Newsletter

February 2013

SCLMA President's Message .....

Dr Rob Ingham

Welcome to the New Year. Already Queensland and Northern NSW have suffered appalling weather conditions. Are these events part of a natural weather cycle or part of a more worrisome weather change? Maybe a topic for future meetings?

A new referral pathway for women with threatened miscarriage has been instituted i.e. The Maternity Assessment Unit (MAU). This unit is designed to take the pressure off the Emergency Dept and provide a more direct care pathway for patients in this distressing situation. A copy of the processes required to access this service is included in this newsletter.

As mentioned in our previous newsletter, and in response to specific concerns, we are also including some information re 'the drug seeking patient" and effective ways of handling this sometimes difficult area of practice.

In spite of the Qld government's reassurance to the contrary, it would appear that funding cuts in the public system are affecting patient care. I feel it is a responsibility of our LMA to highlight this and use our representative group to address this situation.

The process of GP liaison with the NGH particularly with regard to Outpatient referral process continues. Dr Di Minuskin and myself will be present at monthly meetings at the hospital. Drs Sunder, Hollett and Ratna Aseervatham will also be involved. I am sure we all agree that patients receive a high level of care when seen in Outpatients and that GPs do a great job in triaging and referring appropriately to Specialist OPD. It is important that these two systems work in unison to provide optimal patient care outcomes.

Recently I participated in a teleconference with Dr Tania Morris (pain specialist), Gail Palmer (Focus Health Network Liaison,]Karen Belte and Jacki Hansen (NGH Admin), regarding the pain questionnaire. It appears illogical that GPs are encouraged to use e-referrals for Specialist OPD but questionnaires cannot be incorporated into these referrals. The system is awkward. But the e-referral template cannot be changed easily and probably not at all. It is important to stress that the specialists do not expect direct GP input into these questionnaires. The orthopaedic questionnaires I feel could be treated the same way.

My solution would be supplying the patient with the questionnaire and then scheduling to see them one week later. The e-referral and questionnaire then can be sent off simultaneously giving best chance for appropriate triaging and care. Remember patient care, public and private, specialist and general practice is a continuum to maintain appropriate levels of care.

Rob Ingham

HIGHLIGHTS:

P 4:	Maternity Assessment Unit (MAU)
P 5:	Kevin Hegarty - Health Service Link
P 8-9:	Sunshine Coast HHS Health Service Plan 2012 -2022
P 13:	Dr Wayne Herdy - AMAQ Councillor
P 15:	Case Study - Pacific Radiology
P 21:	Medicare Local - Taking the Pulse
P 27-29:	Information - 'drug seeking' patients
P 31:	Classifieds

CONTACTS:

President and	Dr Rob Ingham Ph: 5443 3768
Vice President:	Dr Di Minuskin Ph: 5491 2911
Secretary: & AMAQ Councillor	Dr Wayne Herdy Ph: 5476 0111
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
FHN Rep:	Dr Scott Phipps Ph: 5494 2131
Meetings	Dr Scott Masters Ph: 5491 1144
Committee:	Dr Kirsten Hoyle Dr Denise Ladwig Dr Mason Stevenson Dr Nigel Sommerfeld

For general enquiries and all editorial or advertising contributions and costs, please contact:

Jo Bourke (Secretariat)
Ph: 5479 3979
Mob: 0407 037 112
Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558
Email: jobo@squirrel.com.au
Fax: 5479 3995

Newsletter Editor:
Email: Dr Marcel Knesl
mknesl@oceaniaoncology.com.au

THANK YOU ... to all contributors to this February newsletter - 32 pages!

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

MARCH NEWSLETTER

Deadline Date for March newsletter will be Friday 15th March

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

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

ARE YOU A MEMBER?

If you are not a member please complete the application form in this newsletter.

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

2013

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

Editors Corner

Welcome to February and to the first newsletter for 2013.

In late January the committee met and discussed the year ahead.

During the year we will endeavour to keep you well informed in regards to the medical happenings on the Sunshine Coast.

We start this with a very informative article by Dr Mason Stevenson summarising the future role of the various Sunshine Coast and Gympie hospitals.

On a lighter note, Doctor Clive Fraser keeps us entertained with demerit points and your daughter's change of address.

Dr Plonk keeps us educated in the finer art of living and then just as you are sitting back and enjoying that fruity, yeasty, mushroomy drop, bang it's back to realty with the AMA Councillor report.

We read in the AMA Councillor report about the cleansing of Q-health and cost cutting measures. The developed world is faced with significant health pressures related to an aging population and a reducing tax base. The explosion in medical technology comes at a $ price and evermore so Health boards will be faced with difficult decisions in rationing the healthcare $. For the first time in the US we are now seeing certain medical oncology biologics not been listed by the FDA because of exorbitant costs to the health budget. This too applies to clinical staffing levels. More staff will be given the opportunities to take voluntary redundancies and their present jobs taken up by the remaining work force. In so doing this increases productivity. For the first time I read of junior doctors without internships and post part 2 fellows unable to get permanent positions. The landscape is changing, best we get used to it.

In the Health Service Link, Kevin outlines the Strategic Plan 2013-2017, with the Sunshine Coast University Hospital planned for opening in late 2016.

On the foodie front I have been searching for that perfect Tom Yum. Just this last weekend I was in Melbourne for the weekend attending the Varian Oncology workshop. As time would have it I wondered into the David Jones food hall.

No reflection on the quality of the workshop. To my great joy they now have a noodle store selling fresh made to order meals.

With confidence I strode up to the counter and requested a Tom Yum. The pleasant waiter looked me straight in the eyes and said "Sir, no Tom Yum, Wonton soup."

Politely I sat down and enjoyed my Wonton soup.

Bon Apetito

Marcel Knesl

mknesl@oceaniaoncology.com

SCLMA CLINICAL MEETINGS

THURSDAY 28 MARCH

Sponsor: Sunshine Coast Radiology
Speaker: Dr Siavash Es'hagi
Topic: "Breast Imaging"
Guest Speaker: Gabrielle Vaughan, Hologic,
Topic: "The Power and Promise of Breast Tomosynthesis is Here".

THURSDAY 18 APRIL

Changed to 3rd Thurs due to Anzac Day.
Sponsor: Coastal Pathology
Speaker: Dr Tim McNamara
Topic: "Thyroid Cytology, or How To Avoid Getting Your Throat Cut"
Speaker: Dr Joe Gatto:
Topic: "The Pap Smear – A Cervical Odyssey

ENQUIRIES:

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

Meeting attendance:

- ***Free for current members.***
- ***Non members: $30.***
- ***Application forms available on night.***
- ***Membership forms also available on SCLMA website: www.sclma.com.au***

Information Sheet

MATERNITY ASSESSMENT UNIT - (MAU)

Nambour General Hospital is pleased to announce that it has recently opened this new service for women having an early pregnancy loss.

Located within Ward 2D (Maternity Services) Block 2, 2nd floor, NGH.

