

NEWSLETTER

JUNE 2013

SCLMA President's Message Dr Rob Ingham



Our AGM approaches with all positions up for re-election. Whilst the present committee has performed very well and I hope they continue in their current roles I would sincerely encourage all LMA members to consider nominating.

Last week I attended the Nambour General Hospital Outpatient Department meeting. This proved an excellent opportunity for our association and local GPs to have input into the OPD. This was a vibrant meeting, with discussion between GPs, Hospital administration and Specialists.

Some of my misconceptions were corrected proving you are never too old to learn! It is certainly beneficial to have such an open line of communication and we will certainly be endeavouring to ensure these meetings continue. The next meeting is scheduled for Cotton Tree in September.

Two general practice liaison doctors will be employed in the next few months, one by the NGH hospital board and one by Medicare Local. We look forward to a close association with these doctors.

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



A big goodbye and thank you to Gail Palmer, who is leaving her position as GP Liaison Officer at Focus Health Network. We thank Gail and wish her all the best in her future endeavours. We welcome Dani Causer as Gail's replacement and she will be coming to our LMA meeting this month.

I look forward to seeing all our members at this year's premier social occasion, "Christmas in July" - invitation on page 23.

Rob Ingham

SCLMA 'Christmas In July' Function Sponsors making it happen - thank-you!

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SCLMA website: www.sclma.com.au

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

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JULY 2013
NEWSLETTER
Deadline Date for
April newsletter will
be MONDAY 15
JULY.

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

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

Contact Jo: 5479 3979 Mobile: 0407 037 112

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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 in this newsletter.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself

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

2013

Current Membership subscription is \$55 for full membership with a sliding scale for part-time and free membership to doctors-in-training.





Editors Corner: June 2013

Waterloo, Westminster,
Piccadilly Circus ...
These are the many names

These are the many names that have recently occupied my attention. Thanks to technology this month's Editorial comes to you from the UK.

I arrived in London last Friday partly to enhance my medical education but also for a great deal of pleasure. The medical education takes place at St Thomas's Hospital which is located on the banks of the Thames with a great view of the Houses of Parliament.

Clive Fraser's article this month talks about ghosts and gremlins. From your article it sounds like you drive a volkswagen, "Das Auto".

Kevin tells us about the true cost of medicine before he too heads off to the UK.

Michael Ryan takes us to the Purple Palette while Wayne Herdy gives us all a reality check when it comes to reaccreditation.

We get to meet Dr Christian Rowan, the new AMA President and what challenges lie ahead.

On the dining front it has been a visit to Jamie Oliver's diner restaurant in Piccadilly Circus for a Reubens rye sandwich with pastrami, sauerkraut and fresh mustard. Mouth-watering delicious.

Did I mention the pickle!

So I bid you farewell and safe school holidays.

Bon Voyage.

Marcel



SCLMA CLINICAL MEETINGS 6.30pm for 7pm (Completed by 9pm)

SATURDAY 13 JULY 2013

'CHRISTMAS IN JULY

FUNCTION - ONCE A YEAR EVENT!

Lily's on the Lagoon, Novotel Twin Waters
6.30pm for 7pm - dress smart casual.

Over 100 booked to date!

THURSDAY 25 JULY 2013

Sponsor: Ramsay Health

Speaker: Kimberley Pierce, CEO

SC University Private Hospital

Topics & details of clinical speakers to be advised.

Venue: Maroochydore Surf Club

THURSDAY 22 AUGUST 2013

Sponsor: Qld Diagnostic Imaging

Speakers: Doctors - Nambour General Hospital

& from QDI

The Annual General Meeting will be held that night..

Venue: Maroochydore Surf Club

THURSDAY 26 SEPTEMBER 2013

Topic: Men's Health

Speakers: TBA

Venue: Ebb Waterfront Dining

THURSDAY 24 OCTOBER 2013

Sponsor: Ipsen

Speaker: Dr Stuart Collins, Urologist Venue: Maroochydore Surf Club

THURSDAY 28 NOVEMBER 2013

Sponsor: Caloundra Private Hosp & nabhealth

Speaker: Dr Doug Maclean, Orthopaedic

Surgeon

Venue: Maroochydore Surf Club

ENQUIRIES:

Jo Bourke

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

Meeting attendance:

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

website: www.sclma.com.au

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HEALTH SERVICE LINK - JUNE 2013with Kevin Hegarty



Dollars and Care

The recently announced State Government Budget and the impending commencement of the new financial year have ensured that there has been a heightened focus on finances over recent weeks.

I expect the Hospital and Health Service (HHS) will end the current financial year in a reasonably sound position. Our HHS spends \$1.78M a day on the provision of health services. In that context, a variance of a mere 3 days worth of activity can mean a deficit or a surplus of \$5.3M.

Considered decision making within our clinician led devolved management structure underpins our success in providing quality patient care in an efficient and sustainable way.

Our Local Challenge

An increasingly important component of our budget is what is officially termed "Own Source Revenue" (OSR).

Each HHS has an annual target established for OSR and that amount, together with the allocated Government funding, forms our annual budget. This means in effect, that the HHS has a large proportion of funding provided to it, but there is an increasingly important share of required funds that we are required to earn ourselves. It is as simple and as complex as that. There are rules, including State and Commonwealth intergovernmental agreements that regulate how and what we can do to raise revenue.

Fundamental to our capacity to generate the funds that we require, in order to achieve OSR targets and importantly provide health services, is our ability to exercise our bulk billing rights for outpatient appointments.

