and sat next to him. The professor said, "Mr Gandhi, you do not understand. A pig and a bird do not sit together to eat. "Gandhi looked at him as a parent would a rude child and calmly replied, "You do not worry, professor. I'll fly away," and he went and sat at another table.

Peters, red with rage, decided to take revenge on the next test paper, but Gandhi responded brilliantly to all questions.

Unhappy and frustrated, Mr Peters asked him the following question: "Mr Gandhi, if you were walking down the street and found a package, and within was a bag of wisdom and another bag with a lot of money, which one would you take?"

Without hesitating, Gandhi responded, "The one with the money, of course." Mr Peters, smiling sarcastically, said, "I, in your place, would have taken the wisdom." Gandhi shrugged indifferently and responded, "Each one takes what he doesn't have."

Mr Peters, by this time, was fit to be tied. So great was his anger that he wrote on Gandhi's exam sheet the word "idiot" and handed it back to him.

Gandhi took the exam sheet and sat down at his desk, trying hard to remain calm while he contemplated his next move. A few minutes later, Gandhi got up, went to the professor and said to him in a dignified but sarcastically polite tone, "Mr Peters, you autographed the sheet, but you did not give me the grade."

### Thanks to WH for sending this one .....

**\*Another Federal Government study provides quite outstanding results . . . \***

CSIRO Officials admitted that they found about 200 dead crows on the highway between Noonamah and Palmerston, in the Northern Territory, where there was concern that they may have died from Avian Flu.

The Territory Government approved and the CSIRO contracted a bird pathologist to examine the remains of all the crows and he confirmed the problem was definitely NOT Avian Flu, much to everyone's relief.

However, he determined that 98% of the crows had been killed by impact with trucks, and only 2% were killed by car impact.

(Didn't know there was a difference!)

The Territory Government then hired an Ornithological Behaviourist to determine the disproportionate percentages for truck versus car kills.

After 18 months of research and \$2.7 million spent, the Ornithological Behaviourist determined the cause in the deaths.

When crows eat road kill, they usually set-up a look-out crow in a nearby tree to warn of impending danger.

His conclusion was that the lookout crows could say

"Cah ..Cah" but they could \*not\* say "Truck"!

### Quote to ponder ....

When one door closes, another opens; but we often look so long and so regretfully upon the closed door that we do not see the one that has opened for us. *Alexander Graham Bell*



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<b>PLEASE NOTE:</b> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
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<b>2. NAME:</b>		<b>Signature:</b>		
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<b>Please note: Membership applications will be considered at the next Management Committee meeting.</b>				

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 02 MAY 2019  
Maroochydore Surf Club Board Room  
MINUTES  
Accepted at Committee Meeting 30 May 2019**

**Acting Chairman: Dr Mason Stevenson.**

*Note: In the absence of a quorum, all Motions at this meeting to be circulated via Flying Minute for ratification.*

**Attendance:** Drs Mark de Wet, Mason Stevenson, Kirsten Hoyle, Jon Harper, Alicia Lorenz, Fabio Brecciaroli, Observer Jo Bourke (Secretariat)

**Apologies:** Drs Roger Faint, Wayne Herdy, Scott Masters, Peter Ruscoe, Grant Eddie, Jonathan Last, John Evans, Shrey Singh, Tau Boga.

**Minutes of last meeting:** 28 March 2019 (To be accepted).

*Moved: Mason Stevenson. Seconded: Kirsten Hoyle. (to be ratified)*

**Business arising from Minutes:** Nil.

**President's Report:** Dr Roger Faint – tabled.  
Roger phoned in to join in discussion.

**Local Issues:****1. Cocktail Party**

- New format with longer initial drinks, shorter dinner and longer dancing.
- Fund raiser for Wishlist equipment. E.g. psychology based chronic pain mx, ventilatory equipment.
- I suggest we give about \$2000 to Wishlist, regardless of profit
- The idea is to show that doctors care for their community and Wishlist will facilitate this for us by way of ideas and manpower.
- 'Warning!! There may be an auction' e.g. wine

**2. SCHHS Waiting times.** Hopefully the fact page of the Sunshine Coast health district will be easily printed off

**3. The SCHHS Master Clinical Services Plan Development:** the invitation for a representative is a positive one for the LMA

**4. Dr Hawson's Secretary report, Redcliffe & District LMA.**

**5. The local Law Society is interested in another night.**

**QLD issues**

- Emergency waiting times will be an ongoing issues
- There will be trials in relation to pharmacists writing and dispensing scripts for the COC and UTIs in Brisbane.

