



SCLMA President's Message ... *Dr Wayne Herdy*

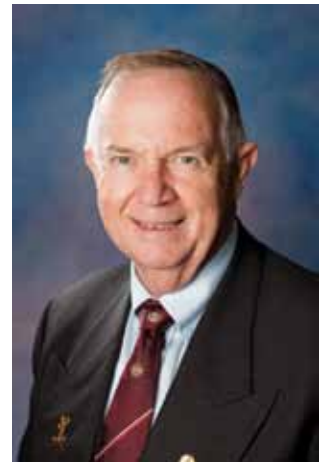
We are heading into an election. A State election that all the polls say will lead to a change in government. This is a time to be extracting promises from your local candidate about what you want to happen in YOUR local area.

On the Sunshine Coast, what we are looking for is obviously a commitment to keep the Sunshine Coast University Hospital progressing at least on track. Part of this is out of the hands of the government, because the public-private partnership is reliant on Ramsay sticking to the private component of the development. But the public side of the contract is not set in stone, and could be accelerated.

The statistics are that the Sunshine Coast is already about 600 public beds behind the per-capita national average. The longer we delay the definitive SCUH, the bigger the population of the Sunshine Coast will be, and the further we fall behind the national benchmark.

The other major Queensland Health project that has failed to progress is the almost-forgotten health hub at Maroochydore. The centre was planned to cluster much of the out-of-hospital resources funded by the State government into a unified (or at least co-located) site. Since the land was purchased two years ago, the project has been remarkable for its lack of life. Will a new government resuscitate the dormant programme, or will it decide that the underlying policy was flawed and needs a different framework?

Wayne Herdy



The SCLMA congratulates long-term members Dr David Sowden and Dr Edward Street on their Australia Day 2012 Awards.

Dr Street was awarded the AM (Member in the General Division of the Order of Australia) for service to Dentistry and to the dental profession, as an Oral and Maxillo-Facial surgeon, to Medicine and to the international community.

Dr Sowden was awarded the PSM (Public Service Medal for outstanding public service to Queensland Health, particularly in the areas of infectious diseases and clinical education.

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



**Sullivan
Nicolaides**
PATHOLOGY

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MARCH NEWSLETTER 2012

**The deadline for ALL
contributions, advertisements
and classifieds is:**

FRIDAY 02 MARCH 2012

Contact Jo: 5479 3979

Email: jobo@squirrel.com.au

Fax: 5479 3995

*(Please note deadline dates for
2012 will be the Friday of the first
week of the newsletter month.)*



ARE YOU A MEMBER?

If you are not a member please call Jo on

5479 3979 or 0407 037 112 or email:

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www.sclma.com.au (application form)

REDUCTION!

Membership has been reduced to **half price** for 2012 with \$55 for full membership with a sliding scale including free to doctors-in-training.

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MONTHLY CLINICAL MEETINGS

Maroochydhore Surf Club Function Room
Alexandra Parade, Cotton Tree.
6.30pm for 7pm - 9pm

THURSDAY 22 MARCH 2012

Presenter: Dr Hansjoerg Seltenreich,
Gastroenterologist

Topic: Obstructive jaundice and
pancreatobiliary disease

Sponsor: Nambour Selangor Private Hosp

Also at this meeting, Mr Shane Mitchell, CEO will address the doctors to update doctors on the recent changes at Selangor, specifically the closure of maternity services and the commissioning of a new 22 bed rehabilitation ward.

ENQUIRIES:

Jo 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.

EDITOR'S CORNER

Welcome to 2012.

This year I would like to trial something a bit different.

If someone new to the coast has joined your practice, email me their details and we will mention their name and area of expertise.

In this way we all get to hear about them and can support them during their settling in period. We can also then try and encourage them to join the SCLMA.

So let me kick off and welcome Dr Nicole Buddle, Radiation Oncologist with a particular interest in Head and Neck malignancies. Nicole completed her training at the RBH and in September last year moved to the coast and joined Oceania Oncology.

Dr Deon Malone, senior registrar in Radiation Oncology. Deon completed her training in Radiation Oncology also through the RBH and for the past few years has been on maternity leave. Yes this is the same Deon who is married to Todd, Radiologist at Noosa radiology. Deon is easing herself back into part time work and she too has joined Oceania Oncology.

Prof Ken Miles joins the team at Sunshine Coast Radiology. Ken trained in both radiology and nuclear medicine and on Wednesday the 1st February hosted an educational nuclear medicine evening. This was very well attended.

Not sure if it was the educational content or the Grange wine tasting which drew in the crowds. Dr Plonk was spotted working the crowd. See his article in this month's newsletter.

So please email something and we will give it a go.

valmolives@gmail.com

Marcel Knesl.



Dear Dr Herdy

Re: Senior Active Doctors

We understand that you have been of the opinion that senior active doctors are wishing to prescribe for themselves and their families. This is not the case and never has been.

We are the Senior Active Doctors Working Party of AMAQ (SADWP), formerly termed the "Retired Doctors Working Party of AMAQ". Last November we prepared a Position Paper which was submitted to Federal AMA Council by Dr Pecoraro, AMAQ President

The Paper stated, *inter alia*, "Retired practitioners believe they should not undertake clinical management of patients. Retired doctors and their family members should have their own general practitioner and rely on that doctor to diagnose and prescribe. " The skills involved in initiating a prescription include an examination and analysis of a patient's medical history and results, to lead to a diagnosis and prescription. However, writing repeat prescriptions does not require an assessment of the treatment in light of the above factors."

