

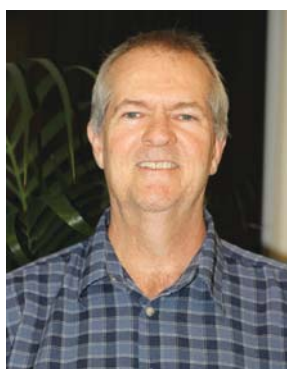


Newsletter

April 2013

SCLMA President's Message

Dr Rob Ingham



My term as President seems to be moving along quickly and surprisingly smoothly, thanks mainly to the very supportive and able LMA committee and secretariat.

The discussion regarding the process for outpatient referrals to Nambour Hospital continues.

Tomorrow I will be talking with Jackie Hansen, Di Minuskin and Gail Palmer and hopefully we will resurrect the process which has somewhat stalled. Our aim is to have an improved communication between private practitioners and administrative staff at NGH and thus have improved access to specialist OPD. My preferred methodology would be to have regular meetings [? monthly] involving GPs, NGH administrative staff and staff specialists. We are committed to this process and feel that there will not be success without direct GP involvement.

A recent interaction with an administrator at NGH showed me how even a fairly senior administrator did not have a good concept of Medicare rules. If the public hospital wishes to maximize funding it is essential administrative staff and doctors have a full appreciation of the obligations and rules governing access to Medicare.

Finally before I move on, I make a special plea to referring doctors and particularly, our less experienced colleagues. Please provide a referral to a specialist, only if you have appropriately considered the problem and believe a referral is appropriate.

We believe that the state government has employed KPMG to talk to local medical groups to ascertain the best funding model for the new Sunshine Coast Hospital. Your LMA committee will be meeting with KPMG next week to give our opinion. There appears to be a growing push for privatisation of public hospitals. However I believe we should be pushing for maximal public funding of medical services at our new hospital. I hope all medical groups are singing the same song

Finally on a high note I would like to encourage as many people as possible to attend our Christmas in July function. After a very successful function last year, I look forward to a similar [if not better] event this year. Put in your diary Saturday 13 July at Lillys on the Lagoon at Twin Waters Resort, Mudjimba. The resort also is offering accommodation packages for that evening. Look forward to seeing you all there.

Rob Ingham

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



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HIGHLIGHTS:

- P 5: Kevin Hegarty - Health Service Link
- P 7: Letter to the Editor - Dr Sean 'Connor
- P 8: Dr Alex Markwell, President, AMA Qld
- P 10: FHN - GPLO Teport - Gail Palmer
- P 12: Dr Wayne Herdy - AMAQ Councillor
- P 18: Case Study - Pacific Radiology
- P 25: SCLMA Mship Application Form
- P 27: Classifieds.

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

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**MAY 2013
NEWSLETTER
Deadline Date for
April newsletter will
be FRIDAY 17th
May**

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

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

Contact Jo: 5479 3979
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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.

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2013

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





Editors Corner

Chesterman, Hunter and Forrester are soon to be very familiar names talked about in the medical community. Dr Alex Markwell, AMA president explains these recently published reports in her AMA column.

Wayne Herdy, AMA councillor, discusses this issue further in regards to the Crime & Misconduct Commission in relation to recent findings in the Jayant Patel story.

Ethical and Professional standards are the cornerstones of medicine. We have gone from medical boards to APHRA but still have our own respective colleges as well. Surely colleges should and are responsible for registration, accreditation, re-validation, continuing professional development and the list goes on. So I ask you what in the past did the individual state boards do and what does APHRA now do apart from act as a central registration registry.

In my case I belong to The Royal Australian and New Zealand College of Radiologists, (Radiation Oncology). I would not be able to practice without being a paid up member of my college. The college is responsible for everything that is expected of me to perform the task of being a Radiation Oncologist. When it comes to medical boards or APHRA we should simply press the delete button.

Clive's motoring column fortunately has nothing to do with medical boards but does emphasise the high cost of servicing cars. The cost of European cars in Australia is exorbitant when compared to the US or UK. Even accounting for stamp duty, GST and luxury car tax the cost of European cars here is about 50 to 100%. Maybe we'll ask Dr Clive to enlighten us further.

The March clinical meeting raised some interesting comments from several of our members in regards to the issues around mammography and nuclear medicine. The attendance was excellent and correspondence to either the SCLMA president or me is always welcome. We received several letters of correspondence and thank the members for taking the time and putting in the effort to comment about some of the technical matters. The correspondence will be addressed on an individual basis.

Marcel Knesl mknesl@oceaniaoncology.com



SCLMA CHRISTMAS IN JULY FUNCTION
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SCLMA CLINICAL MEETINGS



6.30pm for 7pm
(Completed by 9pm)

THURSDAY 23 MAY 2013

Sponsor: QML Pathology & QIBC
 Speaker: Dr James Orford
 Speaker: Dr George Bogiatzis
 Topics & other speakers to be confirmed
 Venue: **Maroochydore Surf Club**

THURSDAY 27 JUNE 2013

Sponsor: SC Haematology & Oncology Clinic & Wealthmed
 Speaker: Dr Hong Shue
 Topics & further details to be confirmed
 Venue: **Ebb Waterfront Dining**

THURSDAY 25 JULY 2013

Sponsor: Ramsay Health
 Speaker: Kimberley Pierce, CEO
 SC University Private Hospital
 Topics & further details to be confirmed
 Venue: **Maroochydore Surf Club**

ENQUIRIES:

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

Meeting attendance:

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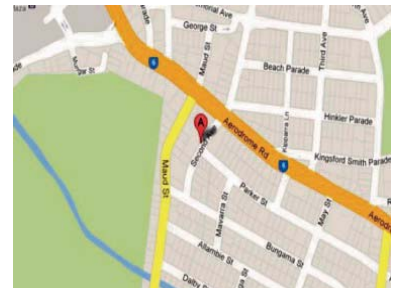


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HEALTH SERVICE LINK - APRIL 2013

with Kevin Hegarty



Update on the Sunshine Coast University Hospital – service delivery options

Further to the information I provided in last month's column, KPMG are continuing the exercise that they have been tasked to lead, which will identify the most efficient and effective service delivery options for SCUH. There has been significant engagement with senior clinicians within the Sunshine Coast Hospital and Health Service (HHS) as part of this exercise.

The assessment is being undertaken in the context that SCUH will be a tertiary teaching hospital with the full range of services that have featured in its planning.

The timeframe around this important body of work is still with an expected Government decision being made by June - July.

National Partnership Agreement for Treating More Public Dental Patients

Queensland has recently signed the National Partnership Agreement for Treating More Public Dental Patients with the Commonwealth. The agreement provides additional funding until June 2014 to enable more eligible patients to receive publicly funded dental care.