The unit is open 0700 -1900 hrs Monday – Friday and is staffed by a senior midwife working with the O&G team. We aim to provide prompt evaluation and management of clinical concerns leading to a reduction in overnight ward admissions.

Early Pregnancy Loss:
Seen by appointment only at 0715 or 0800hrs Monday – Friday

Criteria:

- Positive pregnancy test
- Pregnancy less than 20 weeks gestation
- Clinically stable
- Ultrasound confirming pregnancy loss is desirable.
- Ectopic pregnancy – stable, for conservative management

Women are counselled with choices of expectant, medical or surgical management. For surgical management, there is the option of same day surgery or returning for the next available list. Please advise to fast from midnight for the option of same surgery.

Women should be advised to present sooner to the Emergency Department if significant bleeding or pain occurs.

Contacts:	
M-F 0700-1930	Phone: (07) 5370 3808 Midwife
	Fax: (07) 5370 3164
After hours	Phone (07) 5470 5131 Registrar
	Fax (07) 5470 6344

If you would like an electronic copy of our patient information leaflets please email the Nurse Unit Manager: linda_pallett@health.qld.gov.au

- MAU appointment information
- Miscarriage: options for management
- Miscarriage: Surgical management
- Management of ectopic pregnancy
- Information for pregnant women (over 20 weeks)

HEALTH SERVICE LINK - FEBRUARY 2013
with Kevin Hegarty

The planned future
The Hospital and Health Service has completed an extensive body of work which has led to the development of a number of plans. These plans are still in draft but have been endorsed by our Board for consultation.

We are particularly keen to share these plans with you and invite your feedback. The plans are:

- *Strategic Plan 2013 - 2017*
- *Consumer and Community Engagement Strategy Implementation Plan 2013-2016* and;
- *Health Service Plan 2012 – 2022 and outlook to 2026 / 27*

The Health Service Plan represents the most comprehensive blue print for the future of our local public health services that has ever been developed. The need for this is of course underpinned by the unprecedented expansion of our health services, most notably of course the development of the Sunshine Coast University Hospital (SCUH) which will open in late 2016.

The Health Service Plan highlights how the Health Service proposes to meet the community health needs during this period specifically:

- When the SCUH is commissioned in December 2016
- In 2021/22 when SCUH is fully operational with 738 beds
- and beyond to 2026/27.

The draft Health Service Plan clearly identifies health service delivery for the next 15 years, including the roles of the Nambour, Gympie, Caloundra and Maleny Hospitals.

We are conducting a formal consultation period which will conclude on 28 February 2013.

These documents are available for viewing at: http://www.health.qld.gov.au/sunshinecoast

To assist with the feedback process the site also includes feedback facility.

Please take the time look at these plans and utilise the feedback options provided.

Public Health
As part of the ongoing restructure of Queensland Health, our local Public Health Unit has now officially transferred from the Division of the Chief Health Officer, within Queensland Health to being part of the our organisation. We welcome Dr Andrew Langley and the Public Health Unit team. We have had history of close working relationship with the Team so this organisational restructure has been an easy transition.

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

Kevin_Hegarty@health.qld.gov.au

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Alex Markwell

2013 has certainly gotten off to a rough start with bushfires and floods wreaking havoc across much of Australia. Barely two years since the floods that crippled large parts of Queensland, we watched again with dismay as record rainfall, gale-force winds and even tornados, brought fresh heartache to many communities still recovering from the natural disasters of 2011.

This latest catastrophe has affected many of our members and colleagues, particularly those in the Sunshine and North Coast regions, and we wish to extend our support to any members facing hardships following these events.

We're aware of numerous doctors who endured the strain of working in or around flooded buildings with restricted road access, lengthy interruptions to power and the threat of running out of fresh water. These challenges were further compounded by the deep sadness and frustration that Queensland was facing another flood again so soon.

In an effort to support people rebuilding their homes and lives, AMA Queensland is proud to relaunch the See the Signs campaign which was first introduced in the aftermath of the historic floods and cyclone Yasi that took Queensland by surprise in 2011.

See the Signs is a public health initiative that encourages people to recognise signs of mental distress in themselves, their immediate friends and family and also for doctors to be on the lookout for symptoms of anxiety or depression when treating patients.

In partnership with Queensland Health, AMA Queensland is distributing 10,000 information posters to hospital, medical practices and community services throughout the state. If you would like to request copies of the poster to display in your practice please let us know via email: amaq@amaq.com.au.

In the midst of the flood chaos, the relentless push for efficiency and budget cuts continues. Over the past few months most Hospital and Health Boards have announced further cuts to jobs and services with talk of more yet to come. Doctors across the state have been affected, with the loss of junior doctor training positions, senior clinicians and medical administrators.

Our members continue to raise concerns regarding lack of meaningful consultation and engagement with clinicians by many boards. Recurring themes throughout the state focus on the impact on patient care, loss of training positions, lack of support for teaching, training and research and the as-yet-uncounted long term cost of these short-sighted decisions.

AMA Queensland continues to work with members, patients and other stakeholders to raise awareness of these concerns and facilitate solutions where possible - we strongly encourage LMA members to get involved and ensure local doctors have a say on the future of health care in their communities.

We have recently collaborated with the Rural Doctors Association of Queensland and the Statewide Rural and Remote Clinical Network to attempt to establish an indicative health services model for rural Queensland.

AMA QUEENSLAND - PRESIDENT'S REPORT /cont

Dr Alex Markwell

Over coming weeks we will be holding information sessions in conjunction with ASMOFQ throughout Queensland discussing redundancies, restructuring and industrial consultation requirements, and other options for members affected by these cuts.

Other issues we will be keeping a close eye on in coming months are; the auditor-general's review of private practice billing in Queensland Health facilities and the Health Payroll Commission of Inquiry. In my next report for the RDMA newsletter, I hope to share some good news following the launch of LNP's Blueprint for Health, expected to be released in March.

Despite the strain of recent months it is exciting to welcome a new year. I look forward to continuing to work with members during the second half of my term as President.

Dr Alex Markwell
President
AMA Queensland

The Sevens Signs identified by AMA Queensland to help indicate whether a person is having difficulty are:

1. Complaints of continued poor sleep with ongoing nightmares.
2. Observations a person is easily overwhelmed, tearful or fragile.
3. The use of drugs or alcohol to suppress intense emotions or to try to achieve sleep.
4. A pattern of withdrawing from family and friends and not engaging in day to day discussions that generally allow people to slowly debrief.
5. Problems performing at work such as struggling to concentrate on the job at hand.
6. Startling easily and declining invitations for social engagements and other usually pleasurable activities.
7. Increased or unreasonable irritability with family, workmates or friends.

