



SCLMA President's Message

Dr Roger Faint

In early May, I was relieving in Taroom for ten days, a one doctor town with a ten bed hospital. I enjoy this as the 'change' gives me time to reflect on my Buderim current practice and the stark differences between bush and city living. It seems today, there is more similarity between Brisbane and London, than Brisbane and Taroom.

It also gives me an opportunity to reflect on the differences in health care delivery. For example, the impressive array of psychology services on the coast contrasts with a rural referral to a self help website such as 'This Way Up' from Sydney or a mental health video-conference to Chinchilla.

The AMAQ elections are completed. I have been getting to know Dr Dilip Dhupelia quite well over the last year and have been impressed with his deep understanding of the major issues affecting doctors, his relationship with Steven Miles MP, Health Minister, and his ability to articulate important issues such as the QLD pharmacy prescribing and dispensing pilot which was heavily supported by the Pharmacy Guild business group. Perhaps GPs need a 'diagnosing and dispensing pilot' also.

As most of you would know, the AMAQ, at the beginning of 2018, was in a challenging position with significant executive disagreement, Dr Christian Rowan MP throwing barbs with parliamentary privilege and Dr Bill Boyd (the previous president) leaving the position under a cloud.

Dr Dhupelia, with his experience and particular interest in policy, was able to smooth the waters, thus for the sake of his expertise and continuity he deserves another year as president.

I was discussing the Federal elections with a local and wise surgical colleague recently. We were discussing how his patient numbers were declining

in recent times despite no new private surgeons. It seems to me that this is very likely because of plummeting (I usually try not to exaggerate) privately insured patients.

As a result, I was surprised that the 30% private health rebate was not more of an election issue. Interestingly it was debated at length on the last 'Leaders Debate' at the press club.

I suspect with increasing numbers of patients being referred to the local Sunshine Coast Health System that 'Surgery Connect' will be increasingly popular.

The date claimer for the newly named SCLMA Cocktail party (and dinner) at Noosa is Friday 2nd August. I encourage all members to attend (please encourage your companies to buy a table if able) and stay the night at Peppers. The committee is investigating working with the very well established 'Wishlist' to raise money for much needed equipment locally.

This is very positive and exciting for the SCLMA.

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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JUNE 2019 NEWSLETTER Deadline will be MONDAY 17 JUNE 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.

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.



HIGHLIGHTS in this issue:

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 P 16: Dr Wayne Herdy - Vaccinations
 P 18: Dr Wayne Herdy - Conference USA
 P 27: Dr Clive Fraser - Motoring
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Please 'like', 'share' and 'follow' our Facebook page: [sunshinecoast local medical association](#).

Website: www.sclma.com.au

**Editorial**

The outcome of this week's Federal election seems to have created more elation, disappointment, confusion and surprise than previous elections. My brother who resides in Melbourne would be labelled by many as 'a progressive voter' and as the tally room posted results, he was quick to tweet me, "What the hell is going on in Queensland?"



Australians are losing faith in parliament and democracy. We have allowed voting alone to become synonymous with democracy. However, the role of government is diminished in a globalised world. Privatisation has decreased common ownership of much infrastructure and many services: key economic decisions have been taken out of the control of sovereign governments and handed to international interests and markets. This has in turn decreased the ability of governments to respond to the concerns of its citizens. Add to this, the two party system being undermined by ideological schisms within the major parties.

So in responding to my brother's bewilderment, I pointed out that Queensland's settlement patterns differ from the rest of Australia. This state's origins are of service centres and ports for industries with limited connection. The national focus of federal politics does not understand the interests and fears of our diverse communities and has led to the rise in first preferences of the disenchanted to minor parties.

Editorial cont:

*In his book *The Future of Everything: Big audacious ideas for a better world*, author Tim Dunlop examines the unprecedented pace of technological change as it relates to everything from politics to economics to medicine to human relations. He suggests part of the answer may be sortition - an ancient wisdom we have forgotten. Sortition is a system of appointing office holders not by voting for them but by random selection, similar to the way our legal system appoints jurors. Whereas voting leads to the creation of an entrenched political class whose interests are, eventually, at odds with the rest of the citizenry, sortition allows each of us a share in the power and may make us more engaged and therefore fulfilled.*

But as well as allowing each of us a voice, we must engage in broader discourse. Genevieve Bell, in her 2017 Boyer Lectures, pointed out that single stories attract much coverage but there "needs to be a broader debate about what they point to collectively. We are in urgent need of the biggest picture we can frame."

Regards,

Kirsten

e.kirsten@eximious.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 Click on Activities and Meetings.

THURSDAY 27 JUNE 2019

Speakers: Dr James O'Beirne, Hepatologist
 Dr Jon Mitchell, Hepatologist
 Mary Fenech, Nurse Practitioner
Topics: 'Hepatitis C Diagnosis and Treatment Regimens'
 Topic to be advised.
Venue: Maroochydore Surf Club

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)

THURSDAY 19 SEPTEMBER**THURSDAY 31 OCTOBER****THURSDAY 28 NOVEMBER**

All the above dates have been booked.

Queries: Jo 0407 037 112

HEALTH SERVICE LINK - MAY 2019

Closing the Gap in Health Inequality

On Saturday 11 May, I had the privilege of joining many members of the SCHHS Team, North Coast Aboriginal Corporation for Community Health (NCACCH), the PHN, USC and other partner Universities to support the Annual Well Person's Health Check Day in Gympie.



Under the positive leadership of Ms Sharelle Eggmolesse, Acting CEO, NCACCH and her Board, the day promotes the importance of Aboriginal and Torres Strait Islander health checks across our region to build health literacy, provide valuable health screening and link community with their local health services.



Last year more than 800 consumers attended, and this year looked even more successful given the number of community members participating in a range of health screening activities including general and childhood health checks, spirometry, breast screens, mental health, vaccination and oral health checks. The involvement of so many health professionals and health students from various disciplines was fantastic to see as part of our shared commitment to the closing the gap in health inequality. Coupled with some great entertainment, including Baker Boy, young Australian of the Year, it was also a wonderful way to link the wider community to Aboriginal and Torres Strait Islander culture and identity. Congratulations to all involved.



At the end of this month, during National Reconciliation Week, we are partnering with the Sunshine Coast Reconciliation Group to host a reconciliation walk at SCUH in honour of the late Aunty Betty. Aunty Betty was a terrific local health ambassador and elder, and on this day, we will also officially open our reconciliation garden at SCUH. This garden is one of the important actions within our Reconciliation Action Plan which was launched last December. This week, the garden saw the arrival of the message sticks whose creation was a combination of talents from local artists and students from Nambour State College.

I would like to acknowledge the amazing dedication to the project by David and Jack King who transformed the spotted gum trunks into the beautiful artworks seen in the garden today. The garden will be fully completed in the coming days with the addition of a plaque to welcome visitors and a celebration to open the garden is planned for National Reconciliation Week in May 2019. To connect with the Aboriginal & Torres Strait Islander health team Ph: 5436 8551.



HEALTH SERVICE LINK - MAY 2019 /cont:***Sunshine Coast GPs are becoming 'Super Users' of GP Smart Referrals***

We are very proud that GP Smart Referrals is now live on the Sunshine Coast and that so many of our GP partners are becoming active users of this new innovative digital referral solution to provide specialist outpatient referrals to our Sunshine Coast Hospital and Health Service (SCHHS) facilities. GP Smart Referrals provides local General Practitioners and their patients will timely, quality referrals to the health service. The feedback we've received to-date around the ease of use, and the functionality available has been positive. I'd like to encourage any practices that haven't yet registered to discuss their registration with the PHN who continue to welcome further practices onto this new technology over the coming months.

Nambour Hospital next to go live with ieMr

We are on track for a safe and successful transition to digital health at Nambour this month. Leveraging the experience and learnings of our go live at SCUH, the Nambour team are well prepared for the change in practice this will bring. We are also collaborating with our Consumer Advisory Group to provide patient insights about the impact of being cared for in a digital hospital.

Health Service community engagement

On the continued theme of engaging with our community, I thought I'd share that our own Gympie Hospital will be hosted a stand at the Gympie Show during 16-18 May. More than 25,000 people attend the community event annually. Gympie Hospital provides comprehensive services at Clinical Services Capability Framework (CSCF) Level 3 to a geographic catchment that is almost 7000 square kilometres and includes rural and coastal communities. We are very excited about the opportunity to engage with the residents of Gympie and surrounds to talk about the important and continuing role of Gympie Hospital to support their healthcare needs.