**National issues**

- The election.
- Private health insurance numbers are continuing to decline.

**Meeting discussion and observations on relevant items:**

1. \$2,000 donation to Wishlist – consensus was to vote on this at the 30 May meeting
2. Elective waiting times in newsletter – to include OPD data in May newsletter; to have print-outs of other data e.g. Elective Surgery and Emergency waiting times available at each meeting.
3. Dr John Evans has expressed interest in representative role on SCHHS Master Clinical Services Planning Group. Suggestion to advertise on website
4. Mason spoke on 'Retired Doctors' issue. Information from Dr Geoff Hawson (Redcliffe LMA) was not included in the April newsletter due to lack of space (40 pages). Suggestion to upload to SCLMA website.
5. Law Society meeting – tentative suggestion for November 28.

**Vice President's Report :** Dr Wayne Herdy (and AMAQ Councillor's Report) – Apology.

**Secretary's Report:** Dr Mark de Wet

**Correspondence In:**

- 12/02/19: Dr Tony Bartone, AMA President – re private patient elections in public hospitals
- 29/3/19: Adj. Prof Naomi Dwyer – re Local public spinal surgical services
- 02/04/19: Dr Tony Bartone, AMA President – Call to members to provide input into AMA's submission to Aged Care Commission
- 10/04/19: Dr Kimberley Bondeson & Geoff Hawson – re Retired Doctors
- 15/04/19: Tracey Warhurst SCHHS – re SCLMA Representative to be selected
- 01/05/19: Tracey Warhurst SCHHS – Information in relation to Master Clinical Service Plan

**Correspondence Out:**

- 15/04/19: Dr Roger Faint to Naomi Dwyer – re selection of SCLMA Rep to the Master Clinical Service Plan
- 17/04/19: Dr Roger Faint to Ross McSwan – re Medico Legal night

**Business arising from Correspondence:**

- Discussion re pubic spinal services. Mason noted that Mater Public is best place to refer patients from his experience.
- Pharmacy prescribing rights – no support from College on this.

**Treasurer's Report :** Dr Peter Ruscoe – Apology.  
(Report tabled by Past Treasurer, Dr Mason Stevenson)

**(a) Accounts to be paid:**

- Telstra – (part account April-May 2019)



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 02 MAY 2019  
MINUTES**

**Accepted at Committee Meeting 30 May 2019**

- Jo Bourke – secretariat April 2019
- Snap Printing – Newsletter April 2019.
- Jo Bourke – Newsletter April 2019.

*Moved: Mason Stevenson – that the accounts as tabled be approved for payment. Seconded: Mark de Wet. (to be ratified)*

**(b) Membership Report:**

- Dr Christine Fawcett (Geriatrics)

*Moved: Mason Stevenson that the membership application be accepted. Seconded: Kirsten Hoyle. (to be ratified)*

**Meetings Convenor Report:** Dr Scott Masters – Apology.

**Hospital Liaison Report:** Apology

**PHN Report:** Dr Jon Harper

- Smart Referral went 'live' to limited release on 8 April. Positive response to date.
- Scheduled for Statewide release in July 2019.

**General Business:** Nil

Meeting Close 19.10

Next meeting Thursday 30 May 2019 Mdore Surf Club

Dr Georgina Hale and Dr Jake Begun – Mdore Surf Club.