SUNSHINE COAST HHS HEALTH SERVICE PLAN 2012-2022 SUMMARY

Sunshine Coast University Hospital

SCUH will be the tertiary referral hospital for the SCHHS and adjacent areas such as Wide Bay HHS with catchment populations in 2016 of 430,000 and 270,000 respectively.
The primary catchment population in 2016 will be 200,000 from Buderim, Caloundra, Kawana, Maroochydore and Glass House Mountains.
SCUH bed capacity will commence in 2016 with 47,642 separations requiring 454 overnight and 53 same-day beds (total of 507 beds) increasing in 2022 to 666 overnight and 72 same-day beds (total of 738 beds).
In 2026/27 SCUH is projected to provide 85,387 separations requiring 734 overnight and 82 same-day beds. This would require further capital investment.

Nambour General Hospital

NGH will be downgraded in 2016/17 to provide 25,532 separations requiring 236 overnight and 26 same-day beds. This compares with 43,630 separations in 2010/11.
NGH will remain as an acute facility on the basis of a low SIEFA index, population growth, increased elderly cohort and 32 km from SCUH.
In 2016 the primary catchment population will be 105,000.
In 2026/27 NGH is projected to provide 47,653 separations requiring 417 overnight and 49 same-day beds. This is a greater demand than is currently provided in 2013 at NGH.

Gympie Health Service

GHS provides a range of level 2 and 3 services (out of 6 levels) for patients with low acuity, single system conditions including emergency, medical , surgical, rehab, palliative care, maternity, renal, oral, oncology, medical imaging, pathology and medication services.
In 2016/17 GHS is projected to increase to provide 15,728 separations requiring an increase from 60 to 83 overnight beds and from 12 to 17 same-day beds.
In 2021/22 GHS will require 100 overnight and 20 same-day beds.
In 2026/27 GHS will require 118 overnight and 23 same-day beds to provide 22,293 separations.

Caloundra Health Service

CHS currently provides a current level 3 facility (out of 6 levels) providing emergency, medical, surgical, palliative care, rehab, renal, imaging, pathology, oral, medication and specialist outpatient services with 67 overnight and 12 same-day beds.
In 2016/17 CHS will be downgraded to provide 5,914 separations requiring 20.5 overnight and 9.5 same-day beds to provide palliative care, renal dialysis, oral health, community and allied health, outpatients and a GP walk in service to replace the emergency department.
The GP walk in service will be operated on an extended hour basis and will be outsourced to the private sector to operate in a Medicare environment.
Key CHS ED facts: 55% in triage 4 or 5, 28% arrive via ambulance, 12% admitted to NGH, 4% admitted to CHS.

SUNSHINE COAST HHS HEALTH SERVICE PLAN 2012-2022 SUMMARY /cont

Maleny Soldiers Memorial Hospital

MSMH provides a level 2 facility providing emergency, medical, subacute, palliative care, and medication services. MSMH currently has 25 beds of which 8 are dedicated to subacute care. MSMH is projected to increase to 44 beds by 2026/27 to accommodate for a slowly increasing elderly population in the hinterland but this will require capital investment.

Noosa Hospital

No mention in this Health Service Plan as subject to a unique BOOT contract between QH and Ramsey Health until 2020. This contract is subject to renegotiation between these two parties at present and may be prematurely terminated. The future of emergency, medical, surgical, palliative care, renal, and outpatient services remain unknown at this time.

Please note: You may comment on this publicly available document (available in full on the Queensland Health website) via the Chief Executive's office, Kevin Hegarty at NGH by mid March.

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

2013 has begun! The new Focus Health Network website has been launched. This website replaces and combines the former Sunshine Coast Division of General Practice websites at scdgp.org.au and focushealth.com.au. We are in the process of transferring information and resources from the old websites, and are working on developing some exciting new features which will launch in the coming months. Hospital information will be located in the General Practice Hospital Liaison – scroll the menu bar under Primary Health Support. You will see that all the information for the Specialist Outpatient Department Referrals is linked on the home page for easy access!

We have been supporting the united effort between General Practice and the Sunshine Coast Hospital and Health Service to inform effective patient flow processes. Several GPs are reviewing Version 12 (to be published) of the Referral Work-Up Guide for General Practitioners in conjunction with the Specialists. It is timely to ask that you update your computer link to the Referral Work-Up Guide for General Practitioners to the new URL link from our website to ensure you will always have the current version.

Some new and revised documents have been uploaded on the website for your convenience. These include the recently revised Diabetes and Endocrinology Services referral guideline and information on the Orthopaedic Physiotherapy Screening Clinic (OPSC) and Multidisciplinary Service. OPSC has been operating for 3 years and the document outlines the multidisciplinary care offered to patients following triaging of all referrals by the Orthopaedic Department. There have been a significant number of referrals to the Nambour Emergency Department for women with early pregnancy loss. All practices were faxed information in January about the Maternity Assessment Unit operating out of NGH. This service provides designated appointments to women as an alternative to the Emergency Department, if appropriate.

The Nambour General Hospital SOPD Vascular Clinic has patient appointments available with both Dr Rebecca Magee and Dr Maher Hamish consulting – a significant development for patients to receive this specialist care locally and right now.

As you know, General Practice has been asked to ensure patients complete questionnaires for referrals to the Orthopaedic Department for Osteoarthritis of the Hip and Knee and the Persistent Pain Management Service. These patient questionnaires can be found on our website in SOPD information, Easy-Find Referral Forms, Templates & Information. Department staff has informed us that this system has resulted in improved triaging and allocation of appropriate appointments linked to clinical need.

The Persistent Pain Management Service (PPMS) staffs advise that the patient questionnaire is attached to 50% of referrals expediting triaging at first contact with resultant allocation of patient appointments. On the local level, 138 GPs have referred 210 patients to this service in the 6 month period to November 2012. To support General Practice, the PPMS will lead an interactive workshop “Persistent Pain - TO BE OR NOT TO BE .....That is the QUESTION(NAIRE)” on Tuesday evening 26 March, 2013 – supported by Focus Health Network and Sunshine Coast Medicare Local.

February 2013 Update from Gail Palmer
GP Liaison
Focus Health Network Ltd /cont:

Many GPs have voiced that it has been difficult to support patient access to a Pain Clinic. This evening provides an education session for GPs and Practice Nurses with clinical questions answered, a realistic view of the service available now which is different to what was available previously and 'the how to' in supporting patients in General Practice.