Also if you haven't yet seen our community newsletter, the May edition, of [Sunshine Coast Health's May Community News](#) has been published. The newsletter contains information on what's happening across the health service, health awareness, community engagement, patient stories and details of upcoming health events. It is published on our website, and social media every two months, if you do wish to subscribe you can email: sc-communications@health.qld.gov.au

Until next time.

Adj. Prof Naomi Dwyer, Chief Executive, SCHHS



GP LONGITUDINAL PROGRAM FOR MEDICAL STUDENTS

We are inviting Sunshine Coast GPs to lead a major innovation to the Griffith Medical Program.

Can you accommodate a medical student in your practice one day a week for 8 weeks?

Comprehensive training provided. Participating GPs are eligible for Academic Title.
Teaching sessions qualify for PIP incentives.

The program commences in July 2019.

Contact us to register your interest.



Griffith Medical School
Sunshine Coast
07 5202 0333
sunshinecoastmed@griffith.edu.au

HealthPathways

Sunshine Coast and Gympie

Newsletter May 2019
Since the launch of HealthPathways



8,416
individual users
November 6,760



55,589
individual sessions
November 42,740



290,890
page views
November 224,946



487
pages now live with
52 under development
November 457



Top 5 pages

- Non-acute orthopaedic assessment
- Persistent pain specialist assessment
- Non-acute gynaecology
- Non-acute ophthalmology
- Non-acute gastroenterology



Pages coming soon

Request pages

Shared maternity care(update), Immunology assessment, Genetic health assessment, Eating disorders specialised Assessment (major update), X-Ray services, Termination of pregnancy (update), Non-acute nephrology assessment (update).

Clinical Pathways

Head injuries in children, Renal mass (Tumours or Cysts), Influenza immunisation (update), Coeliac disease in children and adolescents, Tinnitus, Rhinosinusitis, Infective Conjunctivitis, Neutropenia, Cervical screening (update), Distal radius fractures in adults, Ankle fractures, acute Ankle injuries, Urticaria.



Health System News Snapshot

Smart Referrals now available to Sunshine Coast GPs

The Smart Referrals team announced their successful commencement of roll-out on Monday 8 April, with general practitioners (GPs) across the Sunshine Coast now actively sending digital Smart Referrals to the Sunshine Coast Hospital and Health Service (SCHHS) specialist outpatient services.

Integrated into the GP's existing practice management software, much of the data necessary for a complete referral (specific to the speciality and condition selected) can be easily added onto the referral. The new referral technology allows for images and scanned documents to be easily attached to the referral. The referral is then securely transmitted digitally directly to the appropriate triaging team. If you're not already registered, please contact SCSmartReferrals@health.qld.gov.au to book a demonstration and information session at your practice.

For more information contact the HealthPathways Coordinator via healthpathways@ourphn.org.au

HealthPathways team practice visit

The HealthPathways team provides visits to Sunshine Coast general practices to demonstrate the site.

To book a visit please contact:
healthpathways@ourphn.org.au



sunshinecoast.healthpathwayscommunity.org



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pwsc

Sunshine Coast
Hospital and Health Service
Exceptional people. Exceptional healthcare.

phn

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WIDE BAY, SUNSHINE COAST
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Queensland
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CENTRAL QLD, WIDE BAY, SUNSHINE COAST PHN

May 2019 Update

A fresh new look for HealthPathways!

The all-new, mobile friendly HealthPathways platform will be live in June.

Designed to be accessed from any computer, tablet or mobile device, the web-based information portal can be used in a clinical setting, on a hospital ward, or even out in the community to find locally agreed clinical guidance. The responsive design means the portal is now as mobile as you are, and will adapt to any different screen size.

So what's new? The improved design is clean, contemporary and considered, making it easier to read and scan, and new formatting means access to functions for printing, sending feedback and expanding drop boxes is more convenient than before.

Some changes you'll notice straight away, like the new-look home pages, secondary panels and parallel pages, while others are more intuitive. Understanding where you are on the site, for example, has been made easier thanks to the inclusion of 'breadcrumbs' - a navigational aid telling you where the current page is located within the site, much like a file path.

Continuing with the user-friendly design, you're now able to share and print from any page you're on, simply by clicking the icons which you'll find to the right of the page. There's also a very cool new feature called a 'sticky title', which acts much like a freeze pane function on a spreadsheet, by allowing the user to stay away of the page or pathway they're on – a feature which will be especially useful if you're using the app on a smaller device like a smart phone where more scrolling may be required.

It's important to note that despite the uncluttered new design, all the clinical content found within HealthPathways remains the same. We've just taken the opportunity to improve how the pathways are presented by incorporating an 'about' section, red flags, and flowcharts.

While the new look mobile friendly HealthPathways app will work for the majority of users, older versions of some operating systems and browsers might work fine but not deliver the optimum experience. If you find this to be the case, to ensure all users are able to access the information needed, the classic HealthPathways site is still available too, and will be maintained and updated as usual.

We hope you will enjoy using the fresh, mobile friendly HealthPathways site.

For further information or to schedule a demonstration visit please email:

healthpathways@ourphn.org.au

Buderim Private Hospital

May 2019

Dear SCLMA colleagues,

I appreciate the opportunity to provide you with an update on the Buderim Private Hospital this month in my role as Acting General Manager. The opportunity to act in this role follows the recent resignation of Wallis Westbrook who was responsible for leading the hospital for almost five years – I am sure you will join with me in acknowledging Wallis' contribution to both the hospital and the greater local Sunshine Coast community and wishing him all the best for the future.

Theatre complex expansion

Buderim Private Hospital recently invested \$3.7 million dollars to build a purpose-built endoscopy suite, an additional operating theatre and an upgraded day surgery patient area.

The hospital's operating theatre utilisation had reached its maximum level so the expansion provides the opportunity to increase the number of surgical procedures so patients experience decreased waiting times prior to having their procedure.



As part of the re-development, a new endoscopy suite was created and another theatre was completely refurbished in order to make it a fully functional operating theatre.

Buderim Private Hospital now has eight dedicated operating theatres, an endoscopy suite and two cardiac vascular theatres. The hospital's surgical services are supported by specialised equipment including a Da Vinci Xi robot, O-ARM surgical navigation system for neurosurgery and spinal surgical procedures and a system of ultra high-definition (4k) imaging equipment which give our surgeons the world's highest levels of detail and contrast for a greatly enhanced surgical experience.

The upgrade to our Day of Surgery Unit has enhanced patient outcomes due to the larger, more comfortable admission and waiting room environment.

Chest pain pathway for acute patients

Buderim Private Hospital provides an evidence-based chest pain pathway that starts on patient presentation to the Emergency Centre and flows through to hospital admission.

The chest pain patient pathway is the gold standard of care for chest pain patients presenting to emergency departments.

This pathway is supported by two dedicated Cardio Vascular Theatres, 24 hour on-call cardiologists, a level 3 Critical Care Unit and specialist physicians trained in delivering acute cardiac care. An onsite radiology and pathology department is fully integrated with these pathways, with Medicare-supported X-ray imaging available to patients.

The hospital is fully equipped to expertly manage a comprehensive of cardiac-related conditions and procedures, including imaging, angiograms, echocardiograms and stress tests.

In terms of post-discharge support, a cardiac rehabilitation program is also available to patients.

Kind regards,

Darren Rogers, Acting General Manager

E: darren.rogers@uchealth.com.au P: 07 5430 3260

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.



BreatheRight SleepTight

Paediatric Respiratory and Sleep Clinic

Services Available

Respiratory and Sleep Conditions (birth to age 16 years)

Respiratory

- Chronic and recurrent cough
- Chest infections
- Bronchiectasis
- Asthma and childhood wheezing
- Airway conditions
- Congenital lung disorders
- Shortness of breath

Sleep

- Snoring and obstructive sleep apnoea
- Excessive sleepiness/tiredness
- Restless sleep
- Narcolepsy
- Circadian disorders
- Parasomnias and night terrors

32 Second Avenue, Maroochydore QLD 4558 | Phone 07 5370 8340 | Fax 07 5370 8357 | breatherightsleeptight.com.au

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

Lung, skin, breast, prostate cancers. Palliative care, psychosocial oncology issues and stereotactic radiation therapy



Dr Marcel Knesl

Breast, gastrointestinal, genitourinary cancers, lymphoma and stereotactic radiation therapy



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 via Phone, Fax or Medical Objects:

60 Wises Road, Maroochydore
P 07 5414 3700 | F 07 5414 3701
admin.maroochydore@roc.team

radiationoncologycentres.com.au



Welcome to our new Members 2nd and 30th May 2019

- Dr Christine Fawcett (Geriatrics)
- Dr Tonia Douglas (Paediatrics - Respiratory and Sleep)

Applications pending for 27 June

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

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).

SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL

May 2019 Update



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

Cardio-Thoracic surgery

Sunshine Coast University Private Hospital commenced Cardiac Surgery in late November 2017 and performed 156 cardiac surgical cases in our first year of operation. We are proud to continue to be the only centre on the Coast offering this crucial service to the Sunshine Coast community which has made a meaningful difference to the lives of countless families on the Sunshine Coast.

Scalp Cooling comes to SCUPH

I am pleased to report that patients undergoing Oncology treatment now have the opportunity to receive scalp cooling during their care. We have invested in the latest Paxman system meaning our patients can benefit from this treatment which can prevent hair loss caused by certain chemotherapy drugs.

Scalp Cooling works by reducing the temperature of the scalp by a few degrees immediately before, during and after the administration of the chemotherapy. This in turn reduces the blood flow to the hair follicles which may prevent or minimise the hair loss.

Second anniversary of Robotic Surgery

April marked the second anniversary of SCUPH offering Robotic Assisted Surgery to Sunshine Coast patients. We remain the highest volume centre for robotic surgery on the Sunshine Coast having been early investors in the latest Xi technology. We welcome the fact that all of our Urological Surgeons are, or are in the process of, being trained in Robotic Surgery at SCUPH.

GP admit hotline

A reminder for all GPs that we continue to offer our 1300 DR ADMIT phone number. Simply call 1300 37 23648 any time of the day or night to arrange admission under a specialist. SCUPH has specialists on call in many disciplines including but not limited to Orthopaedics; General Surgery; Cardiology; General Medicine; Nephrology and Respiratory Medicine.

Recognising our volunteers

During National Volunteers Week we paused to take time to thank the amazing groups of Volunteers and Chaplains who give so freely of their time to support our patients and hospital. We are fortunate to have a wonderful group of volunteers and I am pleased to be able to acknowledge them publically.

Oli Steele
CEO SCUPH
T: 5390 6101
steeleo@ramsayhealth.com.au



SUNSHINE COAST
HAEMATOLOGY & ONCOLOGY CLINIC
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World Class Integrated Cancer Care

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Radiation Oncology &
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Dr Lydia Pitcher
*Haematologist/Oncologist
Paediatric Haematologist*



Dr John Reardon
*Medical Oncologist/
Clinical Haematologist*



Dr Joshua Richmond
*Haematologist/
Haemopathologist*



Dr Sorab Shavaksha
*Clinical Haematologist/
Haemopathologist*



Dr Hong Shue
Medical Oncologist

Treatment is at the core of all GenesisCare centres, along with the belief that patients with cancer should have access to the best treatment options available. We're here to help patients achieve the best possible outcomes; by combining experienced clinical teams with innovative and effective treatments.

Specialising in:

- Stereotatic radiation therapy, cranial and SABR for lung, spine and liver
- Deep inspiration breath hold (DIBH)
- Leading techniques include VMAT and IGRT
- Treatment for benign conditions including Dupuytren's Disease
- Specialised wide-field radiation therapy for extensive skin cancerisation

Sunshine Coast Haematology and Oncology Clinic specialises in the care of patients requiring chemotherapy, haematological treatments, iron infusions, immunotherapy, hormone therapy and specialised infusions.

Sunshine Coast Haematology & Oncology Clinic specialises in:

- Chemotherapy treatments
- Blood transfusions and blood product support
- Therapeutic blood collection
- Iron infusions
- Bisphosphonate infusions
- Intravenous therapy
- Personalised care
- Cold Cap Therapy to reduce hair loss
- Patient education and support

Radiation Oncology Team:

Dr Debra Furniss

*Medical Director
Sunshine Coast
Radiation Oncologist*



Dr Olivia Bigault

Radiation Oncologist



Dr James MacKean

Radiation Oncologist



Dr Brad Wong

Radiation Oncologist



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E: Oncology.buderim@genesiscare.com

STEREOTACTIC RADIATION THERAPY AVAILABLE AT ICON CANCER CENTRE MAROOCHYDORE

Icon Cancer Centre Maroochydore is delighted to offer the latest in radiation therapy technology to the Sunshine Coast community. Stereotactic radiation therapy is now available; an advanced, highly effective treatment used to treat a number of sites including brain, lung and metastatic tumours. Previously, patients requiring this advanced therapy had to travel over an hour to Brisbane to access the treatment they needed.

Stereotactic radiation therapy is the use of external beam radiation to target usually quite small and well defined tumours with pronounced accuracy, whilst significantly reducing exposure to surrounding health tissue.

By using precise three-dimensional imaging (CT/PET/MRI), advanced treatment planning software and sophisticated patient immobilisation, stereotactic radiation therapy allows for larger amounts of radiation to enter the body across a shorter period of time. The full treatment course is usually delivered in one to five treatments, as opposed to conventional radiation therapy which delivers smaller doses over many weeks.

Icon Cancer Centre Maroochydore Radiation Oncologist Dr Marcel Knesl is passionate about using the latest in radiation therapy technology, such as stereotactic radiation therapy, to deliver better health outcomes for his patients. As Icon's Director of Radiation Oncology and a Sunshine Coast practitioner of over 13 years, he can see first-hand how technological advances in radiation treatment can positively impact those affected by cancer.

"Stereotactic radiation therapy is intended to improve a patient's quality of life and decrease treatment-related complications by minimising radiation dose to surrounding normal tissues," Dr Knesl says.

"It also results in fewer treatment sessions for patients, allowing them to get back to their normal day-to-day activities quicker,

"It can be used to treat various brain conditions, including malignant or benign tumours, and its role in the management of metastatic disease in the body continues to expand," he said.

Icon Cancer Centre Maroochydore delivers both intra-cranial stereotactic radiation therapy (SRT) and extra-cranial stereotactic ablative body radiation therapy (SABR) for lung and bone, utilising state of the art treatment technology. These advanced treatment techniques complement Icon Cancer Centre Maroochydore's existing radiation therapy service that includes the latest in treatment technology and approaches for all cancer types.

What conditions are suitable for SRT or SABR?

- brain metastasis
- post-operative brain metastases cavities
- small malignant lung tumours (primary and secondary)
- bony metastases

Patients can be directly referred to Icon Cancer Centre Maroochydore or to one of the below doctors:

Dr Colin Dicks

Lung, skin, breast, prostate cancers. Palliative care, psychosocial oncology issues and stereotactic radiation therapy.

Dr Marcel Knesl

Breast, gastrointestinal, genitourinary cancers, lymphoma and stereotactic radiation therapy.

Dr Myo Min

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

Dr Dinesh Vignarajah

Genitourinary, gynaecological, central nervous system and breast cancers, and stereotactic radiation therapy.

Icon Cancer Centre Maroochydore

60 Wisers Road

Maroochydore QLD 4558

P 07 5414 3700

F 07 5414 3701

E admin.maroochydore@icon.team

iconcancercentre.com.au

Move without pain™

We use new patented evidence-based Orthotic Technology!

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- 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.

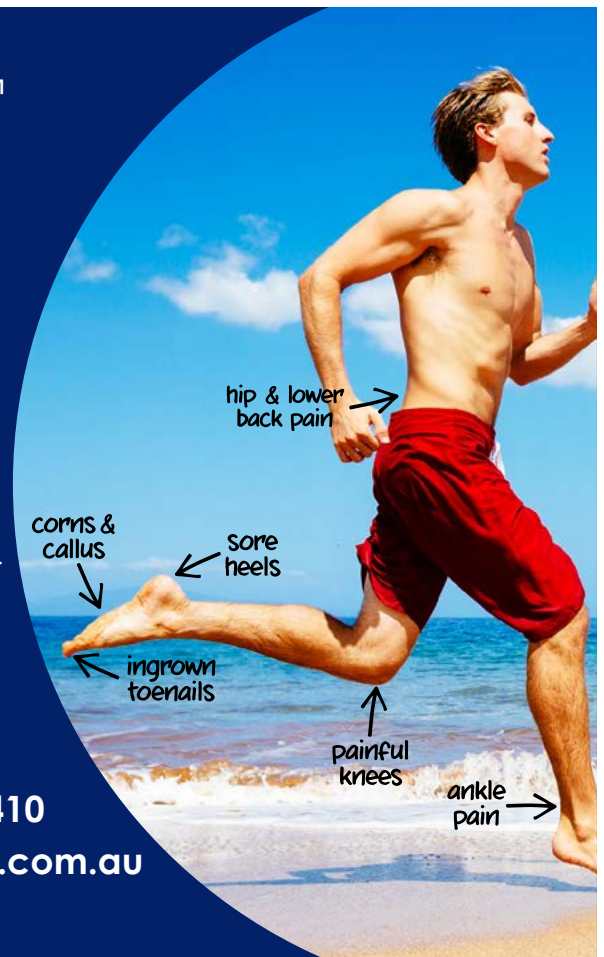
Locations

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

All EPC patients Bulk Billed



Phone: 1300 130 410
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 **Sunshine Coast University Private Hospital**
 Part of Ramsay Health Care



Can you believe 30th June 2019 is almost here?