This was the position put to the Medical Board of Queensland (MBQ) and the Queensland Government Health Department in a tripartite meeting with AMAQ in late 2003. MBQ agreed at that meeting that writing repeat prescriptions was acceptable.

Please acknowledge publicly that statements that you have made formerly about this issue were incorrect.

Yours faithfully

Senior Active Doctors Working Party, AMAQ

Dr Frank Johnson freljohnson@futureweb.com.au
Fred Schubert f.schubert@ozemail.com.au
Dr John Feltoe johnfeltoe@optusnet.com.au

Please note: Dr Wayne Herdy invites your responses to the above letter.
Email the Editor: valmolives@gmail.com



**INTRODUCING A
NEW CONSULTANT
PSYCHIATRIST**

Dr Susan Pavey BA [Hons] MB
ChB FRANZCP



I relocated from Margaret River W.A. to Buderim in 2010, taking up work for Queensland Health in the Acute Care Team, the Cultural Healing Programme and the new Homeless Health Outreach Team. The forests, hills and beaches together with increased work and educational opportunities for my family were key factors in the selection of the Sunshine Coast as home.

I am now working part-time in private practice and Queensland Health. I am particularly interested in increasing ease of access to timely specialist psychiatric opinion for general practitioners.

In W.A. I had the enjoyable experience of a successful model of mental health GP Liaison at Fremantle Hospital where I ran a dedicated GP Consultation Liaison Clinic.

I was prompted to join the LMA by a colleague and see it as a useful forum for continuing medical education and networking.

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DISTRICT LINK - FEBRUARY 2012

with Kevin Hegarty



This month I'm keen to highlight the Shared Care Complex Diabetes Clinic. This new model of care was commenced in February 2011 as a joint initiative between the Sunshine Coast Health Service District (SCHSD) and Sunshine Coast Division of General Practice (SCDGP).

As Gympie was found to be the key area of need for diabetes services, the clinics were commenced in Gympie.

In this model of care, the District provides the services of the endocrinologist and credentialed diabetes educator who travel to Gympie and provide services in the participating general practices.

Two clinics are held every month in different practices on a rotational basis.

Patients are seen along with their General Practitioners and practice nurses. A comprehensive management plan is formulated. This includes the follow up investigations and stabilisation of diabetes.

This model of care provides following benefits:

1. Patients do not need to travel to Nambour or Brisbane for specialist endocrine / diabetes care.
2. Patients are seen locally in their general practices along with their doctor where they feel far more relaxed and comfortable.
3. Patients are gaining more knowledge about their diabetes and feel empowered about their self management.
4. Health care professionals believe that patient capacity in self management has improved.
5. Support for GPs - The endocrinologists set aside half an hour in each practice for education which may include case discussions or topic reviews. GP's also learn by osmosis and discussion whilst performing the joint consultations. This increases and enhances the capacity of the GP to take on more complex tasks in the care of their patients.
6. Both the GPs and endocrine teams feel that better outcomes can be achieved for patients with chronic disease through this style of clinic.
7. Improved and enhanced relationships between primary health providers and specialist teams
8. Multiple clinical targets are addressed and enhanced to reduce risk of the development of diabetes complications.
9. Prior to the clinics, support and education is given which enhances practice operational systems as well as diabetes clinical care
10. Minimal FTA rates – 1 out of 109 occasions of service in the whole of 2011

With this model of care the specialist team can consult with a greater number of patients than would have been possible within the hospital setting. This significantly improves access to the service.

Preliminary analysis of 2011 data demonstrates significantly improved patient care and positive feedback regarding learning and support from whole team. The full evaluation report is pending.

Another collaborative with the SCDGP is focusing on data collection related to the 'Practix' medical record, Inpatient Diabetes Management Project and the Paediatric and Adolescent Type 1 Diabetes Clinics. An audit was undertaken against the National Association of Diabetes Centres (NADC) benchmarking survey, with a new Practix template developed to capture NADC benchmarking data. A new process was drafted for the assessment and management of patients that will be considered by the Clinician Development Education Service and Allied Health at future team meetings.

A data collection spreadsheet for the collection and analysis of inpatient diabetes management audit was designed and data inputted, with feedback provided to the clinician audit team regarding incomplete data. Current Paediatric and Adolescent Type 1 HbA1c and complication data collection was reviewed and the spreadsheet redeveloped to provide easy observation of clients' control over time. Further, support was been provided for the development of a Diabetes and Endocrinology Service Intranet site. The site went live on World Diabetes Day, Monday 14 November 2011, with a review scheduled for March 2012.

Dr Syham Sunder and his team are proud of these initiatives and are determined to continue the development of the diabetes service.

Kevin Hegarty, District CEO Sunshine Coast Health Service District
kevin_hegarty@health.qld.gov.au

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Richard Kidd

ACHIEVEMENTS and CHALLENGES ...



As we enter 2012, AMA Queensland has endeavoured to set the agenda for the State election scheduled for 24 March, presenting health front and centre in the political debate.

Already AMA Queensland has provoked candidates to think hard about health through our

Time for Answers campaign launched at the end of 2011.