Come along – ***registration forms on our website.***

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

Please Note: Dan Everson Podiatry Bulk Bills all EPC Consultations with No-Gap payment for Standard Consultations

OPTIMAL MEDICAL THERAPY (OMT) AND STABLE ISCHAEMIC HEART DISEASE

Data from the COURAGE[1] 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 indispensible 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

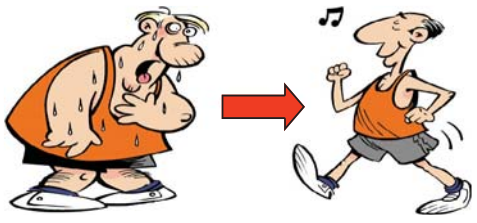
provide all the necessities that your Chronic Disease Patients Require housed under one roof—

- Medically Supervised
- Temperature Controlled Environment
- Individualised Exercise Prescription based on Exercise Stress Test Results
- Clinical Psychology and Nutritional Support
- Telemetry Monitoring
- Dedicated Resuscitation Equipment
- Exercise Physiologists and Staff with Advanced Life Support Certification
- Will not compromise your PIP payments

For Further Information Please Contact:
Nu-Life Medical Services Pty Ltd
Ashley Da Roza or Rebecca Allen

Suite 205
Noosa Medical and Professional Centre
90 Goodchap Street
Noosaville, Queensland 4566

Telephone 07 5474 2053, Facsimile 5474 0876
Email scientist@nulife.com
Website www.neocardia.com.au



[1] "The Message Grows Stronger" Boden W, Heart 2012; **98(24)**; 1757-1760

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

The axe is poised and ready, but which heads are on the chopping block? Queensland Health has been given its orders and those orders are to trim the fat from its staff. Done wisely, this will be taken as an opportunity to trim the dead wood and leave a vibrant living organism. Redcliffe and Caboolture hospitals have held selected staff meetings which have signalled those most likely to take voluntary or semi-voluntary redundancies. Looking from far outside the battle lines, it looks as if the surgery will be relatively clean and painless, with most of the trimming being achieved by staff leaving under their own terms, almost. Most but not all.

There are good reasons why a government health system uses resources in some ways less efficiently than private enterprise. For starters, public hospitals get all the really nasty cases, especially the acute presentations. They also have research and teaching as par of their core functions, activities which are more peripheral to private medical practice. But big systems can hide waste, and waste is what the Newman razor gang is targetting.

What we, as a medical profession, are looking for is that clinical staff are preserved.

During the Beattie regime, Queensland Health expanded the non-clinical workforce and there remains a lot of fat (or slack) in the support workforce. Patients need frontline hands-on clinicians. Doctors and nurses need support personnel, but only in limited numbers.

This cleansing process is an opportunity for QHealth to purge the system. There is a risk of throwing the baby out with the bathwater. Clinical places must be preserved.

It is also essential that training places are preserved. Without adequate training places, the future of delivery of medical services, and the quality of health services to the next generation, are at risk.

So when the meat cleaver falls, the process cannot be a wholesale slaughter. It must be a precise and surgical excision of the surplus and unnecessary. SCLMA calls for the razor top be wielded in a way that preserves the future of health care, not the future of the privileged and protected.

Wayne Herdy

NGH CANCER CARE SERVICES TELEMEDICINE PROJECT

Do you use Telemedicine or interested in setting this up?

Do your patients travel 50Km+ for clinic reviews or treatment and would be interested in a Telemedicine consultation?

We have had significant interest recently in Telemedicine services for remote patients. Other hospital departments (Paediatrics, Obstetric Medicine) are conducting Telemedicine clinics at Gympie Hospital, with excellent feedback to date, thus our unit is looking to develop a similar service, and expand it to teleconferencing directly with GPs.

I would like to establish a database of GPs with Telemedicine facilities, and would be interested in any feedback from doctors using these appointment (GPs or specialists) if there are any significant issues with using this system we are likely to encounter.

Additionally, if there are any GPs with patients currently being managed by NGH Cancer Care Services who would be interested in a Telemedicine appointment, please let me know!

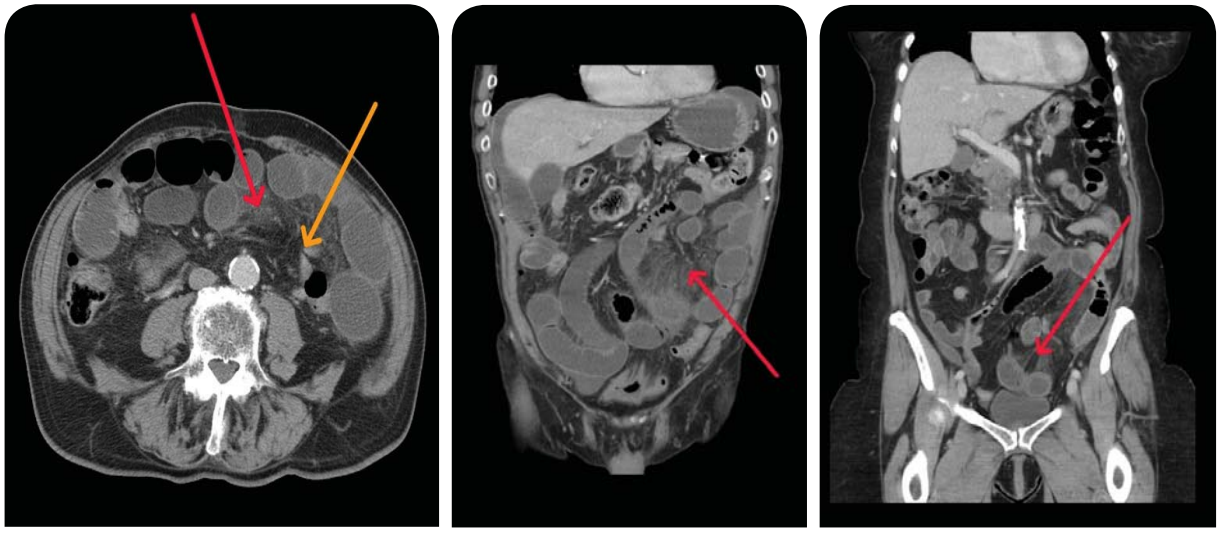
Just send me an email: **helen_weston@health.qld.gov.au**

Cheers,

Helen Weston (Haematologist)

Jeremy Long (Medical Oncologist, Director of Cancer Care Services, NGH)

INTERESTING CASE
SYMPTOM: Abdominal Pain



DIAGNOSIS: Long segment closed loop obstruction of the small bowel.

INVESTIGATION:

Left Image: Left Image: Axial CT demonstrating some features of a closed loop bowel obstruction. The yellow arrow demonstrates beaking of bowel at the point of obstruction. The red arrow shows extensive oedema in the small bowel mesenteric folds. The image also shows the dilated loop of small bowel lies in the left abdomen (to the right side of the image) and mesenteric vessels radiating to the point of obstruction (unlabelled).

Centre Image: Coronal CT showing oedema in the small bowel mesentery with vessels radiating towards the point of obstruction.

Right Image: Coronal CT in a different patient with closed loop small bowel obstruction and haemorrhagic infarction of the small bowel. The red arrow points towards a region of bowel wall thickening. Note the mesenteric oedema.

DISCUSSION:

Closed loop small bowel obstruction is a specific type of bowel obstruction that occurs when a segment of bowel is obstructed at two points by a single constrictive lesion.

It involves the bowel and its mesentery. The obstruction may involve a short or long segment of small bowel. This is usually due to an internal hernia, twisting of the small bowel and its mesentery (volvulus) or adhesions.

Because closed loop small bowel obstructions involve a single lesion and the small bowel mesentery is involved in the process, they are particularly prone to strangulation, defined as obstruction associated with vascular compromise.