Below are a few standard business items for you to look at prior to the end of the Financial Year 30th June 2019 -:

- For businesses for eligible plant purchased during 2018/19 you will be eligible to claim a 100% immediate write-off for businesses less than \$10M turnover
 - Less than \$20,000 for plant purchased between 01.07.18 to 28.01.19
 - Less than \$25,000 for plant purchased between 29.01.19 to 02.04.19
 - Less than \$30,000 for plant purchased between 02.04.19 at 7.30pm until 30.06.19 \$30,000
- For Businesses with turnover from \$10M to \$50M they can claim less than \$30,000 for plant purchased between 02.04.19 at 7.30pm until 30.06.19 \$30,000 (proposed but not yet legislated)
- If you are wanting to reduce your annual profit
 - Pay any superannuation liabilities before June 30 so it reduces the 2019 tax position. The contributions must be cleared funds by 30.06.2019 in the recipients Superfund to claim a deduction for 2019. With super clearing houses and electronic transfers we would suggest making these contributions no later than 21st June to ensure they clear;
 - Review your depreciation schedule for obsolete items;
 - Perform a full stock-take and write off obsolete stock;
 - In limited circumstances prepayments of interest, subscriptions, rent or insurances can be deductible;
 - Consider paying bonuses to staff;
 - Write off any bad debts;
- If you have to purchase consumables consider purchasing them prior to 30th June, this gets your deduction in this year; (if on an accrual basis you just need to purchase the consumables and have an invoice).
- The maximum concessional superannuation contribution for 2019 is \$25,000 per taxpayer.

Single Touch Payroll (STP) is here, what is it? What to do by 30th June 2019.

Single Touch Payroll (STP) is a new legal requirement to report salaries and wages, PAYG withholding and superannuation via STP-enabled software to the ATO each time you pay your employees.

With the correct software all data is sent as processed in real time.

By implementing this system the ATO will have wider reaching ability to data match (Child Support & Centrelink). From 1st July 2018 STP became compulsory for employers with > 20 employees. For employers with 19 employees or less, the start date for STP varies but you should ensure that you have reviewed your situation prior to 1st July 2019 to ensure that you comply.

There are some benefits of the new system:

- You're no longer required to submit a payment summary annual report;
- You're no longer required to prepare payment summaries, however you will be required to provide a finalisation declaration by 14th of July each year;

Most of the widely used accounting programs such as Xero, MYOB etc. easily handle the transition to STP, although there may be some increased costs depending on your program. The ATO is currently working with different software providers to develop free and low cost options to report under STP.

If you have any questions about this article feel free to give us a call 07 54379900.

Article written by Kerri Welsh- Senior Manager

Please note - The above does not constitute tax advice and readers should seek advice for their individual circumstances from their trusted advisor.

Next Month – Article 2 of 3 of Aged Care – The Cost of Home-Care for Self-Funded Retirees.



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INCENTIVES FOR VACCINATIONS.

Dr Wayne Herdy

In the past few months, there have been two reports of unvaccinated children travelling into Australia on long international flights with active measles. Australia has reported an unusual increase in the (reported) cases of measles unrelated to those incidents. The United States is reporting the largest outbreak of measles in 30 years.

The annual Australian government-subsidised influenza vaccine has been released a month earlier than usual, with the Queensland Chief Medical Officer suggesting that mid-April is the optimum timing for influenza vaccination (most vaccines have been given in May in previous years).



The demographic of potential candidates for government-subsidized influenza vaccines has been expanded and there are now three different vaccines targeted for different age groups. This is on the background of an unexpected epidemic of influenza A, with more cases being reported so far this year than were reported last year, and a substantial number of deaths, especially among the elderly – and we are nowhere near the expected flu season of August-September.

There appears anecdotally to have been an upsurge in the number of cases of shingles, herpes zoster, and an unexpected number of cases of chicken pox, presumably mostly in unvaccinated children.

Vaccination rates in Australia are relatively good, but there are notable exceptions. There are pockets of anti-vaxxers especially in communities noted for their alternate lifestyles (including a cluster on the Sunshine Coast where I work). The first general principle is that citizens of a free society should be free to make their own decisions about their own health and the health of those for whom they are responsible. That principle holds true even when those decisions are based on falsely held beliefs – as long as the decision-makers have been given reliable factual information. The second general principle is that citizens are, subject to provisos, at liberty to place themselves and their dependants at risk, provided that they do not create an undue risk to others around them. This is where the debate about anti-vaxxers is concentrated – (a) if their children acquire vaccine-preventable illnesses, the cost of immediate and long-term care will fall on the taxpayer, and (b) if unvaccinated children acquire an illness and then expose unknowing members of the public (such as co-travellers on long-haul aeroplane flights and the masses of people passing through airports, or just the other children in their schools and playgroups), they are risking the wellbeing of others who have no knowledge of the hazard to which they are being exposed.

The “no-jab no-pay” policy provides a negative incentive for parents who neglect to or refuse to have their children vaccinated. [It is debateable whether it is a positive or negative incentive to withhold a government benefit that would otherwise be available but is now contingent upon performance of a particular qualifying activity.] Can this be extended? Some local governments in the USA have banned unvaccinated children from public places (but how can this be enforced or even identified?) Is it ethical in Australia to publish lists of unvaccinated children, either generally or even specifically to interested parties such as schools? We cannot leave our dogs at boarding kennels without a current vaccination certificate. Can we ban children from public schools, or other group activities such as sporting clubs, if they have incomplete or absent vaccination records? Can transport carriers be required to sight a current vaccination certificate before issuing an international ticket for a child under school age?

Your correspondent has tabled a discussion paper with the Ethics and Medico-Legal Committee of AMAQ to ask the Council to consider whether the time is right to canvas extensions to the incentives to improve our vaccination rates above the current imperfect level of achievement.

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MY LATEST CONFERENCE EXPERIENCE

Dr Wayne Herdy

I recently attended a conference on Emergency Medicine, although it was geared towards primary care level rather than DEM level. Although an American conference, I was bemused that nearly half of the participants were from Australia.

It was interesting to remark on some of the differences between North America and Australia in medical practice and outcomes.

Most Americans do not have health insurance. All Australians have basic health insurance, i.e. Medicare. The cost of full private cover in Australia (say \$4K per family) was dismissed by the Americans as a trivial cost.

Whether you like Medicare or not, the outcome is that Australia has nearly the highest life expectancy in the world, while the USA position is somewhere in the 30s. Wealthy Americans get expensive high-tech medicine; nearly half of Americans struggle to achieve even basic care. Most Americans get basic medical care and do not have affordable access to care that we regard as being fairly standard such as interventional radiology.

American doctors largely do not practise preventive medicine. Australian GPs spend most of their time practising preventive medicine.

The biggest contrast in our discussions was in vaccination rates. Australia performs very well on the international scene, despite the anti-vaxxers. We have essentially free universal childhood vaccination and fairly generous adult vaccination. We have the no-jab no-pay policy to encourage the parents who are just too busy to attend, but that seems to have little effect on the anti-vaxxers.

Schedule 8 doctor-shopping is rampant, but they have reduced the incidence by legislation requiring prescriber to check online live prescription records. Victoria already has this legislation; Queensland will enact similar legislation soon. As in Oz, they have problems with rogue prescribers, "pill factories", who prescribe controlled substances beyond the guidelines and regulations. Unlike Oz, their regulatory bodies possess and use punitive powers which go as far as jail sentences for improper prescribing. In my practice, where I struggle against prescribers who exercise autonomy over discretion, I would be happy to see our regulatory bodies given more appropriate powers and resources to enforce the legislation.