The momentum generated from this campaign will continue into 2012 as we release our priority issues policy document in late February. Through the election campaign and beyond, AMA Queensland will endeavour to hold parliamentarians and the winning party accountable for Health policy decisions and their impact on doctors and their patients.

I am proud of AMA Queensland's efforts in many arenas such as:

- advocating for clinicians to hold central roles on hospital boards and at every level of health services;
- ensuring clinical decisions are made by clinicians, not bureaucrats;
- and holding Queensland Health to account as they seek to cut costs in ways that impact on our members' careers, training opportunities and patient safety.

We have lead the charge against the roll out of Acute Primary Care Clinics that risk the viability of general practice, particularly in rural Queensland, and expose our members who are Queensland Health employees to the risk of Medicare / PSR disciplinary process.

We continue to shine a spotlight on the increasing obstacles and frustrations patients and their doctors face when seeking public outpatient appointments.

Only after AMA Queensland shamed and questioned the legality of the Queensland Health bureaucratic practices, did the Minister for Health guarantee no category one or two patient would again be rejected from a public hospital.

This fight continues as we raise the profile for patients who continue to be rejected from public hospital outpatient clinics, such as some 2000 children with ENT referrals from the Logan region.

The launch of our Suicide Watch campaign was a huge success in 2011 and our video clip posted on YouTube received more than 2, 700 views online. This campaign was generously supported by AMAQ Foundation.

I am also pleased to advise that a Visiting Medical Officers Agreement has been won with Queensland Health. For more information about our campaigns or the latest update on the progress VMO Agreement please contact AMA Queensland on (07) 3872 2222.

In other news, AMA Queensland has partnered with the Australian Salaried Medical Officers' Federation of Queensland (ASMOFQ), formerly known as SDQ.

ASMOFQ is the sole doctor's-only union in Queensland focusing on doctor's pay and conditions.

Negotiations have now commenced for the new Medical Officers Certified Agreement (MOCA) and ASMOFQ will be one of the key negotiators. To ensure members have a seat at the negotiating table, AMA Queensland membership automatically provides you with membership to ASMOFQ.

Don't let someone else determine your pay, conditions and job security!

I look forward to the challenges of the next six months confident AMA Queensland will continue to bring to light and fight any process, policy decision or budget cut that adversely affects doctors or the care of their patients.

Dr Richard Kidd

AMA Queensland President



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CASE STUDY of the MONTH



Dermatology Question:

This 22mo boy, boisterous and otherwise healthy, presented with 'cellulitis' confined to the left lower limb that started 2.5 weeks before in the first webspace.

The problem had been very itchy. The child had visited his GP & at Nambour A&E and oral antibiotics had been prescribed. Note the 'squiggly' nature of the eruption on the foot and thigh.... What is this?

Answer P.20



CANCER CARE on the SUNSHINE COAST

Dr John Reardon and Dr Michelle Cronk are pleased to welcome

Dr Hong Shue to the team of specialists at Sunshine Coast Haematology and Oncology Clinic.

Dr Shue is a fellow of the Royal Australasian College of Physicians with specialist qualification in Medical Oncology. Areas of interest include pulmonary, gynaecologic and genito-urinary malignancies.

Following his graduation from Monash University in 1995, Dr Shue completed the majority of his Physicians Training at the Mater Hospital in Brisbane. Advanced Training in Medical Oncology was subsequently undertaken at Royal Brisbane, Princess Alexandra and Prince Charles Hospitals, together with a 12-month placement at Sunshine Coast Haematology and Oncology Clinic in 2009.

Having now completed his training, Dr Shue has elected to commence full-time practice on the Sunshine Coast.

To arrange an appointment, please contact our friendly staff during office hours,

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Eliminating Public Enemy #1...

Your Home Mortgage



Before we start... The following article is intended only to broaden general awareness of home mortgage reduction strategies. It is not, in any way, intended to be or serve as financial advice.

We recommend you consult your own financial specialist and/or your accountant for more specific advice, relevant to your own, individual circumstances, prior to making any purchasing or financial decisions.

Let's be clear...

It's not, as some would suggest, the "Banks" that are the enemy, rather, it's debt.

Most often, it's home mortgage debt, because...

- It's typically the largest debt we hold, and
- It's non-tax-deductible debt and any such debt is bad debt.

The #1 proven way to reduce your home mortgage is to throw more money at it...

So, where do you find an extra \$20,000 or more a year?

1. In your day-to-day household cash-flow...

When put to paper, many Clients are horrified at how much loose money they just seem to 'spill' each year...

Rather than formulate their own plan, they pay only the minimum mortgage repayment, as suggested by their Bank... **which serves the Bank's 30-year plan nicely.**

Consider the actual outcome, ie lifestyle v mortgage-free years earlier, if you were to pay an extra \$200 a week toward your mortgage... **You've heard it before, but, it's worth thinking about... because it's true?**

2. Structuring your accounts to work for you...

Do you cringe when you hear... "Credit Card"?

Those who pay *all* their bills with their credit card and then have it paid off, in its entirety, can leave their own money in their mortgage account for an extra ±55 days, saving considerable interest costs over time – further contributing to the reduction of your home mortgage.

3. Using investment property to eliminate debt...

Commonly known as the **Buy-Hold-Sell** When value growth in the investment property permits, you can sell the property to clear debt. This is a long-term strategy that, all running to plan, will see your debt eventually cleared, however, you pay holding costs for the duration.