***Welcome to our new Members  
(accepted 27 June 2019)***

- Dr Alan Millard (Anaesthesia)
- Dr Frances Waldie (SCUH)
- Dr Tracey Lam (SCUH)

***Applications pending for 25 July***

- Dr Jed Madden (SCUH)
- Dr Richard Hudson (Orthopaedics)
- Dr Brooke Rasmussen (SCUH)
- Dr Rachel Hawker (Anaesthesia)

*A Membership application form is published in every newsletter. Also available on our website:*

***www.sclma.com.au***

*Would you like to be included on our website*

*Directory? A form is available on our website.*

*If you are already on our Members Directory, please check if your details are correct (public information only please).*

**REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

**[www.rdma.org.au](http://www.rdma.org.au)**

**Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)**

**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"

**PLEASE NOTE THE FOLLOWING:**

*The anti discrimination commission of Queensland has the following statement on job advertising:*

*Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply. References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, eg foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc. Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.*

## Your pathology provider on the Sunshine Coast



**Dr Irene Krajewska FRCPA FIAC**

E: irene\_krajewska@snp.com.au

T: (07) 5459 1400

Dr Irene Krajewska graduated from Manchester University in 1978. After five years of FRCS surgical training in the UK and South Australia, she undertook training in anatomical pathology at the IMVS in Adelaide, where she developed an interest in GIT, gynaepathology and cytology under Prof. Svante Orell. She was awarded the RCPA Fellowship in 1990 and the Fellowship of the International Academy of Cytology in 1991. Irene has been an examiner for the RCPA and Australian Society of Cytology. She joined Sullivan Nicolaides Pathology in 2003 and is based on the Sunshine Coast. Her interests are FNA cytology, breast pathology, dermatopathology, gastrointestinal pathology and gynaepathology.



**Dr Jerome Lai FRCPA**

E: jerome\_lai@snp.com.au

T: (07) 5459 1400

Dr Lai graduated from the University of Queensland in 1984 and undertook further training in pathology at the Princess Alexandra Hospital and the Mater Misericordiae Hospital in Brisbane. He was awarded the RCPA Fellowship in 1991. Before joining Sullivan Nicolaides Pathology, Dr Lai was Pathology Queensland's Director of Pathology for the Sunshine Coast region.



**Dr Karien Treurnicht FRCPA FIAC**

E: karien\_treurnicht@snp.com.au

T: (07) 5459 1400

Dr Karien Treurnicht graduated cum laude from the School of Medicine at the University of Pretoria, South Africa, in 1995. Karien moved to the UK in 1999 and undertook specialist training in histopathology at a number of London hospitals. She gained a Fellowship from the Royal College of Pathologists (FRCPath UK) in 2003 and in the following year went on to a Urological Pathology Fellowship at Bostwick Laboratories in Richmond, Virginia, USA. In 2005, Karien became Medical Director of Bostwick Laboratories, London, a full-service independent medical laboratory specialising in the interpretation of prostate and urological biopsies. She joined Sullivan Nicolaides Pathology in 2015 and is based at the Buderim laboratory. Karien is widely published and has presented at conferences internationally.

### **DIFFICULT PATIENT CASES ON YOUR MIND?**

### **FEELING BURNT-OUT OR ISOLATED AT WORK?**

### **HAVE YOU CONSIDERED A BALINT GROUP?**

*Balint groups help GPs, psychotherapists, psychiatrists and other health care professionals to:*

- *Recognize they are not alone in having challenging interactions with patients*
- *Develop increased understanding and empathy for patients*
- *Explore how feelings and thoughts affect the doctor-patient, psychotherapist-client and other therapeutic relationships*
- *Expand their capacity and repertoire for handling 'difficult' situations.*

*A Queensland-based on-line monthly Balint Group for Medical Doctors, Psychologists, Social Workers, Psychotherapists and Counsellors is seeking new members. We meet monthly online on a Tuesday from 0800-0940.*

*For further information, please visit The Balint Society of Australia and New Zealand and The Royal College of General Practitioners News May 2019 Balint Honour.*

*If you are interested in joining the on-line group, please contact :*

*Chel Quinn E: chelquinn@bigpond.com M: 0438 505 494*

*or Kerrie Collings-Silvey M: kcollings.silvey@bigpond.com P: 0414 856 523*

# CLASSIFIEDS

## DOCTOR REQUIRED FOR CARDIAC STRESS-TESTING FACILITY.

- Regular part-time work.
- All training provided.
- Attractive remuneration.
- Facilities on Sunshine Coast and Gympie.