I discussed the current Australian ice epidemic. American GPs found this a mystery. Is that because they don't have as much of an ice problem? Or is it because their GPs don't see uninsured patients, which includes most amphetamine addicts?

Medication costs are sometimes more of a barrier to medical care in USA than the costs of seeing a doctor. I was surprised to learn that patients can get free inexpensive antibiotics from Costco (or their generic of Costco).

States which have legalized marijuana have recorded a syndrome of cyclical vomiting caused by THCA, and a propensity to have prolonged hot showers to the point of developing AKI. This one was new to me.

The average American doctor is sued once every 5 years, and they expect to spend up to 10% of their time involved in a legal process. Neurosurgeons expect to be sued once every 2 years, and to be involved in a legal process more or less all the time. Most are settled out of Court, more for reasons of economic expedience than on the merits of the case.





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
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

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Noosa Hospital

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Scotland/Wales

Home to whisky and tartan, Scotland is a beautiful country with breathtaking scenery of pastoral highlands, green valleys and rich forests. Edinburgh, the capital city is one of the most spirited capitals of Britain. Perth and Dundee are two charming fairytale towns of the country worth-visiting. Travelers to Scotland are not only fascinated by the exquisiteness of scenic landscape but also by its medieval castles and graceful architectures. Visiting the UNESCO World Heritage sites like Old Town and New Town gives an insight about the rich culture and history of this incredible country.

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Famous for its natural beauty, Scotland has snowy mountains and picturesque fishing villages. The islands of this country have miles of fabulous coastlines where travelers love to taste locally-caught seafood. If you are looking for entertainments more of a contemporary type, then simply head to the city areas like Glasgow or Edinburgh.

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Aviemore in the Cairngorm Mountains is a good choice to enjoy an array of challenging activities such as mountain biking, abseiling and trekking. The country also offers excellent shopping opportunities especially in Glasgow where you can find everything in its large malls, eccentric boutiques, and stores.

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Media Release

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Innovative cardiac procedure improves comfort for Sunshine Coast patients

Sunshine Coast University Private Hospital has started using an alternate route to reach blood vessels during cardiac stenting and diagnostic angiography, which investigates abnormalities in the heart.

Clinical and interventional cardiologist Dr Stuart Butterly has completed the hospital's first cases using distal radial artery access, which is done through a small incision at the base of the thumb.

"We use ultrasound to see the distal radial artery which is very small. Then under the guidance of ultrasound, we are able to put a needle in to the artery, which makes way for the catheter to the heart," Dr Butterly said.

Traditionally, doctors gain access through the femoral artery in the groin or the radial artery at the wrist, but this involves a higher risk of bleeding and less patient comfort.

Some doctors in Europe and Russia have been using this technique for 15 years, but it has only become more widely popular in the past 18 months.

"International cardiologists have started to gain more of an acceptance doing angiography this way and wanting to do it this way – it is a better way," Dr Butterly said.

Dr Butterly has successfully completed 22 cases using the distal radial artery access at Sunshine Coast University Private Hospital.

Dr Butterly decided to become trained in the procedure to help reduce the risk of bleeding and improve the comfort level for patients.

"This technique has been well-received by patients who have previously had angiograms and stents via the traditional access routes. It also provides much quicker patient recovery and easier management of post-procedure bleeding," said Dr Butterly.

The Sunshine Coast interventional cardiologist was trained to use the technique in Sydney and is one of only a few cardiologists in Australia who is qualified in doing the procedure.

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Testimonial from Cathy Roberts, Sunshine Coast Day Surgery

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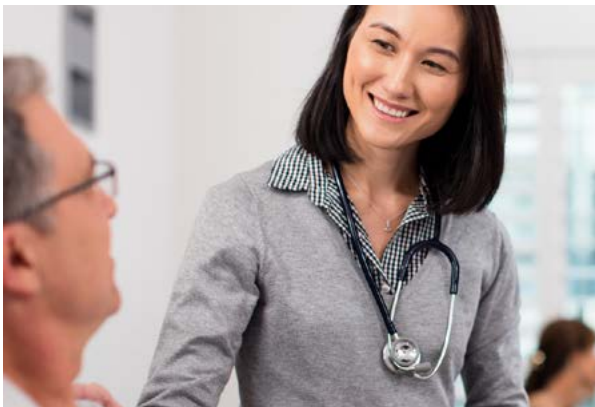
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Medical Motoring - Mary Poppins

Dr Clive Fraser



In 1964 Walt Disney created a magical movie about a London governess named Mary Poppins.



I was six years old when I first saw the movie and immediately fell into its spell as I was roughly the same age as the two children in Ms Poppins' care.

The movie also featured a television actor called Dick Van Dyke who played the part of Bert.

He was of course the chimney sweep, but through song and dance he would join Ms Poppins in the mesmerizing action.

But when he wasn't a singing, dancing, one-man-band he had the dirty job of cleaning out Ms Poppins' pipes.

Burning coal in Edwardian fire-places produced a lot of soot.

Left unchecked it would gradually build up and choke the chimney, and at worst catch fire.

Soot is that black stuff that also pours out of car exhausts, particularly those with diesel engines.

It is made up of carbon particles smaller than 1000Å or 0.1µm.

Any particle smaller than 10µm is respirable and penetrates to the gas exchange region of the lung beyond the reach of the muco-ciliary escalator.

Breathing soot-laden air is undoubtedly deleterious to health.

In 2001 many countries started to mandate that the soot should be extracted from the exhaust using a device called a diesel particulate filter.

And it was an error message about my DPF that seemed to be keeping my car in limp-home mode.

When working properly layers of a substance called Cordierite (aka magnesium iron aluminium cyclosilicate) filter out the soot particles

But like any filter doing its job the DPF will eventually fill up and clog.

Most diesel cars have a sensor which measures the pressure difference between the intake and output sides of the DPF.

A rising pressure difference means it's time to clean the DPF.

In my car that means burning off the soot at 500°C by converting the carbon into, wait for it, CO₂

Unfortunately for those of us worried about the environment this process is the complete opposite of photosynthesis.

The combustion of the soot occurs when my car detects that the DPF is becoming clogged.



This is particularly an issue for diesel cars mostly driven around town as my car is programmed to inject fuel into the exhaust only at high speed.

Failure to regenerate the DPF when needed can lead to a costly \$4,000 replacement of the part.

So was it my sensor, or more expensively was it my filter that was at fault.

As the sensor is a delicate piece of electronics exposed to hot exhaust gases and is significantly less expensive than the filter, I opted to replace it first.

A genuine DPF sensor was \$250 from my dealer, but the sensor is made by Bosch and can also be sourced as an after-market part for \$100.

Medical Motoring - Mary Poppins

Dr Clive Fraser



For those of us who are into cloning eBay also sells a Chinese version of the sensor for \$13 including delivery.

I am told by my procedural colleagues that key-hole surgery requires great skill.

But the mechanic who replaced my sensor had more dexterity than a neurosurgeon as he was working in a tiny space between the firewall and an engine that was still very hot.

So it was with great anticipation that I started my car to again be met with the check engine light still illuminated.

In the Mary Poppins movie Ms Andrews would need to pull a hat stand from her duffle bag to get my car going again.

Cor blimey!

Safe motoring,

Doctor Clive Fraser



The Helpfulness of Interventions for Depression: An Evaluation of Health Professionals' Views

Are you currently working as a General Practitioner or Psychiatrist within Australia? If so, we invite you to take part in this study.

The aim of this research is to explore a range of health practitioners' attitudes towards the helpfulness of interventions for depression. Participation is sought from Psychiatrists, General Practitioners, Psychologists, Occupational Therapists, and Social Workers. The data collected will be presented in Ms Georgia Nicoll's Masters dissertation, towards the Master of Clinical Psychology (Charles Sturt University).



Analysis will explore whether differences in attitudes regarding the helpfulness of interventions will exist amongst different health professions, and whether length of practice of the profession impacts attitudes.

Participation is through an anonymous online survey, and is anticipated to take approximately 15 minutes.

https://csufobjbs.au1.qualtrics.com/jfe/form/SV_732WTnOBITsanNH

If you would like any further information about the study, or a copy of the Research Project Information Sheet, I can be contacted on **0408 193 732**, or grnicoll@gmail.com.