What's more, consideration needs be given to...

- Taxation effects in the process, and
- Then what? ie the Golden Goose principle.

4. Debt Recycling...

If you have investment property(s) and structure your accounts correctly, you can use the rent and tax benefits to...

- Further reduce your home mortgage principal,
- Convert bad debt to tax-deductible debt, and
- Maximize tax-saving advantages.

- ALL incomes, from whatever source ie earnings, rent and tax benefits, are directed into an off-set account, linked to your home mortgage (A).
- Expenses and living allowances are funded via a credit card, which in-turn is paid, as due, from the (A) account.
- A "Working Capital" account (B) is used to...
 - Fund the investment purchase deposit, and
 - Service the ongoing finance and operating costs for the investment property.
- This account is topped-up, as needed, from the (A) account, recycling bad debt into tax-deductible debt and reducing the value of your home mortgage years ahead of what was once considered possible.

This strategy requires a good team of professionals, your personal commitment to budgets, equity in your home and reasonable income... but this is where you'll find some serious money to throw at your home mortgage.

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MEDICAL MOTORING

with Doctor Clive Fraser

VW Amarok Ultimate 4X4

“South American Getaway”



Noosa's North Shore is an idyllic piece of real estate on the doorstep of the Sunshine Coast.

As a medical student the best way to get there was to take the ferry across the Noosa River and take off up the beach in a friend's Dune Buggy.

Back in the 1970's there was an endless supply of 1960's V-Dubs that could be debrided back to a bare chassis.

Fitting a fibreglass body kit and fat tyres was within the competence of any home handyman and most Dune Buggies sat under houses in readiness for a trip up the beach that might not ever happen.

Whilst the ferry is still there, many of the 4WDs now heading across the Noosa River are Japanese (or Korean) with leather seats and traction control.

Luxury offerings have climate control air conditioning which is a far cry from the comfort offered by the open-top Dune Buggy.

In 2011 VW released another Noosa North Shore beach-stormer in the shape of the Amarok (meaning “wolf” in Inuit).

Manufactured in Argentina, the Amarok is aimed at Toyota's Hi Lux, Nissan's Navara and the much-improved Ford Ranger / Mazda BT50.

Up till now sales of the Amarok in Australia haven't been on fire and at present only a manual transmission is offered.

Last year only 2,649 Amaroks were sold in a utility market of 150,000+ vehicles, but VW is optimistic that an 8 speed automatic gearbox arriving in 2012 will broaden the model's appeal.



2011 Amaroks were plagued with clutch problems which resulted in a recall, but this was sorted out in the 2012 car that I drove.

I also noticed that the cabin was much quieter in the 2012 vehicle as the door rubbers have been upgraded.

The doors take a little more elbow grease to close, but on the inside it doesn't sound like a truck and the Amarok is the quietest ute I've ever driven.

VW have thoughtfully placed three 12V sockets in the front to power up all manner of gadgets, but I didn't like where they put the hand-brake lever.

It's way over to the left of the centre console.

That might be where it belongs in a left-hand-drive vehicle, but when the driver sits on the right it is a stretch to reach over to it.

The cup holders are also worth checking out.

VW have ingeniously made them removable from the dashboard.

It's just a shame that they don't have any bottom and won't hold the cups we Aussies like to drink from.

MEDICAL MOTORING /cont:

On the road things are very smooth and the 2 litre diesel engine returns a frugal 7.9 l/100km.

Off the road things are OK with low range in the 4X4 four wheel drive variant.

In the sand with the tyre pressures reduced the Amarok went everywhere I wanted to go without getting bogged.

The 120 kW Amarok doesn't have enough power to get off the beach in second gear and maybe in this situation it needs more than two litres of motor to haul two tonnes of metal through the soft sand up-hill.

The rear diff lock is electronic and the owner's manual does warn that the brakes may overheat if it is left on for too long as it basically works off the ABS to stop wheel spin.

In the back the tie-downs are on the floor of the tray which won't suit most Tradies and the chrome rear bumper on the Ultimate would not be strong enough to tie your dog to.

With prices starting at \$31,990 + ORC for a base model 90 kW rear-wheel drive Amarok, it remains to be seen if Aussies will switch from their love affair with Japanese utes.

VW Amarok Ultimate 4X4

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IS YOUR PRACTICE AT RISK?

MEDICAL INDEMNITY PRACTICE & ENTITY POLICY

The Medical Indemnity Industry has been through a major change recently. These changes have meant that, in many cases, Medical Indemnity products do not offer cover to the Practice Staff & Corporate Entity or Business Principles. This has naturally generated much discussion about the "Vicarious Liability" to the Corporate Entity or Business Principle from Practitioners and Practice Staff.

WHAT IS "VICARIOUS LIABILITY"?

Vicarious Liability is quite simply, being held responsible for the actions of another. As an employer, you are vicariously liable for the actions of your employees & could therefore be liable for the civil liability relating to acts of negligence of your employees & sub-contractors.

HOW DOES THIS AFFECT THE HEALTHCARE INDUSTRY?

The provision of healthcare is no longer restricted to just Medical Practitioners. Many Practitioners are now assisted by Nurses, Practice Managers, Receptionists & other health professionals in the day to day operations of General Practice. In an age when many of us are time poor these people are an important part of a Practice team & will have contact with patients as part of their work within the Practice, often assisting with or performing procedures; & in some cases dealing directly with a patient's enquiries.