The HHS has always had a high demand for public oral health services and a particular focus for our Oral Health Service will be to use the funding to reduce public waiting times and improving access to care for Aboriginal and Torres Strait Islander patients.

Strategies to enable more eligible patients to be treated will include both an increased engagement of the private sector through outsourcing of emergency, general and denture patients and enhancement of public sector services by recruiting additional dental teams and facilitating clinical placements for final year dental students.

For adults to be eligible for publicly funded dental care they must be Queensland residents and in receipt of benefits from a Pension Concession Card, a Health Care Card, Commonwealth Seniors Health Card or a Queensland Seniors Card.

Eligible patients are able to access services through telephoning the Oral Health Call Centre on **1300 300 850**.

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

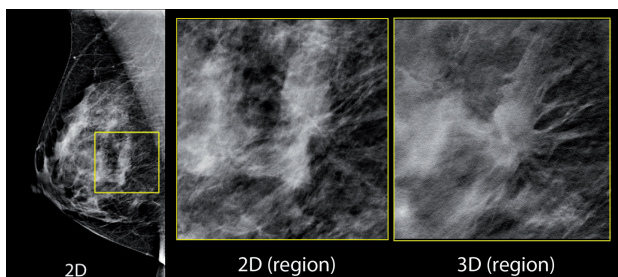
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LETTERS TO THE EDITOR



Editor,

At the most recent SCLMA meeting the Hologic representative made several amazing claims with respect to Digital 3-D Tomosynthesis [3 DT] which require further clarification.

The Hologic representative stated that “Digital 3-D Tomosynthesis was the single greatest advancement in breast imaging in decades”. Claims were made about an increase in breast cancer detection of up to 27% with an increase in invasive cancer detection of up to 40% comparing 3 DT + mammogram to Mammography alone.

This statement omits the fact that these are similar results to numerous previous trials which compare Combined Digital Mammography [DM] and Ultrasound to Mammography alone.⁽¹⁾ The current standard in private diagnostic breast imaging on the Sunshine Coast is in fact Combined Mammography and Ultrasound.

No study has been performed which compares Digital 3 DT + DM with Combined Mammography and Breast Ultrasound. It is highly likely that the efficacy would be comparable given the results of these trials.

The data in the study by Dr. Per Skaane is certainly impressive. Interestingly, this study was sponsored by Hologic in the form of donated equipment as well as paid salary of two of the lead researchers. All other research participants “received financial support” from Hologic as well. (2)

The study was performed within a Breast Screening Program. Currently no study exists that extrapolates these results to non-screening Diagnostic Breast Imaging Services such as we have in private radiology on the Sunshine Coast.

The Hologic representative stated that there was no evidence that Full Field DM (FFDM) was superior to Film Screen Mammography [FSM] and cited the DMIST trial in the US. In fact, the DMIST trial reported “significantly higher performance at FFDM than FSM in women younger than age 50 and in women with radiographically dense breast parenchyma”. (3)

Also ignored was a previous study by Dr. Per Skaane himself which reported a 27% increase in cancer detection with a 40% increase in invasive cancer detection utilizing FFDM vs. FSM; remarkably similar statistics to the current study regarding tomosynthesis.⁽⁴⁾

The vast majority of additional lesions detected in the 3-D tomosynthesis trial were solid lesions confirmed by biopsy performed under ultrasound guidance. (2) Clearly these lesions would have been shown by ultrasound in the first instance. Of significance, 14% of cancers in the study in fact were found by ultrasound alone! (2)

Microcalcifications were seen equally as well in Digital Mammography as 3DT. (2) Radiation “dose levels for mammography plus tomosynthesis were 2.24 times those for mammography alone” which was dismissed as “insignificant”. (2) Would a 2.24 times increase in ones salary or the cost of petrol be considered “insignificant”?

Digital tomosynthesis has a place in breast imaging, particularly in a formal Breast Screening Program without ultrasound, but to hail it as “the single greatest advancement in breast imaging in decades” is a remarkable stretch of the truth.

There is no evidence that 3DT outperforms the current standard of Combined Mammography and Breast Ultrasound currently available.

Kind regards,

Dr Sean O'Connor MBBS, BSc. (Hons) FRANZCR, Managing Director Coastal Medical Imaging and the Specialist Women's Imaging Centre

(1) Combined Screening with Ultrasound and Mammography Compared to Mammography Alone in Women at Elevated Risk of Breast Cancer: Results of the First-Year Screen in ACRIN 6666 Wendie A, Berg, MD, PhD et al. JAMA. 2008 May 14; 299(18): 2151–2163.

(2) Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Population based Screening Program Per Skaane, MD, PhD Radiology: Volume 267: Number 1—April 2013 n radiology.rsna.org

(3) Diagnostic performance of digital versus film mammography for breast-cancer screening. N Engl J Med 2005;353:1773–1783. Pisano ED, Gatsonis C, Hendrick E, et al.

(4) Randomized Trial of Screen-Film versus Full-Field Digital Mammography with Soft-Copy Reading in Population-based Screening Program: Follow-up and Final Results of Oslo II Study¹ Per Skaane, MD MPH et al. September 2007 Radiology, 244, 708-717.

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Alex Markwell



AMA Queensland advocates principled approach to changes to health complaints system

As many of you will be aware, Health Minister, Lawrence Springborg announced on 16 April of the Government's intention to introduce legislative change to the health complaints system following the recommendations made in the Chesterman, Hunter and Forrester Reports. The outcomes from these investigations revealed multiple breakdowns in the processes for reporting, managing and progressing health complaints in Queensland.

AMA Queensland has welcomed the move towards a more streamlined and transparent system and has been holding ongoing discussions with the Minister.

Minister Springborg has expressed deep concern about perceived failures of the health complaints system and signalled a strong intention to introduce changes which includes the introduction of Health Ombudsman.

We are advocating for a principled approach to changes to the health system and have offered a submission to the Government that any proposed changes should ensure:

- **Protection of the public and upholding professional standards**

AMA Queensland's primary concern in this matter is the protection of the public and the maintenance of high professional standards among the medical profession. AMA Queensland supports the remediation or removal of medical practitioners who do not maintain the ethical and clinical standards of the profession. However, any regulatory framework must recognise the inherently risky nature of the work of the profession and the uncertain environment in which medical practitioners operate.

- **Medical practitioner leadership in health regulation is essential**

AMA Queensland strongly supports self-regulation of the medical profession. The expertise and experience of senior medical practitioners is essential in order to appropriately assess the conduct and performance of medical practitioners, using a solid evidence-base and benchmarking. In addition, medical leadership must be supported by strong links to the community and transparent decision-making.