Yours faithfully

Georgia Nicoll

SCLMA CLINICAL MEETING - 30 MAY 2019*'The Role of the Microbiome in Health and Disease'**'Clinical Implications of an Unhealthy and Healthy Microbiome'*

Dear SCLMA members,

Thank you to everyone who came along to the 30 May clinical meeting to hear about the emerging research showing the connections between the gut microbiome and its influence on health.

A special thanks to the presenters, Dr Jake Begun (Gastroenterologist at Mater Private) and Dr Georgina Hale (Infectious Diseases Physician at Buderim Private Hospital), for their engaging talks that showcased some of the research in this space and encouraged everyone's critical thinking on this topic. Also, a heartfelt thanks to Jo Bourke for her assistance in organising the event, as well as the staff at the Maroochydore Surf Club for their wonderful services on the night.

Gut microbiome testing has continued to mature in clinical utility, and the modern techniques used by Microba (metagenomic DNA sequencing) allow for comprehensive profiling of the gut microbiome to provide a complete picture of all of the organisms in your patient's gut. The Microba Insight test reports on the abundance of key organisms that have been shown to impact health, and will highlight overgrowth of any one organism. Using metagenomic sequencing, Microba also allows the reporting of many species that are yet unidentified, which are common in most Australians. Via reporting of microbial species and their metabolites, Microba is characterising what these organisms are doing in the gut and their connection to health and disease, to further our knowledge of this complex system.

Microba Insight reports provide patients and practitioners with detailed dietary suggestions to improve microbial diversity and the growth of important species as defined by current microbiome research.

Microba encourages further research in this space to strengthen the evidence-base and establish causal relationships between the gut and health. Microba has created an online course for practitioners to learn more about this topic, which includes detailed reviews of landmark research on how the microbiome has been implicated in not only intestinal inflammatory diseases, but cardiovascular disease, diabetes, mental health, and neurodegenerative disease. It also covers off the various techniques available for microbiome testing, and how they differ in the resolution and utility they provide. The course also provides an overview of the reports provided and how to interpret them, and is free for current AHPRA members. Upon completion, you will receive a referral code that you can provide to your patients, to link their reports to you so that you receive the results when they are available.

If you are interested in learning more about the evidence showing the connections between the gut and health, as well as Microba's testing services, you can request access by registering at <https://mip.microba.com/>.

Microba is dedicated to supporting practitioners and their patients who want to know more about how their gut microbiome may be affecting their health. Please get in contact if you would like more information or to discuss our testing services.

Kind regards,

Dr Ken McGrath, PhD

Technology Liaison Manager, Microba

healthcare@microba.com



Opening June 2019

GenesisCare radiation oncology clinic

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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.

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Dr Olivia Bigault
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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 will include:

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- Treatment for benign conditions including Dupuytren's disease
- **Patient bus service:** We will continue to provide transport for patients

Get in touch:

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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 to arrange a clinical meeting at your practice or visit <https://www.genesiscare.com/au/> for further information about GenesisCare.



Patients will be the losers in new pharmacy trial

In April, Health Minister Steven Miles handed down his response to the Queensland Parliament Committee's 11 recommendations regarding the establishment of a pharmacy council and expanded scope of practice for pharmacists. The Minister announced that Queensland Health would launch a state-wide trial allowing pharmacists to provide the pill and antibiotics on a one-off basis without a prescription.

This decision flew in the face of [AMA Queensland's strong advocacy on the issue](#). Over the past months, we went to great lengths – appearing at consultations, writing submissions, talking to Government and Members of Parliament, launching a strong media campaign – to push back against the committee report's recommendations and highlight the dangers of the proposal.

It is simply irresponsible and reckless to allow medications to be provided without doctors' advice.

We will not give up.

We will call on the Queensland Government to reconsider its decision and we will continue to fight with the ultimate aim of ensuring patient safety is protected.

Urgent issues confronting ED Physicians

In response to members' concerns about significant problems confronting staff in emergency departments across the state, AMA Queensland and the Australasian College for Emergency Medicine (ACEM) met with the Health Minister, the Director-General and their team to discuss the issues and to broker solutions.

In particular, in conjunction with ACEM, we recommended that Queensland Health adopt five solutions to help improve patient access and help manage doctors' workloads.

As a result of this consolidated team effort, we received confirmation from members at Logan Hospital that Queensland Health and Metro South Health had acted upon our recommendations and had implemented a number of short term solutions. Queensland Health also advised us that the Redland Hospital emergency department had allocated a priority vehicle for transferring patients out of the hospital and that this had been immediately actioned.

While we are pleased with this outcome, we consider this to be a start to ongoing improvements for emergency department staff and patients across the state.

We are also meeting with emergency department staff from other hospitals in Queensland and we will continue to work with Queensland Health to ensure a state-wide, systemic response is implemented and emergency departments are appropriately resourced and supported to respond properly to community health needs.

Aged Care and Palliative Care in Queensland - What's needed?

In April, AMA Queensland provided two submissions to the inquiry into aged care, end-of-life and palliative care and voluntary assisted dying being held by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's (HCDSDFVPC).

We will provide our submission into voluntary assisted dying after the next Council meeting to ensure our response to the inquiry captures the consensus view of members as best as we can.

88 L'Estrange Terrace, Kelvin Grove QLD 4059 • 07 3782 2222 • www.amaq.com.au



Aged Care

AMA Queensland is seeking urgent action by the Commonwealth Government in the following areas to ensure a high standard of comprehensive care in Residential Aged Care Facilities (RACF).

1. Introduce **minimal acceptable staff ratios** in line with the care needs of residents including registered nurses, allied health, psychologists and personal care staff including coordinated access to multi-disciplinary teams.
2. Review item numbers under the MBS to **support increased use of telehealth**.
3. Work with RACF to **develop a streamlined electronic documentation system** which enables service providers (including General Practitioners) to access patients' records.
4. Ensure the **remuneration for General Practitioner** under the Medical Benefits Scheme (MBS) matches the cost of providing the care, by supporting an increase in the remuneration for episodes of care in RACF by General Practitioners.

Palliative Care

AMA Queensland recommended the following actions to address the gaps in palliative care in Queensland.

1. **Assess the unmet need** for Palliative Care
2. For the **Queensland/Federal Governments to jointly fund** comprehensive palliative care services for all Queenslanders supported by a coordinated strategic framework
3. Establish **designated multi-disciplinary palliative care service units** within each region of Queensland
4. Support **specialised palliative care training and education** for all providers of palliative care within the medical, nursing and allied health professions, as well as within the community generally
5. Queensland Health and the Queensland Clinical Senate should **develop a comprehensive set of guidelines** as to when clinicians should discuss advance care planning with their patients
6. Aim for 50 at 50 – aim for 50 per cent of Queenslanders aged 50 or over to have an advance care plan.

You can read the full submissions into Aged Care and Palliative Care at www.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



Take a moment

Understanding Engineers (1)

A priest, a doctor, and an engineer were waiting one morning for a particularly slow group of golfers.

The engineer fumed, "What's with those guys? We must have been waiting for fifteen minutes!"

The doctor chimed in, "I don't know, but I've never seen such inept golf!"

The priest said, "Here comes the greens-keeper. Let's have a word with him." He said, "Hello George, What's wrong with that group ahead of us? They're rather slow, aren't they?"

The greens-keeper replied, "Oh, yes. That's a group of blind firemen. They lost their sight saving our clubhouse from a fire last year, so we always let them play for free anytime!"

The group fell silent for a moment. The priest said, "That's so sad. I think I will say a special prayer for them tonight."

The doctor said, "Good idea. I'm going to contact my ophthalmologist colleague and see if there's anything she can do for them."

The engineer said, "Why can't they play at night?"

Understanding Engineers (2)

An engineer was crossing a road one day, when a frog called out to him and said, "If you kiss me, I'll turn into a beautiful princess." He bent over, picked up the frog, and put it in his pocket. The frog spoke up again and said, "If you kiss me, I'll turn back into a beautiful princess and stay with you for one week."

The engineer took the frog out of his pocket, smiled at it and returned it to the pocket.

The frog then cried out, "If you kiss me and turn me back into a princess, I'll stay with you for one week and do anything you want."

Again, the engineer took the frog out, smiled at it and put it back into his pocket.

Finally, the frog asked, "What is the matter? I've told you I'm a beautiful princess and that I'll stay with you for one week and do anything you want. Why won't you kiss me?"