CT is the radiological investigation of choice in assessing the presence of small bowel obstruction and its cause.The most important finding in a closed loop small bowel obstruction is demonstrating a loop of dilated bowel, the ends of which narrow in close proximity, a collapsed efferent limb, and an afferent limb. The latter is frequently not significantly dilated. Other imaging findings include a twisting or twirling of the mesenteric vessels, mesenteric vessels radiating out from a single point, and a beak or point of the small bowel where it is twisted.

CT is also useful for detecting strangulation or vascular compromise. Important findings include bowel wall thickening, absent enhancement (although enhancement is highly variable), oedema in the mesentery and pneumatosis (gas in the bowel wall).

NEW ERA IN MENTAL HEALTH

A new era in mental health has begun on the Sunshine Coast thanks to the opening of a state of the art, purpose-built facility at The Sunshine Coast Private Hospital (TSCPH).

The stand-alone complex, located within the hospital grounds at Buderim, is part of a major overhaul of mental health services at the hospital, which will see the expansion of psychiatric and psychological services – as well as new day programs and community outreach services.

TSCPH General Manager Terence Seymour says the new service will offer an integrated treatment approach and will help meet the growing demand for mental health support in the area.

“Our hospital is based in a region with a serious shortage of mental health service beds which is why this project has been top of our agenda,” Mr Seymour said.

The new facility, which opened in January and features 33 private rooms, has been a five-year project from conception to completion, and cost UnitingCare Health $11 million.

Leading the team is recently appointed Director of Psychiatry, Dr Dhushan Illesinghe, who says the service could not have come at a better time.

“Research shows that 20 per cent of Australian adults experience mental illness over the next 12 months and 1 in 4 of them will experience more than one disorder. In terms of the population of the Sunshine Coast, statistics suggest that approximately 40,500 Sunshine Coast residents will experience a mental health episode over the next year,” Dr Illesinghe said.

“This new building allows us to expand on our current multi-disciplinary approach to mental health – offering a range of specialist services to treat: Mood Disorders, Addiction, Anxiety Disorders, Eating Disorders, Trauma/PTSD, and Peri Natal Services – including Post Natal Depression,*” he said.*

The new Mental Health Service will not only be a place for inpatients to receive comprehensive treatment, but will also provide services for day patients through a new range of programs covering everything from depression to alcoholism.

The service will admit voluntary adult inpatients and day patients from as far afield as Caboolture in southern Queensland, to Gladstone in the north.

If you’d like more information about the new mental health services on offer, call The Sunshine Coast Private Hospital on **5430 3303.**

MEDICAL MOTORING

with Doctor Clive Fraser

Traffic Infringements

"Just the ticket!"

I've always had a great deal of respect for traffic officers.

They're out there come rain, hail or shine making sure we obey those important road rules.

I've always been happy to excuse their occasionally over-zealous attitude because after all, the rules are the rules.

Most of them have been hardened by years of attending car crashes where recklessness and stupidity have all played a part.

But my confidence in the boys in blue was tested recently when a colleague told me of his 19 year old daughter's recent traffic infringement(s).

She'd been pulled over for doing 70 km/h in a 60 km/h zone which everyone will agree was a fair cop.

But it was the officer's next question about her name and address which got me thinking.

You see she'd just moved in with her boyfriend some six weeks ago.

This had happened with the full knowledge and consent of both sets of parents who were very happy to see her with a young man who loved her.

So my colleague's daughter proudly advised the officer that she was living with her boy-friend at Taringa.

That was a big problem because her licence said that she was living with her parents at Toowong.

In my State it is an offence to fail to notify the Department of Transport of a change of address within 14 days punishable with a fine of $110 (one penalty unit) and one de-merit point.

Had the girl lied to the officer about her current address she might have also been charged with a more serious offence of making a false and misleading statement which carries a fine of $6,600 (60 penalty units).

But honestly in this situation the policeman would be none the wiser whatever address the young woman gave and no ticket would have been issued if she'd simply said that she was still living with her parents.

And anyway my colleague's daughter still visited her parent's home most days and ate there four nights a week.

The issuing of the second infringement just seemed a little heavy-handed to me.

It might have been better handled by the officer with some education of the young offender who might not over-look her change of address the next time she moves.

So the next time you're pulled over by a policeman it may be worth giving a little thought to what you say when he asks you where you live.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com

THE WINE CYCLE .....

dr. plonk

Some, like Homer Simpson, may believe the wine cycle to be the peak of civilized engineering feats, where wine is sold and delivered by a swarm of monkeys on bicycles. Its real reference is the growing cycle of the grape vine. This time of year is an exciting time of the cycle as the vine enters its “Vintage “time. This is where a year in the vineyard can be rewarded or disasters may occur as the fruit is picked and will soon be fermented.

The cycle begins with a period of dormancy over winter. The vine can survive snow conditions as the vine is literally asleep. Miraculously as the average temperatures start to get between 10-15 degrees, the Vine starts the budding process. In the Sothern hemisphere this is in September. The buds produce some tiny leaves to aid photosynthesis. In warm unstable climates, sudden increases in temperatures can lead to premature bud breaking and early fruit setting that then leaves the fruit susceptible to early frosts.

Flowering is next and can occur 50 to 80 days after bud breaking with temperatures over 17-22 degrees. This is during November in Australia. The flowers get fertilized and start to form berries. Cross pollination can occur in these hermaphrodites and new varieties can emerge. For example Cabernet Sauvignon is a cross between Cabernet Franc and Sauvignon Blanc. Bad weather is the main threat which can reduce flowers and hence fruit production.

Fruit Set starts to get the wine maker excited and occurs later in November. Again the elements can show their hand and destroy fruit growth. Unfertilized flowers drop off whilst some fertilsed flowers produce tiny clusters of berries that have no seeds. Like in all genetics there are always miscarriages.

Veraison is a fancy name for when the fruit ripens. This occurs about 40-50 days after Fruit set and this is in February to March. The grape is full of acids but these convert to glucose and fructose. All grapes have chlorophyll in them and in red grapes this is replaced by anthocyanins and carotenoids in green grapes. The vintner has had to trim the canopy as he wants the plant to focus on fruit growth and not leaf growth. Water is essential unless you want to have small intense fruit characteristics, which has been popular in some parts of Barossa and McLaren Vale. This can stress the vine and they may take one to two seasons to recover.

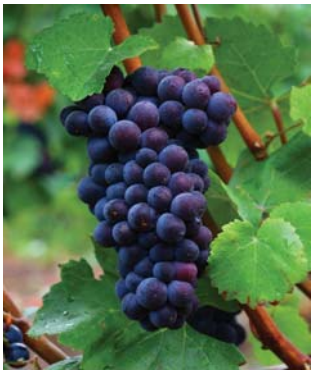
The winemakers blending of science and art are tested as they literally taste the grapes daily and measure sugar levels, which directly translate into alcohol content. This heralds the harvesting and is about the only time some of my wine making mates do any work; or so they say.