- **A transparent and fair system**

AMA Queensland supports a system which is fair and upholds the principles of natural justice and due process. At present the system is complex and difficult to navigate. It is vital that the profession retains the confidence of the public, and a transparent, easy-to-access complaints system is essential.

- **Complaints should be dealt with as quickly and as locally as possible**

Mr Chesterman identified delay as a result of under-resourcing as one of the key problems with the system. AMA Queensland advocates that some of the burden could be removed from the health complaints management system by more effective, responsive and transparent complaints and investigation systems implemented at a local level. Professional conduct and competence issues should be referred to the Medical Board.

AMA QUEENSLAND - PRESIDENT'S REPORT /cont:

Dr Alex Markwell

- **A National System**

AMA Queensland supports the national registration scheme. AHPRA has undertaken the huge task of registering practitioners nationally. Improvements to the current system in Queensland could be made without withdrawing from the national system.

These issues affect every doctor in Queensland, and it is important any changes are well considered and appropriate. Despite the sensitive nature of the situation AMA Queensland welcomes the opportunity to create a better, fairer and more efficient system that supports the rights of both patients and doctors.

AMA Queensland is committed to working with Government and the community to improve the safety and quality of our health system. Queenslanders are entitled to safe and effective health care and recent reports regarding severe problems within the health complaints system deserve a serious and considered response.

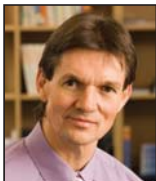
We invite all LMA members to review our full submission at amaq.com.au and welcome feedback. We will continue to update members on new developments as information comes to hand.

Yours sincerely
Dr Alex Markwell
President AMA Queensland

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



There is much work to be done as clinical handover continues to be a hot topic. Transferring patient information would seem to be a simple task but as you know, there are many potential points of failure that compromise the satisfaction experienced by the sender and the receiver; as well as primarily providing effective clinical patient handover. There are difficulties in General Practices as well as in SOPD that frustrate a smooth referral procedure that we just have to work out – our community is depending on it. For your convenience, [Referral information](#) to SCHHS SOPD is located on our website including the [Referral Work-Up Guide for General Practitioners](#).

On the receiving end, many GPs have generously been involved in the past to improve discharge summaries from the hospital. The hospital staffs are aware and GPs have told us that there is still some room for improvement. NGH Consultants and GPs are joining in to kick off an audit of clinical content in discharge summaries in May. Read about the quick and [easy audit process for GPs](#) on our website. We're rolling out in May and be so glad to have you involved.

Recently the staff of the SOPD Persistent Pain Management Service provided insight into what GPs could expect when referring patients at the *'To be or not to be – that is the Question(naire)'* workshop. Dr Tania Morris' keen staff presented management strategies embedded in their multidisciplinary approach. Dr Scott Masters ably led a lively question and answer session and there was enthusiasm in establishing a Special Interest Group - so watch this space. It was reiterated that having the patient complete the [Patient Questionnaire](#) was necessary and required to be sent with the [Referral](#) to ensure efficient triaging. It was acknowledged that this can be an awkward process in General Practice but omission means there can be a delay in patients accessing timely and effective care.

SCHHS has announced a new service - [Rapid Access Medical \(RAM\) Clinics](#) to provide GPs with an access point to General Medicine Department consultants for advice or to schedule a next-day appointment. Dr Dawid Smalberger and his team hope that this quick and direct access to the Medical Consultant, Mondays to Fridays, will support GPs in their medical care and lessen the inconvenience to patients in presenting to the Emergency Department when this alternative option may be more appropriate.

An education evening dedicated to informing GPs, Practice Nurses, Midwives and other Primary Health Care Professionals on *'What's New in Antenatal Care - Pregnancy Update'* is on 22 May 2013. The evening program is even better than in 2012 with an open forum moderated by Dr Ted Weaver to answer those difficult questions as well as updates on antenatal screening, progesterone use in pregnancy and the role of the Eligible Midwife. [Registrations](#) are opened now.

Wanting to keep up to date with initiatives - More information can be found on the FHN website on the [GP Hospital Liaison 'What's New?' Page](#).

As always your comments, feedback and suggestions are welcome.

Yours in health,

Gail Palmer (GP Liaison Project Officer)

Contact: Focus Health Network P: 07 5456 8888 gpalmer@fhn.org.au

New Premises for Affordable IVF

The team at Affordable IVF are really excited to announce that they relocated to their own facility in early April 2013. Affordable IVF is now located at the site previously occupied by the parent company Fertility Solutions Sunshine Coast.

The new location will be:

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Nambour, QLD 4560
Ph: 1300 569 267**

All patient ultrasound procedures and appointments with a nurse will occur in the Nambour location. The Sunshine Coast Private Hospital (23 Elsa Wilson Drive, Buderim), will be providing hospital care for the IVF procedures with embryo transfers occurring at the Fertility Solutions Sunshine Coast facility, Building B, Suite 22 Nucleus Medical Suites, 23 Elsa Wilson Drive, Buderim Q 4556

If your patient currently has embryos or sperm stored with Fertility Solutions these will be relocated to their new purpose built Buderim facility in early April 2013 where they will be securely stored.

If you or your patients have any questions about the relocation please do not hesitate to contact us on **1300 569 267**.

You can also follow the move on Facebook by going to our page at:

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AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

“KEEP YOUR OWN HOUSE CLEAN”

In the wake of the Jayant Patel story (which most believe was only the tip of a rather large iceberg of medical misadventurers), the Queensland government commissioned “an enquiry into medical matters that might reveal misconduct”. The Crime and Misconduct Commission handed down what is now known as the Chesterman report, tabled in Parliament on 23rd July last year. This preliminary report disclosed what most doctors working within the system already knew – that professional conduct falling well short of an acceptable standard was readily identifiable in Queensland Health and in the private sector, and that not a lot was being done to fix it.



Two further enquiries followed. The Hunter report and the Forrester report were tabled in Parliament last week.

The Hunter report, released on 31st March, disclosed that at least 6 doctors might face criminal proceedings as a result of apparent medical wrongdoings. Again, they are widely believed to be the tip of the iceberg (although the size of the iceberg might not be as large as many non-doctor health professionals want the public to believe). My column last month expressed views about whether or not doctors whose outcomes were worse than planned should ever be subject to criminal prosecution.

The Forrester report led to a response that was not expected. The Minister for Health promptly asserted that the Medical Board of Queensland had not done its job as required in rooting out the wrongdoers in the medical profession. Because of the conclusion that the Board had not discharged its duties in the way that it conducted enquiries into complaints about doctors, the Minister gave every member of the Board just 14 days to explain why they should not be dismissed. Whether or not the entire Medical Board is sacked, and whether or not a new Board is subsequently appointed, this opens up a door for an option that the Minister must have been planning for some time – the creation of the office of a Health Ombudsman to conduct enquiries into complaints about health practitioners.