The Engineer said, "Look, I'm an engineer. I don't have time for a girlfriend, but a talking frog - now that's cool."

Understanding Engineers (3)

What is the difference between mechanical engineers and civil engineers? Mechanical engineers build weapons.

Civil engineers build Targets.

Understanding Engineers (4)

The graduate with a science degree asks, "Why does it work?" The graduate with an engineering degree asks, "How does it work?" The graduate with an accounting degree asks, "How much will it cost?" The graduate with an arts degree asks, "Do you want fries with that?"

Understanding Engineers (5)

Normal people believe that if it ain't broke, don't fix it.

Engineers believe that if it ain't broke, It doesn't have enough features yet.

THINGS TO PONDER 🤔

1. If the No. 2 pencil is the most popular, why is it still No. 2?
2. Why do we press harder on the remote control when we know the batteries are getting weak?
3. Why are you "in" a movie, but "on" TV?
4. What was the best thing BEFORE sliced bread?
5. Why do we drive on parkways & park on driveways?
6. Why do "fat chance" & "slim chance" mean the same thing?
7. Why do British people never sound British when they sing?
8. At a movie theater, which arm rest is yours?
9. When does it stop being partly cloudy & start being partly sunny?
10. When French people swear do they say "Pardon my English?"
11. Why do people say "heads up" when you should duck?



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

MEMBERSHIP APPLICATION

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

NAME	Surname:		First Name:	
EMAIL: _____				
<i>THE SCLMA PREFERS TO CONTACT MEMBERS VIA EMAIL WHEREVER POSSIBLE.</i>				
PRACTICE ADDRESS: For members who wish to receive hard copies (instead of by email) of the monthly invitation & newsletter by Sullivan Nicolaides Pathology Couriers to avoid postage costs.				
	Practice/Building			
	Street:			
	Suburb:		Postcode:	
	Phone:		Mobile:	
PRACTITIONER DETAILS:				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
PLEASE NOTE: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
1. NAME:		Signature:		
2. NAME:		Signature:		
ANNUAL SUBSCRIPTION (GST included):		(Please tick)		PLEASE COMPLETE:
Full-time ordinary members - GP and Specialist		\$ 110		Your Monthly Invitation?
Doctor spouse of full-time ordinary member		\$ 55		By Email?
Absentee or non-resident doctors		\$ 55		By Courier?
Part-time ordinary members (less than 10 hours per week)		\$ 55		By Post?
Non-practising ordinary members, under 60 years old		\$ 55		Your Monthly Newsletter?
Residents & Doctors in Training		Free		By Email?
Non-practising ordinary members, over 60 years old		Free		By Courier?
Patron and honorary members		Free		By Post?
Payment can be made by cheque payable to SCLMA or by direct debit to:				
SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298				
Please return this form either by email (scanned) or Fax or Post with details of your E.F.T. to:				
Email: jobo@squirrel.com.au Post: SCLMA PO BOX 549 COTTON TREE 4558 Fax: 5479 3995				
Please note: Membership applications will be considered at the next Management Committee meeting.				

SUNSHINE COAST UNIVERSITY HOSPITAL

SPECIALIST OUTPATIENTS DEPARTMENT STATS

Quarterly information for Specialist Outpatient at 01 April 2019				
Patients waiting for an initial service event in a specialist outpatient clinic				
	Category 1	Category 2	Category 3	Total
Medical	704	4,597	1,805	7,106
Surgical	600	2,723	6,982	10,305
total	1,304	7,320	8,787	17,411
Quarterly information for Specialist Outpatient at 01 April 2019				
% Patients waiting within the clinically recommended time	Category 1	Category 2	Category 3	Total
Cardiac Surgery	100%	100%	-	100%
Cardiology	84.20%	66.10%	81.10%	77.60%
Dermatology	37%	18.70%	100%	22.60%
Diabetes	50%	100%	-	66.70%
Ear Nose and Throat	94.20%	25.90%	60.20%	56.60%
Endocrinology	100%	70.10%	100%	72.10%
Gastroenterology	10.60%	30.10%	100%	27.60%
General Medicine	100%	91.40%	100%	97.40%
General Surgery	76.50%	88.70%	98.70%	94.20%
Geriatrics	100%	90.90%	100%	92.90%
Gynaecology	70.80%	48%	55.80%	54.20%
Medical Other	35.10%	33.20%	89.10%	52.10%
Nephrology	80%	84.40%	100%	92.40%
Neurology	60%	23.50%	96.20%	29.10%
Neurosurgery	-	-	-	-
Obstetrics	26.40%	81.80%	-	45.30%
Oncology	91.20%	100%	-	92.90%
Ophthalmology	-	-	-	-
Orthopaedic	75.70%	45.90%	93.20%	83.20%
Paediatric Medicine	76.90%	57%	94.90%	64.20%
Paediatric Surgery	100%	94.10%	97.50%	96.30%
Pain Management	-	-	-	-
Palliative Care	-	-	-	-
Plastic and Reconstructive Surgery	75%	93%	100%	93.40%
Respiratory	85.20%	33.50%	100%	54%
Rheumatology	26.50%	17.70%	69.90%	32.80%
Surgical Other	88.90%	81.80%	100%	89.10%
Urology	32.20%	30.80%	65.80%	33.10%
Vascular Surgery	85%	17.90%	39.10%	29%

MEDIA RELEASE
23 May 2019



Inadequate palliative care leaves Queenslanders suffering

Queensland has only half the number of specialist palliative care services it needs to meet community needⁱ, forcing many people to die without the dignity they deserve.

Australian Medical Association (AMA) Queensland President Dr Dilip Dhupelia said inadequate government funding for palliative care was causing unnecessary suffering.

“Six years ago, a Queensland Parliamentary Committee identified the large unmet need for palliative care services but progress to improve the situation has been far too slow,” Dr Dhupelia said.

“Specialist services are still under-resourced, there aren’t enough palliative care beds and there isn’t enough community care or after hours cover.”

During National Palliative Care Week, AMA Queensland has called on Queensland Health to create state wide multi-disciplinary palliative care units to coordinate services.

“Each unit would be responsible for palliative care in a specific region,” Dr Dhupelia said. “It would especially help level the playing field for the one third of our population living in regional and rural areas.”

Palliative Care Queensland has identified five priorities areas: better funding, improved access, community activation, stronger focus on Advance Care Planning and workforce development.ⁱⁱ

Palliative Care Queensland CEO Shyla Mills called for a Queensland Palliative Care Strategy.

“Time is precious for people with a palliative condition. Funding needs to be available and easy to access.” Ms. Mills said

“Most people tell us that their family matters most to them at the end of life, so we need funding for services, as well as a specialist and generalist workforce that meets the national recommended levels of care, to enable people to be with their family in a place of their choice while they are dying.”

Dr Dhupelia said the Productivity Commission reported up to 90 per cent of the 29,500 people who died in Queensland each year would benefit from palliative careⁱⁱⁱ.

“That figure will grow as Queenslanders are living longer and suffering more complex, chronic health conditions,” he warned.

“Services are already stretched and referrals are expected to increase by 20 per cent but palliative care funding is only set to increase by 13 per cent.”

ⁱ <https://palliativecareqld.org.au/wp-content/uploads/2018/03/2018-19-PCQ-Pre-Budget-Submission.pdf>

ⁱⁱ Palliative Care Queensland (2019) Palliative Care in Queensland Priorities for 2019. Published on website: www.palliativecareqld.org.au/publications-positions-submissions

ⁱⁱⁱ <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report/human-services-reforms.pdf>

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 MARCH 2019
Maroochydore Surf Club Board Room
MINUTES
Accepted at Committee Meeting 02 May 2019

Attendance: Drs Roger Faint, Kirsten Hoyle, Mason Stevenson, Jon Harper, Alicia Lorenz, John Evans, Jonathan Last, Fabio Brecciaroli, Tau Boga. Observer Jo Bourke (Secretariat)

Visitor: Jack Wilkinson, Medical Student.

Apologies: Drs Mark de Wet, Wayne Herdy, Scott Masters, Peter Ruscoe, Shrey Singh.

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

Moved: Dr John Evans. Seconded: Dr Mason Stevenson. Accepted.