There is nothing new about this process. It has been in place in Queensland for many years. What is new is the increasingly vital role the Medicare billing process plays in enabling the provision of existing and expanding outpatient services.

We take our responsibilities to satisfy all the requirements associated with outpatient billings, very seriously.

Take a letter.....

One aspect of our outpatient services that has been reviewed over recent months, is the correspondence that is issued as a result of referrals received.

In a progressive exercise, all HHS proforma letters have been assessed and revised. This will be an ongoing practice. I acknowledge the active participation of several GPs throughout this process. As Rob has mentioned in his column, he, Di Minuskin, Scott Phipps, Scott Parsons, Russell Wiseman, and a number of other GPs have given of their time to attend a number of evening meetings that have been an important element of our correspondence review process. Rob and Di's ongoing membership of the Outpatient Management Committee will further assist with our commitment to continually improve outpatient services together with our engagement with General Practice.

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

Kevin Hegarty@health.qld.gov.au



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AMA QUEENSLAND - PRESIDENT'S REPORT

Alcohol, drugs and rural health in focus for new AMA Queensland President



Dear Members,

This is my first column as AMA Queensland President 2013-14 having been inducted to the position on Friday 14 June at the AMA Queensland Inauguration Ceremony.

As an Addiction Medicine Specialist I intend to highlight, among other important issues, the areas of alcohol, tobacco and other drugs; rural health; and preventative medicine.

In addition to my role as AMA Queensland President, I am also the Deputy Chief Medical Officer at UnitingCare Health, Director of Medical Services at St Andrew's War Memorial Hospital and Medical Director at Addiction Sciences Queensland.

My work in addiction medicine has given me a broad overview of the complexities involved in caring for patients affected by drugs and alcohol. Addiction medicine appealed to me as specialty because it requires holistic patient care and successful treatment holds benefits for the individual patient but also the broader community.

Queensland communities suffer a significant health, social and economic burden because of substance dependency and I am determined as AMA Queensland President to tackle these issues head on. Australia has seen a huge increase in the misuse of prescription medicines, an alarming situation that requires long-term, sustainable and collaborative solutions that support patients and reduces the human and financial cost of addiction.

My other medical experience includes more than a decade of general practice in rural and regional Queensland which gave me invaluable insight into the unique challenges and rewards on offer to doctors in the bush. I have seen first-hand how important it is to maintain support networks for health professionals working in rural and remote areas.

I also have significant interest and experience in Indigenous health care and supporting *Closing the Gap* initiatives will be a high priority, planning for visits to indigenous communities in Cape York and Far North Queensland is already underway.

As the Federal election draws closer, AMA will be actively campaigning for additional General Practice support. We will be highlighting issues affecting GPs such as the lack of Medicare Benefits Schedule item indexation, changes to the Practice Incentives Program impacting on after hours GP services and the rollout of eHealth initiatives.

We will also continue discussions with the Queensland Government over its Health Ombudsman Bill, which has significant failings in its current form. Although AMA Queensland supports the development of a more efficient, transparent health complaints management process, we strongly believe that a level of independence from Government is required to protect the integrity of the Ombudsman's powers.

Despite the many challenges we will encounter over the next year, I am extremely honoured to hold the position of AMA Queensland President and I look forward to working with our AMA and fellow LMA members over the coming months.

Yours sincerely,

Dr Christian Rowan, AMA Queensland President

Finance Brokers – what can they do for you?



By John McNamara – Director, SMS Finance

Finance brokers these days are professionals who can offer busy clients a great deal, both from a price and service prospective.

Brokers generally hold accreditations with most major lenders and can act as your agent between you and the banks. They also should be able to handle all types of finance from commercial premises purchases to fitouts to home loans. Most importantly this service is at no cost to the client as they are paid by the lenders.

Using a knowledgeable broker can mean that the busy medical professional does not need to take time out of their day to formulate a loan application or visit a bank. Brokers can do the running around for you and good ones who have years of experience and relationships are generally able to quickly locate the better packages for client.

Like a lot of other brokers I previously worked for a major bank for 20 years and have now also been a broker for 11 years. At SMS Finance we now have a staff of 10 which includes seven former bank managers, so we believe we cover all forms of finance such as motor vehicle and equipment finance to home loans and commercial property finance.

What's special at the moment?

Through a couple of the major banks on our panel of lenders we have access to their "medical professionals" policies. The policies are very broad; however following are some examples for the special offers that may be available at the moment (subject to credit approval).

Business lending for property purchases

For medical professionals looking to buy their own premises you may be able to borrow up to 95% of the purchase price of a commercial property.

Practice goodwill

For loans of up to \$1 million, lenders will consider lending up to 100% of the goodwill figure of a practice.

Working capital

Unsecured business overdrafts are available to the lesser of \$150,000 or two months revenue.

Equipment finance

100% funding generally without the need for additional security. This could include fitouts.

Home loans

90% lending margin for all residential properties up to \$5 million without Lenders Mortgage Insurance.

For more information or any questions contact:

John McNamara at SMS Finance on 54 300 900.

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

REVALIDATION

Those who actually read my column and remember it might recall that a few years ago I was predicting that the Australian medical profession was likely to be subjected to re-credentialling in the not too distant future. For once, my crystal ball is not clouding over; this prediction is starting to develop some clarity.