Dr Plonk is drinking

- Champagne- Gatinois Brut Traditional NV. This is a producer that traces wine making back to the late 1690s from Ay. The vineyards are 7 hectares in size and half are sold to Bollinger. The wine has a pale yellow colour with a pleasing fine bead. Pinot Noir is dominant at 90% and 10% Chardonnay. Some lively grassy notes are present but dominated by Aromas of a good charcuturie platter. The palate is subtle in the anterior section but the structure aided by the Pinot Noir ensures a great lingering wine.

- White- 2012 Shepherd’s Point Chardonnay Waheike Island NZ- You need to travel there and experience the beautiful breathtaking scenery and quality wines. A light straw to yellow colour with a nose of white peaches, melons, mineral notes and hints of funky lees contact make this an attractive wine. The palate is a lovely zesty one that evolves into a broad satisfying mouth feel.

- Pinot Noir- (I’ve decided this is too important to be thrown in with all red wines) - 2011 Burn Cottage Pinot Noir Central Otago- this is an exceptional Pinot. The estate is owned by an international wine family, the Sauvage Family, and no expense has been spared to make this biodynamic wine. From the Pisa Ranges in Central Otago, these 2000 only bottles are hard to source. A pale garnet colour. The nose is the subtle red fruit notes mixed with floral and spicy tangs that then hitch a ride on the smokey mushroom backbone. The restrained fruit then marries with the fine grained tannins and leaves you wanting more. Best Pinot I have had in the last six months, and I have had a few.



Let's talk about the Health and Wellbeing of the Sunshine Coast and Gympie

Sunshine Coast Medicare Local (SCML) has started a community conversation on the health and wellbeing of people living at the Sunshine Coast and Gympie. This conversation is called "Taking the Pulse" and will contribute to how we measure the health and wellbeing of the community.

Our organisation is one of 61 Medicare Locals around Australia created by the Australian Government to help ensure local health needs are being met. We are local, not for profit and we exist to improve community wellbeing. Put simply, regional health is our business!

We are currently creating a picture of regional health by collating a range of information, statistics and stories. This picture will inform a regional health plan outlining our region's top health priorities, and this is where we need significant community assistance. Imagine how detailed our picture of regional health will be if everyone Takes the Pulse. We are asking people from all community sectors to join in because everyone's input counts.

Community members can contribute their information to the Taking the Pulse process by completing a survey and then attending a community forum if they wish. The survey is in either hard copy form or available online. Log on to SCML's website now, at http://www.scml.org.au/takingthepulse.html to take YOUR pulse! Of course, your privacy is guaranteed.

There will be two community forums for health service consumers and health service providers held in Maroochydore and Gympie in March. These forums will provide greater detail to the information gathered from the various sources, including the survey. The health service provider forums will be held in the afternoon of March 19 at Gunnabul Homestead in Gympie and on March 21 at Maroochy RSL, from 1.30pm to 4.30pm with afternoon tea provided.

We strongly encourage local GPs and Specialists to attend one of these forums to contribute the real "coal face" experiences and information to the regional health needs assessment. Recognising the serious health needs of our community is what leads to future Commonwealth health funding and it's important that we get it right.

RSVPs can be made to **5456 8100** or email to medloc@scml.org.au by 15 March 2013. If you would like some hard copy versions of the survey to place into your practice, please contact Kath or Jess

Thanks for Taking the Pulse!

WORKPLACE RELATIONS TRAINING

SUNSHINE COAST - WEDNESDAY 27 MARCH 20013

9.00 am - 12.00 pm

FOCUS HEALTH NETWORK LTD.,

7 The Esplanade COTTON TREE.

PH: 3872 2216 for more details

AMA QUEENSLAND

Are you over 55 years of age, then Maximize the Tax issues associated with SMSF

A lot of our clients have a Self Managed Superannuation Fund (SMSF) that is in pension mode. Being in pension mode means the SMSF as well as the member receives very generous tax concessions.However sometimes these tax concessions can be lost if the fund make an error in paying the minimum pension payments. This error can potential cost the fund many thousands of dollars in tax concessions.

The ATO have released an SMSF News Alert providing clarity on the consequences of not satisfying the minimum pension payment requirements within the SIS regulations.The alert talks about the Commissioner's general to allow the funds to continue to claim exempt current pension income (ECPI) and hence maintain the tax advantage if an error is made in paying the minimum pension payments.

Tax Issues associated with starting a Pension

Once you start an account based pension commences, to get the tax benefits the trustee must a number of operational standards.

If any of the requirements of the SIS Regulations are not met in an income year both of the following apply:

- the income stream ceases for income tax purposes
- the ATO will consider the trustee has not been paying an income stream at any time during the year.

Negative issues associated with not meeting the minimum pension standards

If a fund does not meet the minimum standards for an account-based pension in the tax year, then the pension be deemed to have stopped at the start of that income year for income tax purposes.

As such pension account is no longer supporting a pension and any payments made during the year will be super lump sums for both income tax and SIS Regulations purposes. Remember lump sums are tax very differently, which may result in alot higher personal tax bills.

Result being the fund will *not* be entitled to treat income or capital gains as ECPI for the year.

But the costs issues increase in to the next tax year.

To re-commence the income stream in the following year, to obtain the tax advantage lost means the compliance issues associated with setting up a new pension need to be incurred again including the recalculation of the tax free and taxable proportionate rules . These compliance costs are paid by the fund and have a negative impact on members account balances. Further such recalculations of the proportionate rule can have a significant negative tax consequence for the member going forward.

Given the above points the ATO has looked at what it can do to continue the exception.

The ATO has given consideration to circumstances which may allow an SMSF to continue to claim exemptions, even though the minimum pension standards have not been met.Note that the exception provided below applies only to account-based type pensions commenced on or after 1 July 2007.

The ATO sets out the guidelines summarized below state:

If the total pension payments in an income year to a member are less than the minimum payment amount, the Commissioner's powers to exercised his discretion to allow the exemption to continue will be granted if **all** of the following conditions are satisfied:

1. The trustee failed to pay the minimum pension amount in that income year because of either:
   - an honest mistake made by the trustee resulting in a small underpayment of the minimum payment amount for a super income stream
   - matters outside the control of the trustee.

The Commissioner considers a small underpayment to be one that does not exceed one-twelfth of the minimum pension payment in the relevant income year, i.e missed one months payment or it was process late as happens when 30 June falls on a weekend etc.

2. The entitlement to the tax benefit would have continued but for the trustee failing to pay the minimum payment amount.

3. When the trustee becomes aware that the minimum payment amount was not met for an income year, the trustee makes a catch-up payment as soon as practicable in the following (current) income year; or treats a payment (intended prior year payment) made in the current income year, as being made in that prior income year.

Cont ....

The Commissioner believes 'as soon as practicable' to be within 28 days of the trustee becoming aware of the underpayment. If the underpayment is due to matters outside the trustee's control, 'as soon as practicable' is considered to be within 28 days of the trustee being in a position to be aware of the underpayment. So you need to act quickly. At Poole Group we do interim figures for our clients as part of the overall service so are able to advice trustee as soon as possible if a shortfall is evident.