There is a complication in this whole affair – the involvement of AHPRA and the national scheme of enquiry into complaints about doctors, and how the State scheme fits into the national scheme. Let's not worry about that too much today.

What is important for the medical profession to contemplate today is the extent to which it remains possible for doctors to remain in control of the process of setting and enforcing professional standards. There are two sets of standards that apply to doctors that don't apply to the general population: the ethical standards that dictate the way that we behave in our professional relationships, and the clinical standards that dictate the quality of medicine that we practice.

A critical distinction between the two is that we claim that only doctors can really know what constitutes good technical practice. It is arguable that any layman knows what constitutes good inter-personal relationships, even in the therapeutic relationship.

AMA COUNCILLOR'S REPORT / cont:


Dr Wayne Herdy

The Forrester report has highlighted the perception that the medical profession (at least as historically demonstrated by the Medical Board of Queensland) that doctors have not done a good job of self-regulation in the area where we claim to have exclusive expertise, in the performance of our technical skills. The Minister has seized this opportunity to wrest away from doctors the traditional right of self-regulation and he is prepared to hand that power to an Ombudsman who might have no health background, or possibly to a Board which has a minority representation from the profession.

It looks to me that the medical profession, as represented by your AMA, has only a limited time in which to assert that doctors are capable of self-regulation, and that any regulatory body (or Ombudsman) must comprise a majority representation from the profession. Anything less and we will find that the body that investigates complaints about doctors' behaviour will have no first-hand experience of what is actually involved in being a medical practitioner.

The opinions expressed herein remain those of your correspondent,


(Dr) Wayne Herdy


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Sean, Simon & Fiona are delighted to welcome
Danielle Keogh & Louise Meek as partners



Danielle Keogh

Danielle has been an integral part of the team here at Sports & Spinal since 2008 and now leads our Kawana practice located on Innovation Parkway.

Danielle has developed expertise in accurate diagnosis and treatment of low back and hip pain and regularly attends national and international conferences dedicated to these areas to stay up to date with research and current evidence for optimal patient care and positive outcomes. In her spare time Danielle is an avid horse rider, competing in dressage competitions with her two horses.

Louise Meek

Louise has a passion and expertise for sports injuries after working with Wynnum Manly Seagulls rugby league, the Australian high diving team and Australian women's soft ball. Louise was an Australian Institute of Sport athlete for 6 years in high diving and was a representative on the Australian team for 5 years. Louise leads our Coolum practice which is located on Birtwill Street.

Louise is an expert in treating and managing shoulder pain as well as spinal rehabilitation for acute and chronic neck and lower back injuries. She focused her post graduate studies in this area making sure all treatment and advice is up to date and evidence based to provide the most optimal outcomes for her patients.



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Coolum
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19 Birtwill Street
p - 5351 1733

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Maroochydore

Corner Horton and Plaza Parades

Ph: 07 5443 8660

Noosa

Noosa Private Hospital, Pavillion A, 111 Goodchap St

Ph: 07 5430 5200

Relocation of Fertility Solutions Sunshine Coast to Buderim



Dr George Bogiatzsis



Dr Kirsten Morrow



Dr James Orford

The team at Fertility Solutions Sunshine Coast is really excited to announce that we have relocated to a new facility in early April 2013. The new details are:

**Building B, Suite 22 Nucleus Medical Suites
23 Elsa Wilson Drive
Buderim Q 4556**

Fertility Solutions Sunshine Coast will be located in the grounds of the Sunshine Coast Private Hospital in the Nucleus Medical Suites. The main benefit of this relocation for you is that we will be located in the same building as all our fertility specialists. As we are located on the same floor as your patients specialist, it will be easier for your patients if they need to see their nurse before or after the doctor's appointment. Fertility Solutions Bundaberg will remain in its current location.

Our new premise is a purpose built fully integrated infertility treatment facility equipped with the latest in technology offering up to date infertility treatment services. Your patients will have access to their own fertility specialist, primary nurse, accounts information and a counsellor - all in the one location. We are committed to providing a personalised program tailored to your patients individual needs ensuring complete continuity of care at all stages of treatment.

All ultrasound, scientific procedures, consultations with nurses and counselling can be attended to on site with the patients specialist doctor only a short walk down the corridor. The Sunshine Coast Private Hospital which is adjacent to our facility, provides hospital care for your IVF procedures.

If your patients have embryos, sperm or oocytes stored at our Nambour facility, these will have been relocated to our new premise in early April 2013 where they will be securely stored until we are notified otherwise.

If you or your patients have any questions about the relocation please do not hesitate to contact us on **5441 7311**.

You can also follow the move on Facebook by going to:

<http://www.facebook.com/FertilitySolutionsQLD>

MEDICAL MOTORING

with Doctor Clive Fraser

Social media

“Facebook face-off!”



Those doctors who are fond of computers know just how much practice software has streamlined a day at the surgery.

Gone are the days of illegible notes on folded pieces of paper which if mis-filed are lost forever.

We're on our way to EHealth and a personally controlled medical record via the information super-highway.

I for one would need an army of secretaries without word processing and I'm not averse to putting my textbooks on my smartphone and catching up with the latest guidelines on disease management from the internet.

A few years ago we all became accustomed to our patients arriving with a wad of print-outs from their computers for explanation and interpretation.

Now an internet search and a few hours of reading can make some patients better informed about obscure conditions like Marchiafava-Bignami disease than most of us who rely on what we learnt at Medical School.

There is always of course the down side to all of this information sharing and I'd put the website www.ratemds.com at the top of my list for providing a forum for defamatory rants.

Shielded by anonymity and with an axe to grind this site allows anyone to slander their doctor to their heart's content without an ounce of accountability.

The motoring public are not averse to using social media either.

To give you some indication of just how potent this medium has become I'd like to tell you about an incident that occurred recently in Brisbane.

A young woman by the name of Ms Mali Hannun on 29th March posted a quotation from her local Wynnum Hyundai dealership for work on her car on the Facebook page of Hyundai Australia.

The problem with the quote was that it did seem to include some items that were a bit far-fetched.



The most obvious of these was the recommendation to flush her power steering fluid for \$95.

Believing that she was being taken for a ride by the dealership, Ms Hannun took her car to two other mechanics for a second opinion.

Both of them pointed out to her that her Hyundai i30 had electronic power-steering and there was no need to flush the hydraulic fluid as there was no hydraulic fluid to flush.

Ms Hannun went back to the Wynnum Hyundai dealership to complain.

There were some weak excuses about a “typo” on the quote.