Shakespeare wrote: "Give me young doctors and old lawyers." (please don't embarrass me by asking for the citation). This quote rings true centuries later. Lawyers get smarter with experience, but doctors go out of date quickly. I remember the era of the 80's when every month saw a new antiarrhythmic drug, none of which is still marketed. I recall seeing one of the first laparoscopes in the early 70's – today minimally invasive surgery is the industry standard. Today's radiologists and interventional cardiologists can get wires into tiny hidden places that only a decade ago were the exclusive province of the open-heart surgeons.

Medical science is growing faster than publishers can get the research onto the Internet. Patients are increasingly seeking excellence in their chosen doctors (and researching them via Internet searches) rather than taking pot luck.

What gap needs to be filled? Doctors are recognized as imperfect. Some are more imperfect than others. The Victorian Medical Board recently declared that 3% of doctors generated 49% of patient complaints. Very few Australian doctors reported to our regulatory bodies are ever referred for re-training. The New Zealand Medical Board recently declared that 1.5% of their doctors are actually "unsafe". The UK has recently introduced a level of re-certification. Doctors in the USA are subject to periodic Board re-examinations.

It seems self-evident that enforced re-education (and re-examination) will raise the academic standards of doctors. But there is scant evidence that this will produce the supposed outcomes of better patient care and fewer patient complaints.

The health industry is changing to reflect these developments. We are all subject to mandatory CME, at least since National Registration, and semimandatory CME for decades before that. The debate in Australia is no longer *whether* our doctors should be subject to periodic re-certification, but the form that revalidation will take.



Will it be targeted (at least to start with) against doctors who produce the highest number of reports? Or should it be universal from the commencement? How often do doctors need to go back to the examiners? Will the examinations be left to the learned Colleges or will the Medical Board (and ultimately AHPRA) be determining standards? And who will pay for the education and examinations? [This last question is especially important if the current proposal to cap tax-deductibility of self-education comes to fruition.]

What is important, even vital, for the medical profession, is that we retain as much control of the regulatory process as possible. The Medical Board of Queensland (with its doctor members) was recently sacked wholesale and their oversight function will be replaced by a Medical Ombudsman (unlikely to be a doctor). We do not want to become a political puppet yet again, for some aspiring bureaucrat or Ministerial hopeful to gain a public profile by further doctor-bashing. What doctors want is the best chance of an optimal outcome for every patient intervention. When re-credentialling becomes a reality (and I have no doubt that it will), we want to see the highest level of self-regulation that the political process will allow.

We doctors are the guardians of the sacred knowledge, and it is not being parochial for us to claim the highest level of involvement in determining how our practitioners will keep the light of that knowledge burning brightly into the future.

Wayne Herdy

North Coast Branch Councillor, AMAQ

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June 2013 Update from Gail Palmer GP Liaison Focus Health Network Ltd

The new financial year begins - a time to review plans, anticipate new initiatives, nurture relationships and develop new ways of working. That is the expectation for the GP Liaison program as well. FHN works with the Sunshine Coast Hospital and Health Service to strengthen the working relationship between general practice and the public hospitals to ensure appropriate access to health care for patients. We look forward to the SCHHS appointment of a new GP Liaison Officer to work in this program, with particular emphasis on addressing SOPD wait lists. Dani Causer from FHN will be providing FHN Clinical Support to the program.

FHN is grateful for the support of the GPs and NGH Specialists to work towards better patient clinical handovers. I am happy to tell you that the GP-NGH audit of discharge summaries has been completed. It was a truly collaborative effort. Overall, there was a mixture of positive comments as well as identification of clinical content and formatting issues to address. The GP auditors noted inadequacies of content in the management plan and details in medications, investigations and procedures. Completion of patient adverse reactions/alerts requires attention promptly. Mismatching of clinical content to the template document headings was identified as a frustration. NGH is working on analysing the results and we look forward to the report. Then there will be the work of making changes to improve the handover documents.

There have been positive reports from GPs stating that Consultants in the Rapid Access Medical (RAM) Clinics at NGH are working with GPs to manage patients with an acute exacerbation of chronic illness by discussing medical care by phone or scheduling a face to face patient appointment the next day. Dr Dawid Smalberger (Director, General Medicine) attended the GP Registrar Training meeting this month to talk about this clinic and discuss issues in managing these patients in general practice.

The 'What's New in Antenatal Care - Pregnancy Update' education evening has been rescheduled to Wednesday, 10 July 2013. It will be a great evening with new information, an opportunity to meet with colleagues – old and new plus a chance to pose questions to colleagues. There's room for all with 27 doctors and nurses registered so far!

Also, for your convenience, <u>Referral information</u> to SCHHS SOPD is located on our website including the <u>Referral Work-Up Guide for General Practitioners.</u> More information can be found on the FHN website on the <u>GP Hospital Liaison 'What's New?'</u> Page.

What an opportunity it has been to be involved where staffs from healthcare sectors try to work together to ensure appropriate and equitable patient access to health care! Certainly, there have been challenges, gains made and plenty of work to do. So it is onwards we go because for sure, by choosing to work in healthcare, we are in a privileged position to make it work better for all. I wish you all well as I leave this role and as always your comments, feedback and suggestions are welcome.

Yours in health,

Gail Palmer (former GP Liaison Project Officer)

Contact: Dani Causer at Focus Health Network P: 07 5456 8888 DCauser@fhn.org.au



Secure your Location Goodwill

Medical practices are usually very stable businesses, operating from the same location for many years. Over time, while the doctors operating from the location may change, the public associates the physical location with a medical practice and the site goodwill grows. With this in mind, a strategic opportunity may arise to own the physical location and capture this site goodwill for the future.