Medicine & the Healthcare Industry in general has become more "corporatised". Corporate Entities & Service Companies now make up a large percentage of practices within the Healthcare Industry. The Directors & Officers of these companies can be held responsible for the acts, errors & omissions of their staff (Receptionists, Practice Managers, Nurses & Medical Practitioners) whilst providing healthcare. The same is true of Sole Traders & any Principle Practitioner who employs or subcontracts staff.

While some Medical Defence Insurers (MDO's) will extend their Individual Practitioner's Medical Indemnity policies to cover very small numbers of staff in very limited & specific circumstances; in the vast majority of cases, the Entity requires a Medical Indemnity Practice Policy to protect both the Practice Staff & Principles or Officers from Medical Malpractice or Civil Liability claims.

WHAT PROTECTION AND COVERAGE SHOULD A PRACTICE POLICY OFFER?

- **Practice Staff**, ie: Cover for claims against Practice Managers, Reception/Admin and Practice Nurses (excluding Medical Practitioners) for "acts, errors and omissions" whilst providing healthcare.
- The **Practice Entity**, including the Principles or Officers and Directors for claims of "failing to provide healthcare" and cover for the Vicarious Liability of the Practice Staff's actions.
- **Legal Expenses** for Inquests, Coronials or Enquiries; should a Practice Staff member or Entity Officer or Principle be requested to attend.
- **Good Samaritan** or **Emergency healthcare** acts
- a **minimum of \$5 million coverage**, (policies are also available for \$10 or \$20 Million coverage.)
- Cover for **other** civil liability claims, i.e.: Trade Practices breaches & Intellectual Property breaches etc.

"WE ONLY CONTRACT MEDICAL PRACTITIONERS - WHY DO WE NEED VICARIOUS LIABILITY FOR THEM?"

There has been much debate on this subject by legal experts and while there are differences of opinion over the "degree" of association between sub-contracted or contracted Practitioners and the Entity of a practice - all agree that there is still a risk of Vicarious Liability to the Entity.

Quite simply, if a major construction company sub-contracted a workforce to erect a new skyscraper on its' behalf & the building was to collapse, the construction company could be held equally or partially responsible for the problem under a civil liability claim for damages etc. The same principle applies to an Entity that contracts or subcontracts Medical Practitioners and healthcare professionals.

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“Sunshine in a Glass”



Galileo is quoted, “Wine is sunlight held together by water.” If this is so, than I woke up a little sunburnt from being at the Sunshine Coast Radiology Grange wine tasting night.

Sure I could blame the gamma radiation as we were invited to attend the opening of their new Nuclear Medicine facility at the Wises Road practice. This new GE Infinia Hawkeye SPECT CT Gamma Camera whiz bang machine that goes” bing” and then some, will be headed by Professor Ken Miles. Our learned colleague hails from Brighton England and is delighted to be back on the Sunshine Coast.

Darren Davis from the Purple Palate and Michael Datta from the Grape Hunter, provided the stunning array of wines and informative commentary for the evening. The 40 min talk on Nuclear imaging was certainly enlightening and just the right length that would allow the wine tasting to flow on effortlessly.

The Grange was obviously a big drawcard and sat alongside some great lead up wines. But it is the fascination of Grange that is alluring. As Darren said, “it is the most often talked about wine but least drank.” The story of Grange is a book in itself and deserves a diversion here.

It is named after “Grange Cottage” built in 1845 at Magill estate in South Australia, taken from the name of Mary Penfolds Family home in “Old Blighty.” Max Schubert is the creator and wished to make a long living wine of prestige, similar to Bordeaux wines. He travelled to Europe, imbibed the knowledge and proceeded to make rich Shiraz from selected parcels of fruit aged in American oak. Certainly not Bordeaux style but the concept was similar.

First made in 1951, the board of Penfolds decided it was too “port like” and in 1956 ordered him to cease production. The '57,'58 and '59 vintages were still made unbeknownst to the board and were known as the “Hidden Granges”. Max decided to show the 1955 vintage in 1962 and won a Gold medal.

This reinvigorated the board, approving Grange, and so the rest is history.

It remains one of the most decorated wines with tens of trophies and hundreds of gold medals.

The real buzz of Grange is its ability to live on. There are some lucky people who drink it weekly but it is more commonly brought out from under the staircase, unwrapped and then deflowered at anniversaries, 21sts or major decade milestones. It is a wine that is wasted if opened before 15 y or so.

So imagine the sense of anticipation when Darren announced that we would be sampling the 1992 and 1993 vintage. The lead up wines, which are a story in themselves, included a 3 litre 1992 Petaluma Coonawarra Cabernet, 2004 M.Chapoutier Mt Benson Shiraz and 2005 Lunar Barossa Valley Shiraz. All great for the undercard, but the punters wanted the heavy weight bout to begin.

So in the red corner emerged the 1992 Grange (90% Shiraz, 10% Cabernet Sauvignon). It displayed colours of red brick with a background of deep crimson. The nose was an eclectic flurry of complex ripe dark fruits, chocolate and hints of cigar box. The wine surfed over the taste buds with generous soft upfront fruit and then glided gracefully giving up its fine balanced aged tannins with a lively zing at the end. All but 5 vintages have some Cabernet Sauvignon added from the Penfolds vineyards in Coonawarra.