4. Had the trustee made the catch-up payment in the prior income year, the minimum pension standards would have been met.

5. The trustee treats the catch-up payment, for all other purposes, as if it were made in the prior income year.

If all of the above mentioned conditions are satisfied:

- Then the pension is taken to have continued and a new pension is not commenced in the following year.
- The fund can continue to claim an income tax exemption for earnings on assets supporting that pension, notwithstanding the fund's failure to meet its obligations under the super law.
- Any payments made to the member during that income year are treated as super income stream benefit payments (that is, pension payments) and not super lump sums

However be aware that if the minimum standards ate not meet and the above commissioner discretion tests are note meet then the pension account stops and this could be a very expensive mistake for the fund and the members.
If you have a SMSF or know someone who does it is important that they assess how they are progressing during the tax year in meeting the minimum pensions standards. Poole Group Superannuation division can help in this regard. If you have any problems Contact David Darrant or Stacy Barnes at Poole Group **07 5437 9900.**
Article written with the assistance of Super Intelligence Pty Ltd.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING

THURSDAY 27 NOVEMBER 2012

Maroochydore Surf Club FunctionRoom

MINUTES

(confirmed at Committee meeting 17 January 2013)

Attendance: Drs Rob Ingham, Di Minuskin, Mason Stevenson, Denise Ladwig, Kirsten Hoyle, Peter Ruscoe, Marcel Knesl, Jeremy Long, Nigel Sommerfeld (Jo Bourke, observer).

Apologies: Drs Wayne Herdy, Scott Phipps, Scott Masters.

Minutes of last meeting: 25 October 2012
Amendment: Attendees – Name correction - Denise Ladwig, not Petra Ladwig
The minutes were accepted
Moved Peter Ruscoe
Seconded Di Minuskin

Business arising from Minutes. Nil

President's Report: Dr Rob Ingham
GP Referrals Group:

- GP Referrals meetings progressing very well with many letters being re-written
- GPLO (General Practice Liaison Officer) is now the working group instead of a single person.
- Rob reported that Steve Hambleton had contacted him re the with a view to sharing revised letters with other districts

Drug-seeking patients:

- Discussion re this ongoing problem.
- Rob to contact Dr Steve Fowler at ATODS re information to be included in SCLMA newsletter.

Committee meeting:

- As there is no January clinical meeting, Rob suggested a Committee meeting in January.
- Suggested dates 10 or 17 January, Ebb Restaurant. Availability to be checked.
- Agenda for meeting to include HHS Strategic Plan 2012-2-22.

Vice President's Report : Dr Di Minuskin

- It has been a busy month in General Practice with lots of challenges and changes happening.
- Software upgrades to the "Medical Director" program and preparation for reaccreditation in January have kept us busy at the practice. One of the big changes that will be happening next year is the shift of funding for the provision of afterhours services from individual practices to Medicare Local. To discuss these changes, a series of meetings are being held with representatives from Medicare Local, Focus Health Network and general practices. The first of these meetings for the southern region was held on the 13th November. I attended along with a number of my colleagues from the area.
- Various solutions and obstacles were discussed. The most popular option was to support a locum service that was dedicated to providing afterhours care as is currently happening in the Caloundra region. Ideally this could consist of both a fixed base and a mobile unit providing services to the house bound patients and the Aged Care Facilities. Representatives from Medicare Local advised that there was a degree of dissatisfaction expressed by patients when surveyed about this service. However, it would appear that the major complaint was in regard to waiting times for a house call. It should be remembered that this is not an emergency service. Unless we have evidence of adverse outcomes because of the delay, there would be little reason not to support this model of afterhours care.
- Among the doctors who attended the meeting in Caloundra, not one was under 50 years of age! Also, with one exception, they all came from practices that had been established in the area for over 20 years. The input from our younger doctors and

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING

THURSDAY 27 NOVEMBER 2012

Maroochydore Surf Club FunctionRoom

MINUTES

(confirmed at Committee meeting 17 January 2013)

newer practices is invaluable. The issue of afterhours care for our patients is not going to go away. Our younger colleagues are going to inherit the system that is thrashed out in the next 6 months. If you want a say in the solution, become involved.

- On the 26th November, a further meeting was held regarding the issues of referral letters and correspondence to and from Nambour Hospital. Progress has been made toward changing both the wording and content of the letters. It will take some time for the changes to come on line, so be patient. Our next meeting has been scheduled for the middle of January with a lot of "behind the scenes" work leading up to then.

Secretary's Report: Dr Wayne Herdy - Apology

Correspondence In: Tabled
- Trish Pease – USC Bursary Agreement (email)
- Wayne Herdy – re liaison person for USC
- Andrew Southee – re Domain Name Transfer

Correspondence Out:
- Rob Ingham – re Named Referrals (email) to various recipients)

Business arising from the correspondence
SCLMA Bursary Agreement with USC
- Discussion re this and subsequent amendment to Eligibility

Amendment:
'*The student's research area must be health related (and approved by the SCLMA)*
Moved Rob Ingham.
Seconded Kirsten Hoyle. Carried.
- Agreement to be emailed to USC with amendment

Treasurer's Report : Dr Peter Ruscoe
a) Accounts to be paid:
- Australia Post – October 2012 account
- Jo Bourke – October 2012 secretariat
- Snap Printing – Extra October 2012 Newsletters (50)
- Snap Printing – November 2012 invites
- Snap Printing - November 2012 newsletter
- Jo Bourke – November 2012 newsletteR
- Office National – October 2012 account

Peter Ruscoe moved 'that the accounts be passed for payment.
Seconded: Jeremy Long. Carried.

(b) Membership Report.
- Dr Ajay Verma (General Physician, NGH)

Application approved. Moved: Peter Ruscoe. Seconded: Rob Ingham. Carried.

AMAQ Councillor's Report:
Dr Wayne Herdy - Apology

Meetings Convenor Report: Dr Scott Masters – Apology
- February 28 – AMAQ – Dr Alex Markwell
- March 28 – Sunshine Coast Radiology

Interest/Suggestions:
- Peter Larsen – Cardiology
- Andrew Langley
- Coastal Pathology
- Caloundra Private Hospital

Focus Health Network Report: Dr Scott Phipps - Apology.

Hospital Liaison Report: Dr Jeremy Long

General Business:
- Peter Ruscoe suggested looking into the use of lapel mikes for speakers.

Meeting Close: 7.15pm

Jo Bourke (Secretariat)

Managing Challenging Situations

- Every general practice should have relevant protocols in place to meet clinical, ethical and legal requirements and patient demands
- There are inherent difficulties for GPs associated with:
  - patients who appear determined to obtain drugs through inappropriate means or behaviours (or 'doctor shoppers', in the absence of better expression)
  - patients or others who are intoxicated
  - patient behaviours that are incongruent with the agreed treatment plan.