Many of you have probably thought from time to time what it would take to purchase a commercial medical suite, perhaps with a colleague or on your own. This is not a silly idea or in most cases that far out of reach. A stunning opportunity has presented itself to act upon this idea and make it a reality. Maybe the time is neigh? There is a somewhat a perfect storm at large with a mix of significantly low interest rates, deflated property prices in a buyers market and the opportunity of long-term growth yields. In most cases what seems to hold us back from activating this idea is of course, personal cash flow, most of which is tied up in the family home, the business and other personal debt pressures. Let's face it, with Superannuation going to 12% by 2019 chances are there will be a point undoubtedly for most of us that our superannuation may have more liquidity than we do personally. It's just a fact. This being the case you may wish to make this liquidity work for you and see your Super Fund help achieve your goals now and into the future.

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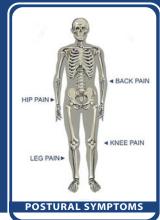
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"THE LOVE CHACK"



dr. plonk

There are no successful glorious works of art or endeavours that aren't fuelled by love and commitment and this is evident in the Eden Valley winery Brochenchack. The passion and love stems from proprietors Marilyn and Trevor Harch's connection with their wonderful four grandchildren whose combined names make up the winery's name; BRO-nte, ma-CKENzie, Ch-arlotte and j-ACK. Throw in the skill of a sixth generation master wine maker in the form of Shawn Kalleske, whose own label" Laughing Jack" finds its way on top end wine lists, and you have a team whose end product will always represent quality over commerce.

The Brochenchack vineyards are on Pub Rd and in its day must have been a charismatic area with a Pub and Horse watering stables down the road and Butchery and a Brothel on the vineyard site. The latter buildings have been renovated and act as Cellar door and Guest house. Great wine begins in the vineyard and the vinous pedigree of these 100 plus year old vines is evident as the Shiraz fruit has been going into Yalumba's premium Octavius Shiraz for years. The Riesling vines are from 1896 and believed to be the oldest in Eden Valley.

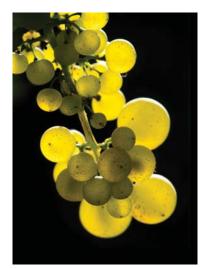
Trevor and Marilyn, also owners of the Purple Palate wine shops, are both commuting Queenslanders who feel a real connection to the vineyard. Trevor's main vocation has been in building and development but he has been unable to quash the Lutheran Germanic stirrings entrenched in his Barossa ancestors. Hence his natural attraction to the Adelaide surrounds. The first 66 acre block was purchased in 2007 and they have an additional 40 acres acquired in 2010. At present about 23 acres are producing with a mix of Shiraz, Riesling and Pinot Gris. More Shiraz has been planted along with Chardonnay, Cabernet Sauvignon and Pinot Noir. Sean and Trevor see the intricate challenge of growing a thorny grape like Pinot Noir as a personal challenge. At 400 plus meters above sea level and the choice of the right clones they may be closer to success than what is realised.

The Grandchildren adore their holidays at Brochenchack and they see a future at ages between

8 and 10. The two boys have a convivial familial rivalry as indicated by Mackenzie saying to Jack, "how about you make the wine and I travel the world and sell the wine."

Trevor and Marilyn have an innate sense of the legacy that is forming. They strongly believe that whilst the immediate gratification of producing award winning wine from their earthly retreat is soulful contentment, it pales into insignificance the substance of a palpable bequest that will live on in the hearts of four spirited grandchildren.

THE WINES



- •2011 Brochenchack Eden Valley Riesling (\$15) One of only 2 Gold medal Riesling winners in the Barossa Show. Enticing pale yellow colour, lime citrus nose with hints of fresh grass and ginger. The palate is moderately lush with loads of acid that zing on the palate like a lemon curd. Have with Thai grilled scallops.
- •2011 Tru-Su Brocnechack Rose`(\$12)- Silver medal winning wine made after only hours of skin contact from premium Shiraz grapes. Pale ruby colour with strawberry nose and hint of spice. Luscious moderately

sweet anterior palate with a hint of pepper. Serve chilled with an artisan peperoni pizza.

- 2010 Zip Line Brochenchack Eden Valley Shiraz (\$20) - Deep ruby to purple colour. A nose full of aromatic plums that open up in the glass to more Christmas cake aromas. Full palate with dark fruit and midpalate tannins balanced by French and American oak. Try with Maggie Beer's quince and Thyme Spatchcock.
- 2008 Jack Harrison Brochenchack Eden Valley Shiraz (\$55) - Serious wine from handpicked fruit. All the classic aromas of plum, blackberries, and hints of tarragon and pepper. Full palate and loads of balanced sweetness. Cellar 20 years easily. Try with Boeuf Wellington, a classic!