Also in the Red Corner, the 1993 (86% Shiraz, 14% Cabernet Sauvignon) leapt out and showed no signs of fatigue. I was immediately impressed by the rich purple crimson hues that belie a 19 year old wine. The lively nose showed the cassis/plum fruit and tobacco complexities but also energetic hints of floral and eucalypt. The palate was also livelier than the 92 with juicy fruit sweetness that see- sawed with fruit acid and tannin. The warm growing phase of 93 and the lifted Cabernet effect was evident in this wine.

Occasionally I've seen Grange dished out hedonistically as premature vintages, prolifigate pours and in contemptuous stem ware. It needs a sense of place and occasion as it reciprocates this event in a perpetual manner and leaves the consumer enriched. Bottom line, it's worth the hoopla!

Dr Plonk

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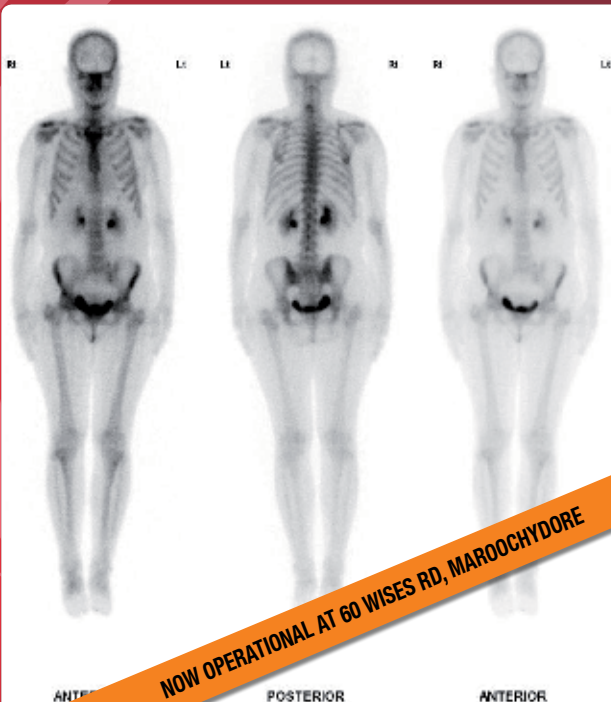
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AUSTRALIA DAY FOOD REVOLUTION



Forget about snags on the barbeque or a picnic on the beach (the weather would have taken care of that) rather get together with a group of foodie friends and get down and dirty and host yourself to a degustation delight.

If you review your circle of friends often there will be a common thread. In this instance it was the sheer delight in home made fresh produce masterpieces. The location was a private residence in Buderim. Address will remain a close secret never to be divulged till death do us part. And so the Australia day celebrations began.

To freshen the pallet:

- Coffin bay oysters au'natural. Shucked and presented over ice, drizzled with a drop of fresh lemon and enhanced with a whiff of tabasco.



- Yakitori seared salmon drizzled with a soy reduction. Bite size salmon pieces on a wooden skewer seared quickly over a Japanese hot coal barbeque. Yakitori is the Japanese word for skewered. Commonly bite size pieces of chicken, meat or fish are grilled on an open charcoal fire using bamboo skewers.

To feed the pallet:

- Spanish Paella with wild rabbit smoked paprika and fresh Boston bay black mussels. This well-known Spanish rice dish, originates from the fields of Valencia in eastern Spain. Modern day paella has many versions. It may contain chicken, pork, shellfish, fish, eel, squid, beans, peas, artichokes and peppers. Saffron, the spice which turns the rice a wonderful golden colour is an essential part of the dish.



Paella originates from the days of workers in the Spanish fields who make the rice dish in a flat pan over a fire. They mixed in whatever they could find-such as snails and vegetables. For special occasions, rabbit and later chicken was introduced.

- Snow crab and tiger prawns in a rich curry broth served with hot crispy baguette.
- Sous-vide 55C Eye fillet stuffed with Roquefort and anchovies drizzled with a dirty mushroom sauce. The technique of sous-vide which is the French word for "under vacuum" cooks the fillet evenly keeping it juicier. The fillet is then removed from the airtight plastic bag and seared on hot coals. The fillet melts in your mouth while the Roquefort and anchovies give it a salty kick.
- Whole Tassi ocean trout steamed over open coals with roasted lemon wedges and fresh fennel.
- Crisp garden salad with vinaigrette dressing.

The final touch:



In the spirit of the day desserts fell to each guest.

The brief was simple, must be in keeping with Australia Day.

The selection included all the big hitters like fresh baked Pavlova dripping with passion fruit and freshly cut strawberries, coconut encrusted lamingtons, chocolate mud cake, lemon tart and double cream cheesecake.

And so fellow foodies next year Australia day is at your place.

Bon Appetite

Marcel





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Tim Garrett
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Louise Meek
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Spinal Rehabilitation

Kelly Walsh
Neck Pain & Headaches

Joanna Collins
Pre-Employment Assessments

Tim Devlin
Knee Pain

Andrew Duff
Sports Injuries

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

At a State level, we are looking forward to an election. Without supposing to anticipate the will of the people, it is widely expected that Queensland will see a change in government. If this is the outcome, then a new Health Minister and a new set of policies will provide the opportunity for a change in direction. The role of the AMAQ will be to guide a new government – of whichever colour – in steering that change in direction.