Challenging Behaviours

Principles of Management

- Safety (patient, self, staff, other patients)
- Prevent temptation (hide prescription pads / sample medications, anything of value, etc.)
- Advise patient of obligations & limitations of prescribing regulations in your jurisdiction
- Offer alternatives rather than refuse treatment (p.r.n.)
- If necessary, contact the police and/or jurisdictional Health Department
- Restrict harm by limiting number and dose of medications prescribed.

Challenging Behaviours

Patients Seeking Medications (1)

- May give you a seemingly 'well-rehearsed' scenario describing e.g., insomnia, stress, alcohol withdrawal
- May be familiar with drug names (though may mispronounce them)
- May request specific drugs and quantities (and be aware of specific drug actions)
- May express reservations about alternatives (esp. non-drug alternatives)
- May seek analgesics for 'difficult to assess' pain.

Challenging Behaviours

Patients Seeking Medications (2)

- May be increasingly anxious or agitated if sensing your reluctance to prescribe
- May have other significant drug use patterns or related problems (e.g., already prescribed therapeutic dose)
- May punish or reward the GP according to response
- May complain of opioid (or other) allergy or side effects to suggested medications (esp. if seeking Pethidine by injection).

Challenging Behaviours

Responses to 'Drug-Seeking' Behaviour (1)

- Ensure safety
- Offer comprehensive assessment (for pain or other ailment) incl. physical examination, AOD history/existing dependence
- Don't prescribe on first visit
- Say 'no' to scripts but offer appropriate medical advice
- Offer information regarding harm minimisation strategies
- Offer assistance (when required) or referral for drug-related issues.

Challenging Behaviours

Responses to 'Drug-Seeking' Behaviour (2)

If the GP decides to prescribe:

- restrict harm potential by limiting number and dose of medications prescribed
- prescribe NSAIDs or other non-opioids
- if BZDs indicated, prescribe long acting forms, time limited, in small quantities
- decrease prescribing or dispensing periods
- negotiate alternative stress / anxiety or insomnia treatments while drug use is being phased out
- monitor for transfer of dependence to other drugs.

Challenging Behaviours

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

MEMBERSHIP APPLICATION

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

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

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

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

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

A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

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

SCLMA PO BOX 549 COTTON TREE 4558

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

SMILE TIME!

HANDY WOMAN

A young blonde girl in her late teens, wanting to earn some money for the summer, decided to hire herself out as a 'handy woman' and started canvassing a nearly well-to-do neighbourhood. She went to the front door of the first house and asked the owner if he had any odd jobs for her to do.. "Well I guess I could use somebody to paint the porch" he said. "How much will you charge me?" Delighted the girl quickly responded, "How about $50?" The man agreed and told her that the paint, brushes and everything she would need were in the garage. The man's wife, hearing the conversation, said to her husband, "Does she realise that our porch goes ALL way round the house?" "That's a bit cynical, isn't it?" he responded. The wife replied, "You're right, I guess I'm starting to believe all those dumb blonde jokrd. A few hours later the blonde came to the door to collect her money. "You've finished already??" the startled husband asked. "Yes," the blonde replied, "and I even had paint left over so I gave it two coats." Impressed, the man reached into his pocket for the $50 along with a $10 tip. "Thank you," the blonde said. "And, by the way, It's not a Porch, it's an Audi."

SALES DEMONSTRATION

A little old lady answered a knock on the door one day, only to be confronted by a well-dressed young man carrying a vacuum cleaner.

"Good morning," said the young man. "If I could take a couple of minutes of your time, I would like to demonstrate the very latest in high-powered vacuum cleaners."

"Go away!" said the old lady. "I haven't got any money!" and she proceeded to close the door.

Quick as a flash, the young man wedged his foot in the door and pushed it wide open. "Don't be too hasty!" he said. "Not until you have at least seen my demonstration."

And with that, he emptied a bucket of horse manure onto her hallway carpet.

"If this vacuum cleaner does not remove all traces of this horse manure from your carpet, Madam, I will personally eat the remainder."

"Well," she said, "I hope you've got a good appetite because the electricity was cut off this morning."

CLASSIFIEDS

GP/VR /PT REQUIRED – CALOUNDRA

- Female GP required for well established, privately owned family practice.
- Needed for 2 days per week with flexibility to cover for holiday relief.
- Become part of a very harmonious team of 3 other doctors, 2 registered nurses, a practice manager, bookkeeper and a very efficient team of receptionists.
- Accredited/Computerised/Mixed billing. Medical Director/PracSoft used.

Please direct all CVs to : S Regazzoli: – admin@trinityclinic.com.au or contact our clinic - Ph: (07) 5491 9888 or fax (07) 5491 8001

November 2012

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 531or 5409 2800**
- **Trevor.gourlay@pacificradiology.com.au**

October 2012

EXECUTIVE BUDERIM RESIDENCE – FOR AUCTION - 122 Ferny Glen Road

To be auctioned on site: Saturday 23 March at 3pm

Grand Design Delivers a Sophisticated & Elegant Lifestyle

- Stunning Craig Cleary design on 2000sqm
- Media room with fireplace & timber floors
- Striking tiled living zone with high ceilings
- Dream Caesarstone kitchen
- Entertainment terrace with pool & heated spa
- Ducted air, security alarm & vacuumaid
- North facing with lush gardens
- Dual driveways and 2 x 45,000l water tanks

Contact: Chris Pace, Next Property – 0417 196 600
Contact: Loren Wimhurst,
Next Property - 0415 380 222
Email: cpace@nextpropertygroup.com.au
Web: http://www.nextpropertygroup.com.au

February 2013

COTTON TREE ROOMS FOR HIRE

- Well positioned medical rooms in Cotton Tree are available for hire on a per session basis.
- Would suit Medical Specialist or Allied Health Professional. Receptionist provided.
- Please call Daniel on **0419 837 990** for more information.

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.

Don't miss this opportunity
to be part of a truly magical charity event
as The Sunshine Coast Private Hospital at Buderim presents

Opera on the green

at

Palmer Coolum Resort

Twenty-four of the world's greatest songs.

Some of Australia's most beautiful voices.

One chance only to secure your seat.

Sunday 9th June 2013

Join us at the Palmer Coolum Resort for lunch in the pavilion followed by a magnificent afternoon of music on the green, as Queensland's leading opera stars perform a concert of opera classics and Broadway favourites. Your contribution will help us to fund two Total Care Beds for our Intensive Care Unit at a total cost of $50,000.

Here's how you can be involved in this inaugural event:

Major Sponsor:

Have your brand exposed to an A+ audience of opera lovers from throughout Queensland. Invite your own table of ten people, and receive credits in all advertising material and on our website, plus have your brand displayed in the foyer of the pavilion on the day.
Cost: $5,000

Table Captains:

Get in early and secure your own table for ten people.
Tickets: $195 per person ($1,950 per table)

Dress Code: Black Tie

To secure your position early,
please contact
Melinda Steyn on 5430 3305.
E: melinda.steyn@uchealth.com.au