Dr Plonk



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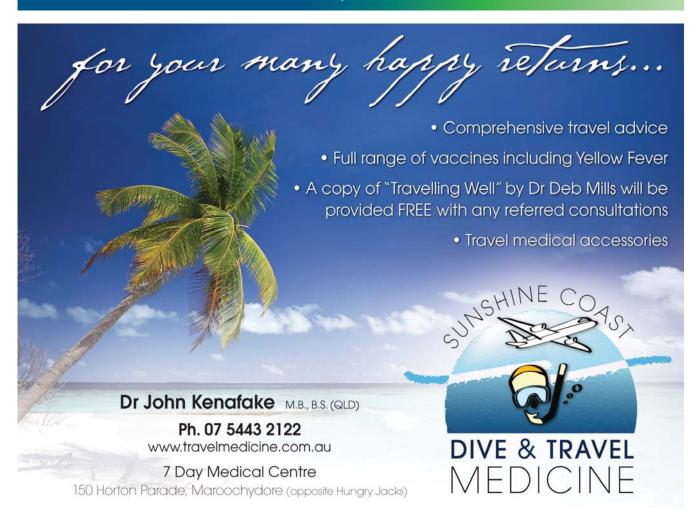
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MEDICAL MOTORING

with Doctor Clive Fraser

Parking Sensors ...

"Is my car haunted?"



Having worked in the field of psychiatry for nearly 30 years, I'd be the first person to admit that I have met some interesting people in my time.

For the most part I'm humbled that most of my patients are just like you and I.

They have all the strengths and frailties that make us human.

And whilst many people have confided some very personal details, I'm yet to meet someone who has told me that they've actually seen a ghost.

Whilst this may simply be an aberration in my history taking as I ask no screening questions on this topic, I am quite surprised that there have been no apparitions, particularly amongst those unfortunate individuals who have the severest of mental ailments.

Throughout recorded history and in most cultures there is a common element that sightings, if not belief in the presence of ghosts is almost universally described.

As a paid-up member of the Skeptics Society I can assure you that I hold no belief in water-divining or homeopathy, but I do know that millions of people around the World do believe in these things.





As a scientist I can immediately explain this as relating to the power of the placebo.

So if millions of completely sane individuals can believe that a solution containing not even one atom of a substance may relieve them of their ailment, why can't I for a brief moment believe in ghosts?

My evidence for my car being haunted stems from the fact that annoyingly and intermittently my reversing sensors have started detecting something behind my vehicle.

This only began when my car was two years old.

After replacing the aforementioned sensors multiple times the problem has persisted with my dealership finally suggesting that my factory-fitted tow-bar was the problem.

But I'm still unable to understand how my towbar eluded detection for a whole two years and according to Google I'm the only owner on this planet with this problem.

Could it be a ghost?

Why not?

Some 'facts' about ghosts

What is the mass of a ghost?

MEDICAL MOTORING / cont:

 Most ghosts are the same size as an ordinary human equivalent. The average human has a volume of 70 litres. As ghosts 'float' in the air their mass would be 1.2 kg per cubic metre which means the average ghost weighs 84 grams.

What do ghosts wear?

· Clothes silly, just like the rest of us!

Why don't ghosts have feet?

 A good question which I can answer in a future motoring column if enough doctors need to know.

PS:

Whilst not acknowledging that my car may be haunted, the manufacturer of my vehicle has now found a 'gremlin' in my gearbox and will be replacing 30,000 units in Australia to eradicate the pesky problem.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com





SCLMA CHRISTMAS IN JULY SATURDAY 13 JULY 2013

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OUR ONLY SOCIAL EVENT FOR 2013

Our Christmas celebration in 2012 was voted the best ever. We reckon we can top it this year! No limit on numbers!

Venue: Lily's on the Lagoon, Novotel

Twin Waters

Menu: Chef's selection canapés (hot

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Music: We have spent hours and

hours looking at options and have booked a DJ for the

night.

Our DJ 'Jaye' will play OUR music selection and absolutely

promises to play SOFT MUSIC during dinner!

Cost: Members free, partners \$55

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Accom: Stay overnight at greatly

reduced rates. Phone: 5450 9591

Booking form Page 23.

Type 2 Diabetes and Exercise

AEROBIC EXERCISE EFFECTS

During moderate-intensity exercise in non-diabetic persons, the rise in peripheral glucose uptake is matched by an equal rise in liver glucose production, the result being that BG does not change except during prolonged periods of exercise where it becomes depleted. In individuals with T2DM performing moderate-intensity exercise, BG utilization by muscles usually rises more than liver glucose production, and BG levels tend to decline. The role of insulin is to unlock the door to the muscles allowing glucose to enter. The effects of a single bout of aerobic exercise on insulin action vary with duration, intensity, and subsequent diet; a single session increases insulin action and glucose tolerance for more than 24 h but less than 72 h 7 . The effects of moderate aerobic exercise are similar whether the PA is performed in a single session or multiple bouts with the same total duration 8 .

During brief, intense aerobic exercise, plasma catecholamine (adrenalin etc.) levels rise significantly, causing a major increase in glucose production⁹. Hyperglycaemia (high blood glucose) can result from this and last for up to 1-2 h. This is likely due to plasma catecholamine levels and glucose production not returning to normal immediately after exercise⁹. In summary, moderate-intensity aerobic exercise improves BG and insulin action acutely. Transient hyperglycaemia can follow intense PA and therefore should be avoided.

RESISTANCE TRAINING EFFECTS

The acute effects of a single bout of resistance training on BG levels and/or insulin action in individuals with T2DM have not been reported. In individuals with impaired fasting glucose (IFG) (BG levels of 100-125 mg·dL⁻¹), resistance exercise results in lower fasting BG levels 24 hr after exercise. Further reductions are displayed in response to both volume (multiple- vs single-set sessions) and intensity of resistance exercise (vigorous compared with moderate)¹⁰. In summary,a combination of aerobic and resistance exercise training may be more effective in improving BG control than either alone mostly due to longer periods of exercise.