The election – or specifically the pre-election promises that can be extracted from the parties and their candidates – is an opportunity for the medical profession to shape the future. Local Medical Associations have been invited to raise local issues, and the AMAQ has already formulated a set of issues that will base our contribution to the campaign process.

At a Federal level, the political speculation around leadership of the ruling party is fuelling parallel speculation around the possible impact on health policy. That speculation has somewhat overshadowed the appointment of a new Federal Health Minister, Tanya Plibersek, and the possible impact this would have on medical practice. The previous Minister was widely perceived as having a gender and anti-GP bias – early in his career the AMA dubbed her “the Minister for nurses”. The new Minister has not brought similar biases into her role, and has indicated a higher level of willingness to engage more equitably with peak bodies.

The new Minister did score early brownie points with a win (against the AMA position) with regard to private health insurance. This outcome was the product of long negotiations which preceded her appointment, but her personal victory comprised in recruiting the crucial and decisive vote of one of the independent MP's.

The former Director of the Peer Services Review committee raised a media flurry over the past few months by declaring that doctors engaged in large-scale Medicare fraud. The AMA was quick to hose down the media interest with a blanket denial, but the public was left with a renewal of a long-standing suspicion that the medical profession is riddled with crooks. As a former officer of a prominent and powerful government body, and especially an officer whose separation from that body was mired in personal controversy, that former Director should have remained silent. Unfounded accusations might make interesting but scurrilous newspaper reading, but it is unfortunate that a respected and trusted profession should have its reputation slurred for the personal satisfaction of a disgruntled ex-servant.

Dr Wayne Herdy

NOTICES

AMA QUEENSLAND WORKPLACE RELATIONS TRAINING

- Practice procedures and policies (45 mins)
- 2012 workplace health and safety laws overhaul (45 mins)
- Why are unfair dismissal claims increasing? (1 hour)

Tuesday 6 March 2012

9am - 11.30am

Sunshine Coast Division of General Practice

7 The Esplanade, Cotton Tree

Email: g.sotiris@amaq.com.au

RELOCATION OF PRACTICE

Dr George Bogiatzis will be relocating to The Sunshine Coast Private Hospital from 1st April 2012.

New address:

Dr George Bogiatzis

The Sunshine Coast Private Hospital

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19

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CASE STUDY of the MONTH (Page 7) - ANSWER

Answer: cutaneous larva migrans - a parasitic skin infection caused by hookworm larvae that usually infest dogs and other animals.

Infection results from walking barefoot (or lying) on faeces contaminated ground. Animal hookworms remain confined to human skin and do not 'travel deeply'.

Most commonly this affects backpackers traveling through SE Asia (sleeping on the beach is best avoided ☺) or small children.

Very itchy 'squiggly' lines develop usually within a week of exposure. Tracks advance a few millimetres a day as larvae burrow.

The condition is self-limiting, humans are 'accidental' and 'dead-end' hosts. Larva eventually die over some weeks, control over the problem is expedited with topical or oral anti-parasitics.

In this case I used oral ivermectin.

Submitted by: Dr Bert Pruim, Dermatologist, Clinic One, Maroochydore.



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

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	General Practice / Specialist (cross out one)			
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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>				
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Please note: Membership applications will be considered at the next Management Committee meeting.				

SIMPLE LOGIC

A wife asks her husband, "Could you please go shopping for me and buy one carton of milk, and if they have eggs, get 6." A short time later the husband comes back with 6 cartons of milk. The wife asks him, "Why did you buy 6 cartons of milk?" He replied, "They had eggs." (I'm sure you're going back to read it again!)

SENIORS

No one believes seniors, everyone thinks they are senile. An elderly couple was celebrating their sixtieth anniversary. The couple had married as childhood sweethearts and had moved back to their old neighborhood after they retired. Holding hands, they walked back to their old school. It was not locked, so they entered, and found the old desk they'd shared, where Andy had carved "I love you, Sally."

On their way back home, a bag of money fell out of an armored car, practically landing at their feet. Sally quickly picked it up and, not sure what to do with it, they took it home. There, she counted the money-fifty thousand dollars! Andy said, "We've got to give it back." Sally said, "Finders keepers." She put the money back in the bag and hid it in their attic.

The next day, two police officers were canvassing the neighborhood looking for the money, and knocked on their door. "Pardon me, did either of you find a bag that fell out of an armored car yesterday?" Sally said, "No". Andy said, "She's lying. She hid it up in the attic. Sally said, "Don't believe him, he's getting senile"

The agents turned to Andy and began to question him. One said: "Tell us the story from the beginning." Andy said, "Well, when Sally and I were walking home from school yesterday" The first police officer turned to his partner and said, "We're outta here!"

JOB INTERVIEW

A major International company was looking to hire someone for an important position, so they interviewed dozens of applicants and narrowed their search down to three people from different parts of the world. In an attempt to pick one of them, they decided to give them all the same question to answer within 24 hours, and the one with the best answer would get the job.

The question was:

A man and a woman are in bed, nude.

The woman is lying on her side with her back facing the man, and the man is lying on his side facing the woman's back. What is the man's name?

After the 24 hours was up, the three were brought in to give their answers.

The first from Canada, says "My answer is that there IS no answer."

The second, from The United Kingdom, says my answer is, that there is no way to determine the answer with the information we were given."