Dissatisfied with their explanation, Ms Hannun reached for the social media remedy and posted 505 words about her experience on Facebook.

Within five days there were 17,500 shares, 10,000 comments and 37,000 likes related to her post.

To borrow a medical term – her post had gone “viral”.

Needless to say stronger apologies were then offered by the dealer principal and Hyundai Australia itself.

I'd had a similar experience myself 20 years ago when I took my Ford Falcon in for a service.

My complaint was more serious than Ms Hannun's as I was actually charged for the so-called “work”.

Social Media

“Facebook face-off!” /cont:

My bill showed that they'd replaced my spark plugs, all six of them.

But a quick check under the bonnet cast some doubt on this.

I showed the service manager that they had somehow managed to change the spark plugs without removing the old ones.

I was also told that there must have been a “typo” on my account, but I'd have been none the wiser if I hadn't checked.

In the days before social media my only forum was the theatre tea room and my story back then didn't spark any real interest as my colleagues were busy answering their pagers and the nurses were equally busy smoking and catching up on all the gossip between cases.

In real terms the purchase price of cars has never been cheaper.

The Service Department is easily the most profitable part of most dealerships and service personnel are under pressure to up-sell, some even receive a commission on the sales.

Dealers and car companies are taking notice of feedback from customers, particularly when it can't be ignored and is seen by thousands of people on web-pages.

PS

As of 20th April Ms Hannun's post on Hyundai Australia's Facebook page had 18,577 shares, 10,512 comments and 40,114 likes (and is still growing).

The total population of Wynnum is 11,719.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com

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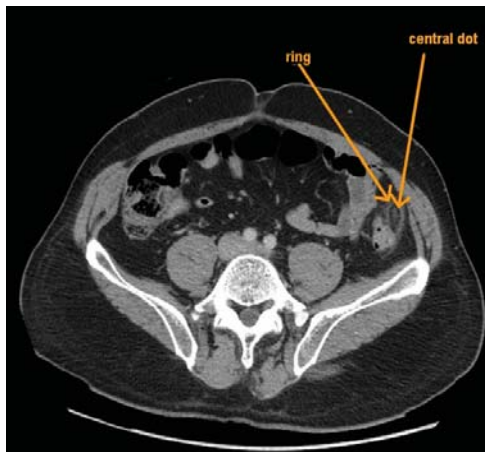
724 Nicklin Way
Currumbundi QLD 4551

CASE STUDY

Left iliac fossa pain – diverticulitis?



Pacific Radiology



DIAGNOSIS: Epiploic appendagitis

INVESTIGATION:

Top Image: Axial CT showing ovoid fat lesion with surrounding hyperdense ring containing central dot and adjacent fat stranding lying adjacent to the sigmoid colon. Non inflamed diverticula are seen in the adjacent sigmoid colon.

Centre Image: Coronal CT reconstruction of the same patient



Bottom Image: Axial CT in a different patient imaged for possible renal colic. In this case there is a hyperdense ring surrounding a fat density lesion adjacent to large bowel with adjacent fat stranding but no central dot.

DISCUSSION:

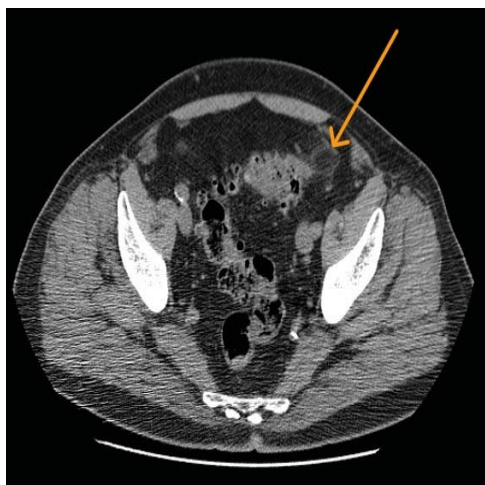
Epiploic appendages are small serosal lined protrusions arising from the antimesenteric border of the colon containing fat and vessels. Epiploic appendagitis arises due to torsion and venous thrombosis of these protrusions with subsequent infarction.

Clinical presentation is typically of acute onset lower abdominal pain. This typically abates after one week. No specific treatment is required other than analgesia if diagnosed prior to any surgery.

The radiological differential diagnosis include diverticulitis and omental infarction.

Epiploic appendagitis typically appears as an ovoid fat density lesion adjacent to the antimesenteric surface of the colon with a high density enhancing ring and adjacent fat stranding.

There may be a central dot representing the thrombosed vessels. Sometimes these can go onto to calcify.



Introducing...

People caring for people



Dr Aymen Al-Timimi, General Surgeon

is now consulting at:

- Nambour Selangor Private Hospital
- Cotton Tree Gastroenterology

Aymen undertook General Surgery training through the Royal Brisbane Hospital, and obtained his FRACS in 2006. He is currently a Consultant General Surgeon at Nambour General Hospital and a Senior Lecturer at the University of Queensland.

He offers a wide range of general surgical procedures, both open and laparoscopic. His subspecialty interest is in colorectal and laparoscopic surgery with a focus on colorectal cancer treatment. He is also a certified endoscopist.

Aymen looks forward to providing your patients with quality care.

Contact Details

Selangor Medical Centre
62 Netherton Street
Nambour Qld 4560

Phone: 5441 6477
Fax: 5441 6188

Cotton Tree Gastroenterology Group
Level 2, Cnr The Esplanade &
Second Avenue
Cotton Tree Qld 4558

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Fax: 5443 8702

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Introducing...

People caring for people



Dr Ajay Verma

General Physician

Dr Ajay Verma has commenced private practice at Nambour Selangor Private Hospital.

Dr Verma is a Specialist General Physician and a Fellow of the Royal Australasian College of Physicians. He completed his Fellowship at the Royal Prince Alfred Hospital in Sydney, NSW in 2008 and has been practising in the field of Internal Medicine as a Consultant Physician since 1993.

Dr Verma is an Internist whose special areas of interest include general medicine, heart failure program, preventive cardiology, hyperlipidaemia, thrombo-embolic disorders, diabetes mellitus, chronic disease management, management of undifferentiated general medical patients, peri-operative medicine and management of medical patients with multiple co-morbidities.

He is a member of the Internal Medicine Society of Australia and New Zealand, European Heart Failure Association, North American Thrombosis Forum, American Society of Echocardiography, Cardiological Society of India, Critical Care Society of India and American Thoracic Society. He has recently completed a graduate course in critical care echocardiography from the University of Queensland. Dr Verma is also actively involved in an undergraduate and post graduate teaching program at the Medical School of the Sunshine Coast University.