EVIDENCE

In a randomized controlled trial (RCT), progressive resistance training was performed 2 x week for 16 wk by older men with newly diagnosed T2DM which resulted in a 46.3% increase in insulin action, a 7.1% reduction in fasting BG levels, and significant loss of visceral fat¹². An increase in muscle mass from resistance training may contribute to BG uptake as well as heavy weight training in particular may reverse or prevent further loss of skeletal muscle due to disuse and aging 13 . In another RCT, all 20 men with T2DM who participated in either resistance or aerobic exercise 2 x week for 10 wk improved their overall BG control, but those doing resistance training had significantly lower HbA_{1c}values (average blood glucose levels over the past 3 months)¹⁴. In summary, both aerobic and resistance training improve insulin action, BG control, and fat oxidation.

EXERCISE INTERVENTION

After a review of the literature displaying best practice for treating diabetes, our exercise intervention will be 12 weeks in duration consisting of both aerobic and resistance type exercises. Sessions will be 1 hour in duration and occur twice weekly.

HOW CAN I AS AN EXERCISE PHYSIOLOGIST HELP?

As a health professional I have the knowledge and skills to implement appropriate exercises to suit the individual according to their condition/additional injuries. It can be expected and understood that patients may face many potential barriers to exercise. As an exercise professional I will promote the benefits of exercise and help turn these potential 'barriers' into a source of motivation for the client to overcome exercise and develop a healthy lifestyle. The needs of each client can be very different, it is important to have an individualize approach and emphasize communication. Behaviour change techniques (BCTs) such as barrier identification, general encouragement, setting of graded tasks, instruction, specific goal setting, self-monitoring and feedback will be incorporated into the exercise intervention to enhance engagement and adherence. Motivational interviewing throughout exercise sessions will be a major component of the BCTs used.

For information on blood glucose cut off measurements for exercise contact Kate: Ph: 5438 8511 Email: turner.21@hotmail.com

Kate Turner

Exercise Psychologist, Sports and Spinal Physiotherapy

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Introducing...







Andrena Campbell GP Liaison Officer

We are pleased to introduce Andrena Campbell as Noosa Hospital's new GP Liaison Officer. Andrena, who has 25 years experience of working in public and private hospitals on the Sunshine Coast has spent the last 7 years working in our Theatre Bookings department. This experience gives her an excellent understanding of the hospital, its services and the VMOs who work here.

The role of the GP Liaison Officer is to provide information and support to our local GPs. Andrena is looking forward to meeting you and will be present at our forthcoming education nights in Noosa and Gympie.

Coutact Details

Noosa Hospital 111 Goodchap Street Noosaville OLD 4566

Mob: 0409 180 128

or via email GPLO.NOH@ramsayhealth.com.au

NOOSA HOSPITAL





		JUNE 2013 NEWSLET			
	VITATION	191919191919191919191919			
E SCLMA '	CHRISTMAS IN JULY'	The state of the s			
SATURDAY 13 JULY 2013					
LILY'S ON THE LAGOON NOVOTEL TWIN WATERS					
We have	e wine, delicious dining & e booked a DJ - one of the pecial accommodation ra	e best - DJ Jaye			
NO LIMIT ON NUMBERS - THE MORE THE MERRIER!					
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SUNSHINE COAST LOCAL MEDICAL ASSOCIATION MANAGEMENT COMMITTEE MEETING

THURSDAY 18 APRIL 2013

Maroochydore Surf Club Function Room

MINUTES

(confirmed at Committee meeting 23 May 2013)

President Dr Rob Ingham opened the meeting at 6.10pm

Attendance: Drs Rob Ingham, Di Minuskin, Mason Stevenson, Kirsten Hoyle, Marcel Knesl, Peter Ruscoe, Scott Phipps, Jeremy Long, Scott Masters, and Nigel Sommerfeld. (Jo Bourke, secretariat).

Apologies: Drs Wayne Herdy, Denise Ladwig.

Minutes of last meeting: 28 March 2013 (To be confirmed).

The minutes were accepted.

Moved: Kirsten Hoyle. Seconded: Rob Ingham.

Business arising from Minutes:

Concern re night-time signage to Emergency Dept NGH:

- Scott Phipps will write to the HHS Board re this concern.
 USC Bursary \$2,000:
- Bursary amount \$2,000 to be paid in August
- · SCLMA to have input into selection of candidate.

President's Report: Dr Rob Ingham

- Monthly clinical meetings keen to have one at Ebb Waterfront & Dining. Rob to speak with Sunshine Coast Oncology & Haematology re possibility of June meeting being held there.
- Discussion re possibility of speaking with KPMG to have input.
 Jeremy Long to find out if access possible.
- Rob to attend meeting Wednesday 24 April at Focus Health Network with Gail Palmer and Jackie Hanson. Di Minuskin and Scott Phipps to attend also.
- Discussion re email from Andrew Southee (received just prior to this meeting) to President, Rob Ingham, re an article on Hybrid Imaging published in the SCLMA March newsletter. Suggestion that Andrew be invited to respond via the newsletter. Marcel Knesl, newsletter editor, to contact Andrew re this matter.
- Discussion re 'letter to the editor' email from Sean O'Connor to Marcel Knesl re content of SCLMA March clinical meeting. Rob Ingham to contact Sean re this matter. There was a suggestion that Sean be invited to present at a monthly meeting.