Business arising from Minutes: Nil

President's Report: Dr Roger Faint

- I have working with me a year 4 Griffith University Medical student. He is from the Sunshine Coast, went to Immanuel College, has returned to the Sunshine Coast and will apply for an internship on the Sunshine Coast. He is impressed with the 'state of the art' SCHI facilities.
- The ongoing QLD Pharmacy council issue is of concern. We have sent 37 protest forms to various state members. Please read my President report in the SCLMA March newsletter for further details.
- Christmas in July review. It has been suggested by the sub committee to increase the ticket cost and to rename the event 'The SCLMA Cocktail Party'. Suggestions also included making the night a fund raiser.
- The survey has suggested how well the SCLMA is progressing with relevant criticisms. Please read the survey result and comments.
- The relevant parties need to be notified of the SCLMA bursary award of \$2000 each.
- The aged care nursing home royal commission is ongoing.

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

Secretary's Report: Dr Mark de Wet – Apology. (Correspondence tabled)

Correspondence In:

- Dan Purdie MP – response to pharmacy protest letters from members;
- Fiona Simpson – response to pharmacy protest letters from members.

Correspondence Out: Nil.

- Pharmacy protest letters from members to MPs Mark McArdle, Brent Mickelberg, Marty Hunt, Jarrod Bleijie, Dan Purdie and Fiona Simpson.

Business arising from Correspondence: Nil

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

a) Accounts to be paid:

- Australia Post – Account Feb 2019
- Telstra – (part account Feb-Mar 2019)

Dr Mason Stevenson moved that the accounts as presented be approved for payment: Seconded: Dr Roger Faint. Carried.

(b) Membership Report:

- Dr Stuart Butterly (Cardiology)
- Dr Tract Du Plooy (Anaesthesia)
- Dr Christian Hamilton-Craig (Cardiology)
- Dr Mark Johnson (Cardiology)
- Dr Ryan Perkins (SCUH)
- Dr Yamesha Ranatunga (Caboolture Hospital)
- Dr Martin Rocsa (SCUH)
- Dr Stepanie ShawBinns (General Practice0)
- Dr Gordon Strachan (General Practice)
- Dr Bradley Wong (Radiation Oncology)

Dr Mason Stevenson moved that the membership applications be accepted: Seconded: Dr Roger Faint. Carried.

Meetings Convenor Report: Dr Scott Masters – Apology.

Hospital Liaison Report: Nil.

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 MARCH 2019
MINUTES**

Accepted at Committee Meeting 02 May 2019

PHN Report: Dr Jon Harper:

- The Smart Referrals project is in the final stages of testing, with a planned launch to early-adopter practices in early April. The PHN has been working with Queensland Health to deliver an electronic referral solution that is acceptable to general practice, and enables transparency through the referral and triage process. The Sunshine Coast was chosen as the pilot site for Smart Referrals, before the system goes statewide.
- We are fortunate on the Sunshine Coast to have strong relationships between the PHN and general practice staff. This has enabled an enthusiastic response from local GPs, with around 60% of practices already signed up for Smart Referrals installation.
- The PHN will soon be rolling out new mental health resources.

- This includes: a number of suicide prevention training programs for community members and health professionals; a psychosocial support program for people with severe mental illness but not eligible for NDIS support; and a 'front door' service to help direct people to the most appropriate mental health service.

General Business: Nil.

Meeting Close 7.00 pm

Next meeting Thursday 2nd MAY 2019
Maroochydore Surf Club

Dr Tim Baird, Respiratory and Sleep Physician.
Jane Neill, Nurse Practitioner, SCUH.
Sponsor: Meninari.

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter
For full details re advertising go to their website:
www.rdma.org.au
Email: 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.

ADVANCE NOTICE! SCLMA CLINICAL MEETING - THURSDAY 27 JUNE 2019

Maroochydore Surf Club Function Room. 6.30pm for 7pm. Over by 9pm.

Sponsor: Gilead Sciences Australia and New Zealand.

The speakers will be presenting on Hepatitis C diagnosis and treatment regimens.

Dr James O'Beirne is a Consultant Hepatologist at the Sunshine Coast University Hospital and Professor of Hepatology at the University of the Sunshine Coast.

He has research interests in quality of care in cirrhosis, hepatocellular carcinoma and portal hypertension. In addition to running the Hepatology clinical trial portfolio at SCUH James is also interested in treatment access programs in Regional Qld.

Dr Jon Mitchell is a Consultant Hepatologist at SCUH with experience in the management of all aspects of advance liver disease with special interest in alcoholic liver disease, viral hepatitis and liver cancer. He is a fully trained therapeutic endoscopist with almost 20 yrs of experience in advanced therapeutic upper and lower endoscopy and ERCP.

Mary Fenech is a Nurse Practitioner with Queensland Injectors Health Network (QuIHN), a community based non-government health service whose mission is to provide innovative and appropriate services to people who use drugs. Mary currently operates several multi-disciplinary outreach clinics in and around Brisbane, via needle and syringe programs, drug and alcohol, and mental health, for diagnosing and treating viral hepatitis and related health issues amongst marginalised populations. Mary has come to this role with over 20 years previous experience in advanced liver disease, viral hepatitis, HIV and Sexual Health, working within a large tertiary hospital clinic.

CLASSIFIEDS

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

VR GP - MAROOCHYDORE

- We are seeking a VR GP, PT or FT at our busy, well established non-corporate Family Practice
- We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room.

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

March 2019

VR GP REQUIRED FULL TIME OR PART TIME – LAKE KAWANA GENERAL PRACTICE

- This is a fantastic opportunity to join our expanding team in a huge growth area
- Busy practice with well established and loyal growing patient base; 14 consult rooms, 5 bed treatment room and a separate procedure room
- Fantastic support team of nurses and reception staff
- Dedicated Chronic Disease management nurse
- Long established, completely computerised and accredited
- Pharmacy and pathology on site plus many allied health professionals and specialists in the building.

For a confidential discussion please contact Laura Wilkinson, Practice Manager on 5493 3800
Email: manager@lkgp.com.au

December 2018

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 or contact Nadine Ware on 07 5491 9888.

May 2019

BRAND NEW CONSULTING SUITES IN BIRTINYA - AVAILABLE IMMEDIATELY

130sqm available for lease at Pulse Oceanside Medical Centre – opposite the Sunshine Coast University Public & Private Hospitals and bus exchange

- Specialist tenants include: Pathology, Radiology, Neurology, Orthopaedics, Anaesthetist, Cosmetic Injectables, Specialist Physician & Psychologist
- Other tenants: Coffee Club, Raw Energy, Good Bean Birtinya & Sushi
- Convenient patient parking
- Allocated 2 car parks for tenancy
- 3 year lease with an option of a further 4 x 3 years
- Option exists at any time to purchase at a pre-negotiated fixed \$ figure
- Floorplans & suggested layouts available

For further information please contact:
Lorraine Corbett at Corbett Neurophysiology
P 07 5503 2400 M 0438 400 400
E admin@corbett.com.au

December 2018

GENERAL PRACTITIONER (VR) - SUNSHINE COAST QUEENSLAND

To find out more, please email your resume to 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
- From February 2019 word count should be no more than 200 words
- Long-term classifieds will be condensed
- Cost for non-members is \$100 + gst

ALL QUERIES:

Contact: Jo 0407 07 112

Email: jobo@squirrel.com.au

SCLMA Clinical Meeting - 02 May 2019
 Maroochydore Surf Club Private Function Room
 Speakers: Dr Tim Baird, Respiratory & Sleep Physician
 Topic: 'NTM (Nontuberculous Mycobacterium)'
 Speaker: Jane Neill – Nurse Practitioner, Sunshine Coast University Hospital
 Sponsor: Menarini



Menarini Sponsors Athol Martin, Kevin O'Brien with presenters Jane Neill & Dr Tim Baird



Presenters: Nurse Practitioner (SCUH) with Dr Tim Baird



Left:
 SCLMA members -
 Dr Andrew Paszkowski
 with Dr Rebekah
 Shakhovsky

Right:
 Sponsor -
 Paula Peacock
 from Menarini



Meeting dates for rest of 2019

Thursday 30 May - Dr Georgina Hale, Infectious Diseases Specialist - Mdore Surf Club
 Thursday 27 June - Dr James O'Beirne, Dr Jon Mitchell, Mary Fenech, Nurse Practitioner
 Thursday 25 July - PHN with invited speakers from SCHHS - Mdore Surf Club
 Thursday 29 August - Dr Greg Finch, Orthopaedic and Spine Surgeon (AGM will be held also)
 Thursday 19 September - One week earlier than usual due to school holidays. Details to be
 con irmed Thursday 31 October - In progress - details to be con irmed
 Thursday 28 November - In progress - details to be con irmed