Contact Details

All appointments:
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BURGUNDY RULES



dr. plonk

When one speaks of Burgundy, the images should be of hedonistic wine enthusiasts, held in an aromatic trance whilst their visual cortex transfers them back to a rustic region in the mid-East of France. Where Romans first made wine 2 millennia ago, where the Benedictine Monks tasted the soil to analyse the premier terroir, where the social revolution divided up the wealth of the land and Napoleon's Rules of inheritance made for multifaceted ownership. Beyond the complexities, the people are tied to a geographical heritage that in the end, make some of the most sought after and hauntingly great wines of the world. It certainly is one of the most complicated appellations in the world and therein lies its attraction and controversy. Therefore one has to spend some time with dedicated Burg-o-philes such as you will find at The Wine Emporium in Brisbane.

I attended a recent Master class run by Brent Williamson, soon to be qualified wine maker, and supported by Dr Bill Ryan, Orthopaedic Surgeon; a stalwart supporter of all that is Burgundy and frequent visitor. The classes were run over two nights with whites then reds. It was informative, efficiently ran and more importantly, no shortage of good quality Burgundy. The night was akin to watching two great scrum halves running off each other, although Bill probably has moved more to the forwards than the speedy back he once was.

Terroir is paramount in this region just South of Dijon. Burgundy's North South orientation, with slopes at 250-350m above sea level and ancient sea deposits of 70 million years ago combine with a mild continental climate to create the Cote d'Or. Literally these are the "Golden Slopes" and forms the heart of Burgundy. Whilst Chablis, some 160 km North West of the Cote d'Or and Beaujolais, South of this, are included in the Burgundy region, The Golden slopes produce magnificent Pinot Noir and Chardonnay. Within this region the more Northerly area known as the Cote-de-Nuits produce the complex and more robust Red Burgundies and to the South the Cote de Beaune is lauded for its White Burgundy.



The Grand Cru wines makes up 2% and the Premier Crus 15% with less prestigious Village and Commune wines described by the term Vin de Bourgogne. Generalisations can be result in disappointment so I would respect the offerings of reputable outlets like the Wine Emporium.

Wines Reviewed:

- 2009 Domaine Ramonet Chassagne Montrachet "Morgeot" 1er (\$120-Chardonnay) - The colour is a medium yellow with a nose of minor lemon notes that morph into grapefruit and apricots. Toasty oak and creamy notes are complementing the background. The palate is well rounded and long lived with minor acidity. It is well matched with Foie Gras.
- 2008 Louis Jadot Corton Charlemagne Grand Cru (\$280-Chardonnay) - A deeper but lively yellow colour. The bouquet is bursting with lemon grass and some funky tropical fruit ester characteristics. This a full expression of grand cru wine with a generous but step like palate that just keeps giving more. Lobster in a creamy tarragon sauce with grilled polenta would suit.
- 2009 Domaine Bruno Clair Gevrey Chambertin (\$135-Pinot Noir) - The bouquet is distinctly the dark cherry family with liquorice and rose petal secondary characteristics. The palate initially abounds in sweet fruit but the secondary step in structure kicks in and makes the flavour linger and the mind sated. Pigeon and porcini red wine risotto would go well.
- 2009 Leflaive and Associes Charnes Chambertin Grand Cru (\$330-Pinot Noir) - A very serious wine oozing notes of red currants, sweet spicy fruits with violets. The satisfying and alluring initial burst of flavour pales into the back palate structural peak that exemplifies what a Grand Cru wine should be. Rare Venison with saffron potatoes is my pick.

Dr Plonk.

Protection Plans for Medical Professionals

As no two insurance policies are the same, having a risk specialist identify your specific needs is vitally important when you initially take out an insurance policy or are reviewing existing contracts. It can make the difference between receiving your full entitled benefit at time of claim and possibly not receiving a benefit at all.

What specific features/definitions should be included for Medical Professionals?

Total & Permanent Disability (TPD) – There are two available definitions being the “Any” and “Own” occupation. Having an Own occupation definition provides greater flexibility at time of claim and is vitally important for Medical Professionals given the specific skills and duties that are performed. Care needs to be taken when structuring this policy as in most cases it should not be owned through superannuation given the restrictions at time of claim. However, there are a number of insurance companies that now have specific TPD policies where you are able to split the TPD occupation so that you get the best of both worlds by having an Own occupation definition while still allowing your super fund to pay for two thirds of the premium.

Income Protection (IP) – As you work in the health industry, you have very strict provisions surrounding Blood Borne Disease (HIV, Hepatitis B & C etc). Therefore it is vitally important that your IP policy has specific wording that allows you to receive a benefit even if you are still physically and mentally able to work but are restricted due to work health provisions. Some insurance policies market a lump sum benefit know as “Needle Stick” cover, however the contraction of a blood borne disease does not need to be from a Needle Stick injury as the definition extends to all work related duties.

Having a market leading Total and Partial disability definition is also a vital IP feature for Medical Professionals, as it will provide additional flexibility at time of claim especially when the claim is not a black and white situation. Some policies allow you to work up to 10 hours per week, without affecting the Total disability status which is a must have for self employed Professionals that need to keep an eye on their practice to ensure things are still running smoothly. There should also be no restrictions during the waiting which is another feature that is not available through all IP policies.

Business Expense/Overheads Cover (BEX) – If you are self employed, be it the sole owner of a practice or in partnership with other Medical Professionals you may also require BEX cover which provides a monthly ongoing benefit to cover 100% fixed operating costs, e.g. rent, equipment finance, business loans, administration staff wages etc. Importantly, the features/definitions mentioned above under the IP policy should also be available under the BEX contract. In addition, the two main specific medical requirements are cover for the net cost of a locum and ensuring that the monthly benefit won’t be offset by any ongoing income from the practice. This latter point is vitally important as some BEX policies will offset any ongoing income from the practice which could mean that the monthly benefit is reduced to nil, hence no benefit is payable.

From our research, there are less than a handful of policies available in the market that provides all the required features/definitions for Medical Professionals. The above is a summary only of the core benefits that should be included. For further information please contact Hayden White at Poole Group Accountants and Investment Advisers on 07 5437 9900.

Article written by Hayden White DFP, Medical Risk Specialist, April 2013.



OPTIMAL MEDICAL THERAPY (OMT) AND STABLE ISCHAEMIC HEART DISEASE

Data from the COURAGE¹ Trial Five Year Follow-Up Found:

- Less than half in whom coronary angiography was performed for symptomatic stable CAD were receiving OMT.
- Only 11% of stable CAD patients were receiving routine (much less than optimal) medical therapy.
- The data convincingly shows that we woefully underutilise medical therapy.



Optimal Medical Therapy is ...