Vice President's Report : Dr Di Minuskin

Last week I attended an RACGP sponsored evening on the Personally Controlled Electronic Health Record "PCEHR" I was enthusiastic about the possibility of being able to access reliable patient information in a rapid and efficient way. We had been told that the PCEHR would generate a shared health summary that could be accessed with the patient's permission. There would be two levels of access. Firstly there would be read only, where the practitioner could read the record but could not "uplift" data. The second level of access allowed the practitioner to not only read the record but to contribute information as well. This added information could be in the form of a "shared health summary" or an "event summary".

What I was disappointed in was the fact that the shared health summary was a stand alone document that could not be merged with any uploaded information. In fact, each practitioner adding information created a "new page" in the file. So if I saw a visitor to my practice from NSW and gave them a tetanus vaccination or treated them for a significant drug allergy, this information could not be merged with the shared health summary created by their regular GP. This may not be an issue in the early days of the PCEHR when there are perhaps only 6-7 pages to scroll through, but what about in 5 years time when the patient may have dozens of entries on the file.

Wouldn't it be better to have a system where data such as vaccinations, allergies and current medication can be merged?

Secretary's Report: Dr Wayne Herdy - Apology

Correspondence In: (tabled by President)

- MediProtect Health Professional Policy renewal
- Kerri de Clara Letter of introduction
- SCU Private Hospital Development Update 4

Correspondence Out: Nil.

The correspondence was accepted.

Moved Peter Ruscoe. Seconded: Scott Phipps.

Business arising from Correspondence:

MediProtect Health Professional Policy renewal:

 Quote has been obtained from AMAQ Insurance – to be circulated to all committee members prior to May meeting.

Kerri de Clara – letter of introduction:

Committee members had not heard of Health Panel chaired by Kerrie which has been meeting for some time with reported attendance by representatives from Medicare Local and FHN. Scott Phipps to follow up and report to committee.

Treasurer's Report : Dr Peter Ruscoe

- a) Accounts to be paid:
- Australia Post Account Mar 13
- Office National Account Mar 13
- Jo Bourke Secretariat Mar 13
- Snap Printing April 2013 invites
- Snap Printing April 2013 newsletter
- Jo Bourke April 2013 newsletter
- ATO BAS payment
- C Hawkins account assist secretariat
- C Bourke website update

Peter Ruscoe moved that the accounts be accepted for payment. Seconded: Marcel Knesl. Carried.

(b) Membership Report.

- Dr Romit Bansal (NGH Internal Medicine)
- Dr Nick New (General Medicine Caloundra Hospital) re-join
- Dr Russell Wiseman (GP) re-join

Applications from Drs Nick New and Russell Wiseman were accepted.

Moved: Peter Ruscoe. Seconded: Rob Ingham.

Application from Dr Romit Bansal was not signed by Proposers. Jo Bourke to follow up.

AMAQ Councillor's Report: Dr Wayne Herdy - Apology.

Meetings Convenor Report: Dr Scott Masters

- Speakers and topics for August and September meeting still to be finalised.
- Christmas in July confirmed for Saturday, 13 July 2013, Lily's on the Lagoon, Novotel Twin Waters. Suggestions invited for entertainment (e.g. last year Roy Orbison Tribute Band)
- Christmas in July sub-committee to meet at Rob Ingham's surgery at 6.30pm on Thursday 2nd May. (Scott Masters, Peter Ruscoe, Di Minuskin and Jo Bourke)

Focus Health Network Report: Dr Scott Phipps

Business continuing as normal.

Hospital Liaison Report: Dr Jeremy Long - nil.

General Business:

Renewal of Agreements – Secretariat, Jo Bourke and Assistant Secretariat, Carol Hawkins.

To be circulated to the Committee prior to the May meeting.

Meeting Close: 7.15pm

Next meeting 6pm Thursday 23 May 2013

Jo Bourke, SCLMA Secretariat. (filling in for SCLMA Secretary, Dr Wayne Herdy).



SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084 <u>MEMBERSHIP APPLICATION</u>

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

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

400



TAKE FIVE

Frustration

I never quite figured out why the sexual need of men and women differ so much. And I never have figured out the whole Venus and Mars thing. I have never figured out why men think with their head and women with their heart.

FOR EXAMPLE: One evening last week, my girlfriend and I were getting into bed.

Well, the passion starts building up, and she eventually says "I don't feel like it, I just want you to hold me."

I said "WHAT??!! What was that?!"

So she says the words that every boyfriend on the planet dreads to hear..."You're just not in touch with my emotional needs as a woman enough for me to satisfy your physical needs as a man." She responded to my puzzled look by saying, "Can't you just love me for who I am and not what I do for you in the bedroom?"

Realizing that nothing was going to happen that night, I went to sleep.

The very next day I opted to take the day off of work to spend time with her. We went out to a nice lunch and then went shopping at a big, big unnamed department store.

I walked around with her while she tried on several different very expensive outfits. She couldn't decide which one to take so I told her we'd just buy them all. She wanted new shoes to compliment her new clothes, so I said lets get a pair for each outfit. We went onto the jewelry department where she picked out a pair of diamond earrings. Let me tell you...she was so excited. She must have thought I was one wave short of a shipwreck.

I started to think she was testing me because she asked for a tennis bracelet when she doesn't even know how to play tennis. I think I threw her for a loop when I said, "That's fine, honey."

She was almost nearing sexual satisfaction from all of the excitement.