For further information. Please contact Dr Andrew Paszkowski at Lakeview Imaging. **Ph: 54931649.**  
June 2019

## FEMALE VR GP WANTED

- Busy Clinic is seeking a female VR GP to work with a supportive and relaxed team of GPs and nurses, at a Not for Profit Centre offering women's health services in sunny Mooloolaba in the heart of the Sunshine Coast.
- Hourly rate of \$120.00 plus superannuation. Work at your own pace, take the time to give thorough care to appreciative women. Fully computerised using Best Practice software. Work as many or as few hours as you like. Choose your own hours, no weekend work, no after hours. Opportunity to be involved in decision making and goal setting for the Clinic if interested.

**Check out website at [northcoastwomenshealth.com.au](http://northcoastwomenshealth.com.au)**  
**Please contact Wendy Stephenson on 0754448077 or 0416 938 040 or [womenshealthcare@bigpond.com](mailto:womenshealthcare@bigpond.com)**  
June 2019

## SPECIALIST CONSULTING SUITES IN NOOSA HEADS

Stylish and modern medical consulting suites available for hire on a sessional basis in Noosa Heads. The suites are centrally located in the heart of the Noosa Heads shopping precinct with free on-site parking.

- Ground floor, Large reception area,
- Comfortable waiting area
- Kitchenette, Wi-Fi available, Fully air-conditioned
- All suites are professionally sound-proofed
- There are dedicated medical consulting rooms fully equipped with examination beds, internet connection and hand washing facilities
- There is a consulting suite equipped with a desk and round table as well as internet connection, best suited to Psychiatrists
- A board room is available for meetings
- Disabled access, On-site parking
- Half day session 'Meet and Greet' service \$185 + GST
- 8.30am-12.30pm or 1.00pm-5.00pm
- Full day session 'Meet and Greet' service \$370 + GST
- 8.30am-5.00pm
- If needed, additional reception services can be negotiated.

**Please call Lise (Practice Manager) to enquire**  
**Phone 07-5447 2144**  
June 2019

## CHANGE OF ADDRESS FOR ROOMS

Dr Ajay Verma, Specialist Physician has moved his rooms from the Medical Centre at the Buderim Private Hospital to the Nucleus Medical Suites. He now has rooms at the following two address:

Pulse Oceanside Medical Suites  
Suite 604, Level 5  
11 Eccles Boulevard  
Birtinya Qld 4575

**and also:**

Nucleus Medical Suites  
Building A, Suite 4, Level 2  
23 Elsa Wilson Drive  
Buderim Qld 4556

**Contact details for both Rooms:**  
**T: 5437 7390 F: 5302 6660**  
**Email: [reception@drjayverma.com.au](mailto:reception@drjayverma.com.au)**

June 2019

## TWO CONSULTING ROOMS AVAILABLE

- There are Two Consulting Rooms Available at both the Pulse Oceanside Medical and the Nucleus Medical Suites
- Sessional or long term lease available
  - The Pulse Rooms are located in a prominent position, close to Sunshine Coast University Public and Private Hospitals
  - The Nucleus Rooms are also located in a prominent position close to the Buderim Private Hospital
  - All electricity, heating and air conditioning included
  - Close to Parking Lot and Local Bus Stop
  - Able to provide secretarial support if required

**For further information or to inspect please contact Gayle O'Brien 5437 7390**  
**Email: [reception@drjayverma.com.au](mailto:reception@drjayverma.com.au)**