“aggressive medical therapy applied intensively in secondary prevention and combined with lifestyle interventions such as diet and weight management, smoking cessation and regular physical exercise, is an extremely safe and powerfully effective (and cost effective) approach to reducing clinical events and improving prognosis in patients with CAD”.¹

IT WORKS IN THE CLINICAL TRIAL BUT NOT IN THE WORKPLACE

Heart attack victims are ignoring doctors orders and slipping back into old habits at a cost of \$8.4 billion to the health system and tax payers every year

THE COST TO QUEENSLAND TAX PAYERS IS
ESTIMATED AT \$1.16 BILLION ANNUALLY

“If exercise is a miracle drug, as it has been recently described, then it is a drug that is not prescribed enough for the prevention of cardiovascular disease. And if exercise is “central and indispensable component” of a strategy in the primary prevention of coronary artery disease, then it is even more valuable in secondary prevention”.¹

Managing Chronic Disease patients with multiple risk factors in General Practice must be difficult for the Practitioner and the Patient with multiple Allied Health requirements needing frequent separate appointments.

Nu-Life Medical Programmes

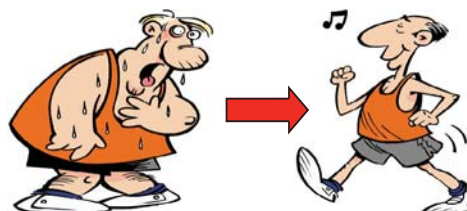
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Ashley Da Roza or Rebecca Allen

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Website www.neocardia.com.au



¹ “The Message Grows Stronger” Boden W, Heart 2012; 98(24); 1757-1760

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 FEBRUARY 2013
Maroochydore Surf Club Function Room
MINUTES
(confirmed at Committee meeting 28 March 2013)**

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

Apologies: Drs Denise Ladwig, Scott Phipps, Nigel Sommerfeld.

Minutes of last meeting: 17 January 2013
(To be confirmed).

The minutes were accepted. Moved: Rob Ingham. Seconded: Peter Ruscoe.

Business arising from Minutes:

- Lapel mikes: - Peter Ruscoe has spoken with Kerri, Functions Manager. Lapel mikes are available for use when requested
- USC Bursary \$2,000 – Discussion re this is ongoing. Rob Ingham is to speak further with Trish Pease.

President's Report: Dr Rob Ingham

- Participation in the monthly meetings organised by the Sunshine Coast Hospital and Health Service – Outpatients - is continuing with dates set to 20 December 2013. SCLMA Vice President Di Minuskin attended the meeting held 20 February and Rob will attend the meeting scheduled for 20 March.
- Named Referrals meetings – Rob to contact Kevin Hegarty re progress and next meeting
- Sunshine Coast Medical Local initiative – 'Taking the Pulse'. An article was placed in the SCLMA February newsletter inviting GPs and Specialists to complete an online survey and attend a community forum. Rob to discuss this further with Medicare Local representative.

Vice President's Report : Dr Di Minuskin

- In February I attended a meeting at Nambour Hospital of the SCHHS Outpatients Committee. A GP representative has been invited to attend these meetings as a means of improving communication between the hospital and general practices. I would like to acknowledge Gail Palmer, Project Officer, Focus Health Network who has worked tirelessly as a liaison person. She has been attending these meetings for some time. I believe the addition of a GP clinician to this committee will be a valuable resource.
- The "Wish List" from GPs includes a single entry portal for referral to all services at the hospital and a review of referral requirements/correspondence. The latter is well into redevelopment and changes should be evident over the next few months. The former has a few more obstacles to overcome. Different departments within the hospital have individual referral requirements and at present not all of these can be achieved via an electronic referral. This is a work in progress and all parties are keen to find a workable solution that meets the requirements and restraints of the clinicians at both ends, and is manageable by the administrative staff.
- The goal is a system that efficiently maximises the use of facilities at the hospital, acknowledges and utilises the role of general practitioners, but most importantly, facilitates accurate triage and treatment for our patients.

Secretary's Report: Dr Wayne Herdy - absent

Correspondence In:

- AMA Queensland – Directors & Officers Liability Insurance Renewal

Correspondence Out: Nil

Treasurer's Report : Dr Peter Ruscoe

a) Accounts to be paid:

- Directors & Officers Liability Insurance
- Snap Printing – February 2013 invites
- Snap Printing - February 2013 newsletter
- Jo Bourke – February 2013 newsletter
- Jo Bourke – Secretariat account (Dec 2012 – Feb 2013)
- Carol Hawkins – Assistant Secretariat account

The Treasurer, Peter Ruscoe moved that the accounts be approved for payment.

Seconded: Jeremy Long. Carried.

(b) Membership Report.

- Dr Peter Larsen (Cardiology & Interventional Cardiology)
- Dr Philip Marshall (General Practice)
- Dr Hans Seltenreich (Gastroenterologist)
- Dr Sorab Shavaksha (Haematology)

The membership applications were approved.

Moved: Peter Ruscoe. Seconded: Di Minuskin.. Carried.

AMAA Councillor's Report: Dr Wayne Herdy – absent.

Meetings Convenor Report: Dr Scott Masters

- General consensus to hold the SCLMA Christmas function in August as per last year. Discussion re possible venue. Committee members to bring suggestions for venue to March meeting
- Monthly meetings – discussion re alternate venues (geographically) – suggestion to survey members re this.
- Clinical meetings booked for March, April and July – others to be confirmed.

Focus Health Network Report: Dr Scott Phipps - Apology.

Hospital Liaison Report: Dr Jeremy Long

- Health Minister Lawrence Springborg has delivered a new health plan "Blueprint for Better Health" this week in Brisbane.
- A key feature of the new plan for the state's healthcare will be the delivery of a larger range of health services through public, private and not-for-profit health providers and partnerships.
- At the next meeting of the NGH clinical leadership group on 15 March 2013 the future of privatization will be debated.

General Business:

The Sunshine Coast HHS Health Service Plan 2012-2022 Summary was discussed.

- All committee members had received the summary prior to the committee meeting.
- Appreciation was expressed to Mason Stevenson for presenting this summary which was discussed.

Meeting Close; 7.20pm
Jo Bourke (Secretariat)

MEMBERSHIP APPLICATION

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

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	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)	DELIVERY OPTIONS		
Full-time ordinary members - GP and Specialist	\$ 55.00	Your Monthly Invitation		
Doctor spouse of full-time ordinary member	\$ 22.00	By Email?		
Absentee or non-resident doctors	\$ 22.00	By Courier?		
Part-time ordinary members (less than 10 hours per week)	\$ 22.00	By Post?		
Non-practising ordinary members, under 60 years old	\$ 22.00	Your Monthly Newsletter		
Residents & Doctors in Training	Free	By Email?		
Non-practising ordinary members, over 60 years old	Free	By Courier?		
Patron and honorary members	Free	By Post?		
Payment can be made by cheque payable to SCLMA or by direct debit to the SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298 A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.				
Please return this form with your cheque OR details of your E.F.T. to: SCLMA PO BOX 549 COTTON TREE 4558				
Please note: Membership applications will be considered at the next Management Committee meeting.				