Smiling with excited anticipation she finally said, "I think this is all dear, let's go to the cashier."

I could hardly contain myself when I blurted out, "No honey, I don't feel like it."

Her face just went completely blank as her jaw dropped with a baffled WHAT?"

I then said "honey! I just want you to HOLD this stuff for a while. You're just not in touch with my financial needs as a man enough for me to satisfy your shopping needs as a woman." And just when she had this look like she was going to kill me, I added, "Why can't you just love me for who I am and not for the things I buy you?"

Apparently I'm not having sex tonight either.

British Humor is Different ...

These are classified ads, which were actually placed in U.K. Newspapers:

- FREE YORKSHIRE TERRIER. 8 years old, Hateful little bastard. Bites!
- FREE PUPPIES 1/2 Cocker Spaniel, 1/2 sneaky neighbor's dog.
- FREE PUPPIES. Mother is a Kennel Club registered German Shepherd. Father is a Super Dog, able to leap tall fences in a single bound.
- COWS, CALVES: NEVER BRED. Also 1 gay bull for sale.
- JOINING NUDIST COLONY! Must sell washer and dryer £100.
- WEDDING DRESS FOR SALE . Worn once by mistake. Call Stephanie. ****

And the WINNER is...

 ***** FOR SALE BY OWNER. Complete set of Encyclopaedia Britannica, 45 volumes. Excellent condition, £200 or best offer. No longer needed, got married, wife knows everything.

Statement of the Century Thought from the Greatest Living Scottish Thinker--Billy Connolly. "If women are so bloody perfect at multitasking, How come they can't have a headache and sex at the same time?"

PLEASE NOTE

ADVERTISING GUIDELINES:

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

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

CLASSIFIEDS

EAST COAST WOMEN'S CENTRE – FEMALE GP REQUIRED

Casual position available for female GP, specializing in Women's Health.

- Scope of practice would include general consulting, up to date knowledge of contraception, antenatal shared care, breast checks, pap smears and sexual health checks. Experience with IUD and Implanon insertion would be ideal but not essential.
- East Coast Women's Centre is fully equipped with administration and nursing staff.

Please contact Tracey Irwin, Nurse Manager.

Ph: 5476 3700 Email: tracey@ eastcoastwomens.com.au

May 2013

SPECIALIST MEDICAL & DIAGNOSTIC SUITE AVAILABLE - MINYAMA

- 2 consulting rooms, generous waiting area, water view
- Centrally located in Nicklin Way, on site radiologic & pathology services
- 80 sq mt
- Adequate parking

For enquiries please contact Nicole on **5478 4359** *April 2013*

DR SORAB SHAVAKSHA - Clinical Haematologist

Welcoming new patients to my full-time private practice located at Sunshine Coast Haematology and Oncology Clinic

- CONSULTING ROOMS: Level 2, Cnr The Esplanade and Second Avenue, Cotton Tree
- HOSPITAL: 32 Second Avenue, Cotton Tree Dr Shavaksha is a fellow of the RACP and RCPA with specialist qualifications in haematology. Clinical interests include myelodysplastic syndromes, myeloproliferative disorders, leukaemias, lymphomas and red blood cell disorders.

To arrange an appointment, or make enquiries,

Phone: 5479 0000Fax: 5479 5050

Email: reception@schoc.com

April 2013

LUXURY CAR FOR SALE

- Lexus IS250 Sports Luxury, (Compliance plate is Sept 2008, but purchased end March 2009), graphite colour with black trim, 1 owner, 75,000Ks
- Serviced 3 June at Lexus Maroochydore and added 2 new Pirelli front tyres. Road worthy certificate as well.
- Looking for \$29,000 negotiable.
- Contact Genevieve 045 111 7032 (or 0407 037 112).

June 2013

SKIN PRICK TESTING

Now available by appointment with Dr Peter Zwoerner

Buderim Laboratory • Nucleus Medical Suites

23 Elsa Wilson Drive

T: (07) 5459 1400 F: (07) 5478 4240 (Referral can be faxed).
For a full list of special tests available at this site refer to

www.snp.com.au

Classifieds remain FREE for current SCLMA members.

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112. Email: jobo@squirrel.com.au Classifieds will remain on the list for three months unless notified.



Quotes about Age

"No book is really worth reading at the age of ten which is not equally – and often far more – worth reading at the age of fifty and beyond." - C.S. Lewis

"I do not think, sir, you have any right to command me, merely because you are older than I, or because you have seen more of the world than I have; your claim to superiority depends on the use you have made of your time and experience." - - Charlotte Brontë, Jane Eyre

"Youth can not know how age thinks and feels. But old men are guilty if they forget what it was to be young." J.K. Rowling, Harry Potter and the Order of the Phoenix

SCLMA MAY 2013 CLINICAL MEETING

Topic: 'Patients' Dreams of Becoming a Family are Now Real & Affordable' - Affordable IVF Speakers: Dr James Orford, Dr George Bogiatzis, Dr Jenny Grew, Jean Scott & Denise Donati Sponsored by QML Pathology and QIBC 'I Think Investment Realty'



Presenters - Jean Scott, Dr George Bogiatzis, Denise Donati and Dr James Orford



Sponsors - Todd Larkin and Lyn Levitt QIBC



Aaron Bartolo and Carlene Palmer from QML Pathlogy

Maroochydore Surf Club Function Room



Dr Bev Powell with Dr Jenny Grew (presenter)



Jason Barr and Kelly Williams