## PAEDIATRIC ALLERGY SERVICE AT SUNSHINE COAST PAEDIATRICS

- I am pleased to announce that I have started a Paediatric Allergy Service from our Rooms at the Nucleus Suites, Buderim Private Hospital. I am happy to see children with all forms of Allergy – Eczema, Food Allergy, Asthma, Allergic Rhinitis, Urticaria, FPIES etc.
- Patients will receive a full Allergy Consult over an hour. Skin Prick Testing will be performed by myself as needed for diagnosis from a year of age.
- Management plans giving Treatment Guidance will be provided after the consult. Appropriate follow up will be scheduled and ongoing support given as appropriate. Immunotherapy for House Dust Mite & Pollen Allergic Rhinitis can be offered.
- I completed the Graduate Certificate in Clinical Allergy in 2016. I am an Associate Member of ASCIA and attend their Annual Meetings each year. I am the Paediatric Representative of the ASCIA Associate Members Group and represent them on the National Allergy Strategy Roundtable

**Dr James Scorer FRACP, GCCA, FCP(Paed)SA, MMed(Ped) Stell, MBChB(Pret)**  
**Sunshine Coast Paediatrics**  
**Suite 9A, 23 Elsa Wilson Drive, Buderim, 4556. Tel: 54061270**  
**Fax: 54445322**  
April 2019

## GENERAL PRACTITIONER VR- CALOUNDRA

We are looking for a FT or PT VR General Practitioner to join our well established, and privately owned family practice.

- This practice provides ongoing quality care to a large number of patients and visitors in the area.
- Currently the practice consists of three doctors supported by one practice manager, three registered nurses, three receptionists and one book-keeper.
- We are a mixed billing practice with well-established operating systems and very loyal patient base.
- No after hours or weekend work required.

Please email resume to [admin@trinityclinic.com.au](mailto:admin@trinityclinic.com.au) or contact Nadine Ware on **07 5491 9888.**  
May 2019

## GENERAL PRACTITIONER (VR) - SUNSHINE COAST QUEENSLAND

**To find out more, please email your resume to [admin@nambourclinic.com.au](mailto:admin@nambourclinic.com.au) or ring Rowena for an informal chat 0412 292 666.**  
*Continuing as per request.*

## CLASSIFIEDS GUIDELINES FOR 2019

- Classifieds are FREE for current SCLMA members
  - Classifieds have a placement life of 3 newsletters
  - Cost for non-members is \$100 + gst
- ALL QUERIES:Contact: Jo 0407 07 112**

SCLMA Clinical Meeting - 30 May 2019  
 Maroochydore Surf Club Private Function Room  
 Speaker: Dr Jake Begun, Gastroenterologist, Mater Hospital, Brisbane.  
 Topic: "The Role of the Microbiome in Health and Disease"  
 Speaker: Dr Georgina Hale, Infectious Diseases Specialist  
 Topic: 'Clinical Implications of an Unhealthy and Healthy Microbiome :  
 New Molecular Tests and what to do with the results  
 Sponsor: Microba



*T*  
 This was one of the best attended meetings  
 in our history with over 80 attendees.

*We thank our Presenters - Dr Jake Begun  
 (top left)*

*and Dr Georgina Hale (top right)*

*and our sponsor Dr Ken McGrath (right)  
 from Microba.*



#### **Meeting dates for rest of 2019**

**Thursday 25 July** - PHN with invited speakers from SCHHS - Mdoore Surf Club

Topics: The new Smart Referrals system for GP referrals in to Queensland health hospitals.including My Health Record update and HealthPathways update

**Thursday 29 August** - Dr Greg Finch, Orthopaedic and Spine Surgeon (AGM will be held also)

Topics: Minimally invasive spine surgery and or cervical disc replacement surgery

**Thursday 19 September** - One week earlier than usual due to school holidays.

Topics: Dr James Moir: Genetic Dilemmas in 2019 (to be confirmed) and Dr Petra Ladwig: Managing infertility in general practice (Female and Male infertility) (to be confirmed)



**Sunshine Coast Local Medical Association Inc**

PO Box 549 Cotton Tree QLD 4558



[www.sclma.com.au](http://www.sclma.com.au)