SMILE TIME!



She's single.

She's gorgeous.

She lives right across the street.

I can see her house from my living room.

I watched as she got home from work this evening. I was surprised when she walked across the street in the rain and up my driveway. She knocked on my door . . . I rushed to open it.

She looked at me, and said, "I just got home, and I am so horny! I have this strong urge to go out, get drunk and get laid all night long! Are you busy tonight?"

I immediately replied, "Nope, I'm free . . . I have no plans at all!"

"Great!" she said, "Could you watch my dog?"

COPS & ROBBERS

An elderly couple was just settled down for bed when the old man realized he left the lights on in the greenhouse in the back yard. Then they heard voices. Three men had broken into the greenhouse. Scared, they called the police.

The dispatcher replied, he would send an officer as soon as one became available as they were all out on calls. The old man waited for a few minutes and called Dispatch again. He told Dispatch, "Don't worry about sending an officer, I shot the robbers and now the dogs are eating their bodies!"

In no time at all, police were all over the place and captured the robbers red-handed! One of the cops asked the old man, "I thought you said you shot the robber and your dogs were eating them." The old man replied, "I thought you said, there weren't any officers available."

Come and support the IBD awareness month 2013

'TURNING THE FROWN UPSIDE DOWN'

IMPROVING CARE FOR CROHN'S & COLITIS PATIENTS ON THE SUNSHINE COAST AND ACROSS AUSTRALIA

An information afternoon supported by the Crohn's and Colitis Association Australia (CCA)

Crohn's disease and Ulcerative Colitis are becoming more prevalent, more complex and more severe. Due to lack of funding, the current level of care for patients with inflammatory bowel disease (IBD) is inconsistent and inadequate, causing avoidable surgeries and presentations to Emergency Departments. Improving quality of available IBD care can result in significant benefits to patient wellbeing and cost savings to the health care system.

An information afternoon to increase awareness and understanding of IBD and to address these key messages is open to the general public, health practitioners, patients & their families, will be held:

Millwell Rd Community Centre. 11A Millwell Road East, Maroochydore

Saturday 25th May 2013, from 1 pm to 4 pm

Entrance is free of charge and refreshments will be provided.

The program includes:

- basic and new aspects about the diagnosis and treatment of inflammatory bowel disease
- how to improve access to patient care by an interdisciplinary health care team
- dietary update in IBD
- Coping strategies for patients with IBD
- Panel discussion
- Lucky door prizes and raffle
- Quiz and interesting prizes drawn at the end of the information afternoon

Speakers are **Dr Hans Seltenreich**, Gastroenterologist and **Stephanie Buckton**, Nurse Practitioner, Nambour General Hospital and Cotton Tree Gastroenterology.

There will also be presentations by a dietician, psychologist and others.

Please join us for an informative, fun and interactive afternoon.

CLASSIFIEDS

SPECIALIST MEDICAL & DIAGNOSTIC SUITE AVAILABLE - MINYAMA

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

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

DR SORAB SHAVAKSHA - Clinical Haematologist

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

- CONSULTING ROOMS : Level 2, Cnr The Esplanade and Second Avenue, Cotton Tree
- HOSPITAL : 32 Second Avenue, Cotton Tree

Dr Shavaksha is a fellow of the RACP and RCPA with specialist qualifications in haematology. Clinical interests include myelodysplastic syndromes, myeloproliferative disorders, leukaemias, lymphomas and red blood cell disorders.

To arrange an appointment, or make enquiries,

- **Phone : 5479 0000**
- **Fax : 5479 5050**
- **Email : reception@schoc.com**

DOWNSIZING - Furniture for sale in excellent condition

Please contact Genny or Ahmed.

Ph: 0422 147927

DR PETER J LARSEN – CLINICAL & INTERVENTIONAL CARDIOLOGIST

NEW PRACTICE LOCATION

Dr Larsen would like to inform all Medical Practitioners on the Sunshine Coast of his new practice contact details:

- Suite 12 Medical Centre, Sunshine Coast Private Hospital, 12 Elsa Wilson Drive, BUDERIM, QLD 4556
- **Phone: 07 5444 2951 Fax: 07 5444 3516**
- Conducting procedures now at the Sunshine Coast Private Hospital Buderim
- Referrals received via medical objects and fax
- Dr Peter Larsen is no longer associated with Sunshine Coast Cardiology, Nucleus Medical Suites
- Welcoming new patients

November 2012

SPECIALIST ROOMS AVAILABLE FOR LEASE IN CALOUNDRA

- Seeking expressions of interest from Specialists currently or intending to work out of Caloundra.
- All consulting rooms and procedure room generously proportioned and undergoing new renovation to a high standard.
- Co-located with Caloundra's newest comprehensive Radiology practice. Pharmacy on site.
- Please direct enquiries to Mr Trevor Gourlay
- **Ph: 0434 250 531 or 5409 2800**
- **Trevor.gourlay@pacificradiology.com.au**

October 2012

SKIN PRICK TESTING

Now available by appointment with Dr Peter Zwoerner

Buderim Laboratory • Nucleus Medical Suites

23 Elsa Wilson Drive

T: (07) 5459 1400 F: (07) 5478 4240
(Referral can be faxed).

For a full list of special tests available at this site refer to

www.snp.com.au

*Classifieds remain FREE
for current SCLMA members.*

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

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

Quotes of the Month

*"Personally I have only great regret - that I never 'dared' enough. If at all."
-Renowned British actor Sr Alec Guinness).*

*"I have not failed. I've just found 10,000 ways that won't work."
- Thomas Alva Edison (1847-1931)*

SCLMA MARCH 2013 CLINICAL MEETING
DR SIAVASH ES'HAGHI, Managing Director, Sunshine Coast Radiology
Topic: 'Breast Imaging'
GABRIELLE VAUGHAN, Hologic
Topic: 'The Power & Promise of Breast Tomosynthesis is Here'



Dr Siavash Es'haghi, Helen Stevens (Sunshine Coast Radiology), Noel Marginson & Gabrielle Vaughan (Hologic)



Dr Carl Scott with Dr Noel Cassels



Dr Bob Anderson with Dr Ian Raddatz



Dr James Dick, Dr Chris Dawkins with Dr David Leslie.



Dr Clive Fraser with Sandra Reardon from SC Haematology & Oncology.