The third one from New Zealand says "I'm not exactly sure, but I have it narrowed down to two names.

It's either: Willie Turner or Willie Nailer."

The New Zealander got the job...

TRUE STORY

A true story from the pages of the Manchester Evening Times (UK). Last Wednesday a passenger in a taxi heading for Salford station leaned over to ask the driver a question and gently tapped him on the shoulder to get his attention.



The driver screamed, lost control of the cab, nearly hit a bus, drove up over the curb and stopped just inches from a large plate window.

For a few moments everything was silent in the cab. Then, the shaking driver said "are you OK? I'm so sorry, but you scared the daylights out of me."

The badly shaken passenger apologized to the driver and said, "I didn't realize that a mere tap on the shoulder would startle someone so badly."

The driver replied, "No, no, I'm the one who is sorry, it's entirely my fault. Today is my very first day driving a cab I've been driving a hearse for 25 years."

THE ARAB and the SCOTSMAN

An Arab Sheik was admitted to St Vincents Hospital for heart surgery, but prior to the surgery, the doctors needed to store his blood in case the need arose. As the gentleman had a rare type of blood, it couldn't be found locally, so, the call went out to all the states.

Finally a Scot was located who had a similar blood type. The Scot willingly donated his blood for the Arab. After the surgery, the Arab sent the Scotsman as appreciation for giving his blood, a new BMW, diamonds & US dollars.

A couple of days later, once again, the Arab had to go through a corrective surgery. His doctor telephoned the Scotsman who was more than happy to donate his blood again. After the second surgery, the Arab sent the Scotsman a thank-you card & a jar of candies.

The Scotsman was shocked that the Arab this time did not reciprocate his kind gesture as he had anticipated. He phoned the Arab & asked him: "I thought you would be generous again, that you would give me a BMW, diamonds & money... But you only gave me a thank-you card & a jar of candies". To this the Arab replied: "Aye, but I now have Scottish blood in my veins".

F1gur471v3ly 5p34k1ng?

Good example of a Brain Study:

If you can read this you have a strong mind:

7H15 M3554G3

53RV35 7O PR0V3

H0W 0UR M1ND5 C4N

D0 4M4Z1NG 7H1NG5!

1MPR3551V3 7H1NG5!

1N 7H3 B3G1NN1NG

17 WA5 H4RD BU7

N0W, 0N 7H15 L1N3

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February 2011

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- Female VR/GP F/t or P/t in small busy practice with currently 2 GPs near the Maroochydore CBD. Fully computerised and accredited with AGPAL. RN support.

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February 2011

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- Two matching examination couches for sale in 'as new' condition. Hoping for \$300 o.n.o each.

Contact James Dick,
Ph: 0412 712 431.

February 2011



LOCUM TRIP AROUND AUSTRALIA – HAS ANYONE DONE THIS?

- Dr Heather Stevenson, GP, Pomona Medical Centre is planning a trip around Australia working as a locum (minor surgery but no anaesthetics or obstetrics). Heather would prefer to work in semi-rural or outer city practices.
- Is there a local GP who has done a similar trip and could help with the pros & cons of working for a locum agency or self-organizing the locum work.

Please contact Heather on (H) 5485 4404 or (W) 5485 7711.

February 2011

MEDICAL PRACTICE MANAGER

Manager. Exciting role for the person with experience in appropriate areas e.g. financial management, HR, IT skills. Group family general practice, central Sunshine Coast. Terms for negotiation.

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February 2011

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December 2011

CONSULTING ROOMS AT ALEXANDRA HEADLAND

- Fully refurbished, available for lease or sale.
- For full details please contact:

Dr Peter Lee Ph: 5444 5933 (all hours)

November 2011

VR GP - COOLUM BEACH

- Young Doctors Wanted:
- VR GPs required for Family Medical Centre, established 1978.
- Flexible hours, days, no week-end work or after hours.
- View to partnership or business purchase option, doctor looking to retire.
- Centrally located surgery ideal for two young doctors wanting to start up their own business, with all systems set up.

Contact Practice Manager, Sharon:

Ph: 0402 807 559

Email: sharon.richards21@bigpond.com

October 2011

DR GARY HOLMES - DERMATOLOGIST

is now accepting referrals via Medical Objects and **urgent** appointments are available on request.

Ph: 5444 8588

February 2011



*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
you request a longer placement.*

SCLMA November 2011 Monthly Clinical Meeting - Maroochy Surf Club Function Room

Presenter: Leonie Harvey, 2011 recipient of the June Canavan Bursary

Topic: 'Peak fat oxidation during treadmill exercise in normal, overweight and obese 18-50 years of age'.

Presenters: Dr James Challen, Dr Craig Maskell, Dr Mark Johnson & Dr Peter Larsen

from the Sunshine Coast Health Service District with topics reflecting its Radiology and Cardiology services.

The SCLMA extends its appreciation to the meeting sponsor: Sunshine Coast Radiology.



Phil Storton, Business Development & Marketing Manager from Sunshine Coast Radiology with Dr Anthony Chan



Dr Wayne Herdy, thanking Leonie Harvey, June Canavan Bursary recipient 2011



Drs James Challen, Peter Larsen & Piotr Swierkowski



Dr Craig Wright with Dr Geoff Hawson



Dr Amy Lafferty with Dr Joanne Morton



Dr Geoff Stokes, Dr Janet Ewan & Dr Stan Green