



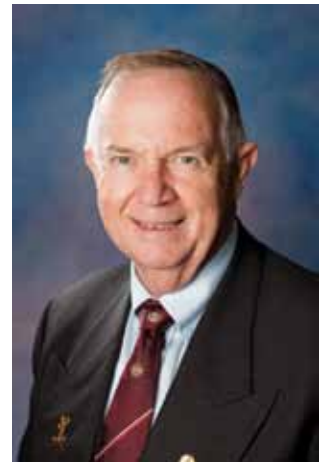
## SCLMA President's Message ... Dr Wayne Herdy

*SCLMA has never steered away from controversy. The biggest controversy in health on the Sunshine Coast at the present moment has embroiled the Sunshine Coast Private Hospital at Buderim. Rumours are flying back and forth particularly related to the psychiatric services at Buderim. At present the conflicting stories do not allow us to give fair judgement to either side of the argument. What is important is two things, firstly that the mistruths and half-truths of controversy be quelled and the full truth meet the light of the day. The second important thing is as a consequence of truth being evident in delivery of health services on the Sunshine Coast the local population can have the fullest confidence in the large health resources that are being offered to them.*

*The second area of controversy that will take a long time to resolve is the question of 24 hour cardiac catheterisation facilities somewhere on the Coast. If we are going to support safely an aging population with more and more retirees coming to the Sunshine Coast we must be able to offer world class facilities for management of acute myocardial infarction. While we can get an AMI patient to a cardiac catheterisation facility at night within 2 hours, at present the daytime transit time from the Sunshine Coast to Brisbane is quite unacceptable. Nambour Hospital's catheterisation facilities are not available 24 hours. A private facility ready to put a stent into anybody's coronary arteries at anytime day or night is economically unviable or at least unviable without substantial Commonwealth or State Government support. We are blessed with an excellent supply of world class cardiologists on the Sunshine Coast, they just don't have a place to do what we need them to do for our patients.*

*Don't hold your breath waiting for this one but certainly provision of a 24 hour cardiac catheterisation facility on the Sunshine Coast must be a very high priority for the LMA and those who provide health services on the coast over the coming decade.*

Wayne Herdy



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



### HIGHLIGHTS:

- P 5: Kevin Hegarty - District Link Cardiac Cath Lab - Nambour Hospital
- P 7: Dr Sandra Peters - GP Liaison Officer
- P 9: Dr Alex Markwell - AMAQ President
- P 13: Hip Replacement in 2012
- P 15: SCLMA May Clinical Meeting Re-Cap
- P 16-17: Dr Wayne Herdy - AMA Report
- P 20-23: AMAQ Conference 27-27 July 2012 Starting & Working in Private Practice
- P 25: Membership Application Form
- P 27: Classifieds.

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***Change of  
deadline dates  
The new date for  
all contributions  
will be 15th day  
of each month.***

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## **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](mailto:jobo@squirrel.com.au)**

## **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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Welcome to the June edition of the SCLMA newsletter.

June sees the announcement of the Hot 50 Restaurant Awards 2012.

Three of the five restaurants leading The Australian's People's Choice Award are from the Victorian capital:

Hare & Grace in Melbourne's CBD; Dandelion, the mod-Vietnamese diner in affluent Elwood; and Vue de Monde, the sinfully expensive, fine diner of chef Shannon Bennett located in the city's Rialto Towers.

No 4 on the list is the modern Sri-Lankan Flying Fish in Sydney's Pyrmont, run by chef Peter Kuruvita and 5<sup>th</sup> place goes to Adelaide's Bistro Dom home to Duncan Welgemoed.

Well there you have it. But still my current personal favourite for a bit of that naughty "grease" is Laguna Jacks Cellar & Bar, 50 Hastings St, Noosa Heads. For about \$12 order the Wagyu beef burger. Complete with chunky chips and smokey barbecue sauce all served on an elegant but simple white rectangular plate. No melted cheese, or red staining beetroot to distract from the beautifully chargrilled moist Wagyu beef patty served with crisp lettuce, slice of tomato and all served up on a toasted Brioche bun.



Away from food and onto more responsible LMA matters, our president's report highlights some interesting matters such as the GP superclinics and the current state of medicare locals.

The first of the Oncology education series held towards the end of May was a great success with Drs Colin Dicks and Nigel Sommerfield entertaining a diverse audience of medicos. The turnout was impressive with over 40 specialists and general practitioners participating.

For those of you who were unable to attend last month's LMA meeting, we enclose a summarised version of the presentation. See page

In regards to letters to the Editor, I have received a complaint from one of our fellow radiologists asking us to discourage the use of excessive adjectives in the advertisements which are submitted for inclusion in the newsletter. Let's all try and refrain from using words such as "The Best", "The One and only." Keep the language factual and let the technical aspects speak for themselves.

Diarise Saturday 11 August for our Christmas function, The Yacht Club, Mooloolaba.

Enjoy

Marcel Knesl

[mknesl@oceaniaoncology.com](mailto:mknesl@oceaniaoncology.com)

PS. Try that burger!

## MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room

6.30pm for 7pm - 9pm

### THURSDAY 28 JUNE 2012

Presenter: Dr Shyam Sunder

Sponsors: Lilly Diabetes and QML

### THURSDAY 24 JULY 2012

Presenter: Dr Dave Nicholls

Presenter: Dr Ingrid Hutton

Sponsor: Abbott

### SATURDAY 11 AUGUST

### SCLMA CHRISTMAS FUNCTION

THE YACHT CLUB, MOOLOOLABA

### THURSDAY 23 AUGUST 2012 (INCLUDES AGM)

Presenter: Dr David Colledge

Presenter: Dr Peta Higgs

Sponsor: Medtronic

### THURSDAY 11 OCTOBER 2012

### COMBINED MEETING & DEBATE

BETWEEN SC LAW SOCIETY &

SCLMA

### ENQUIRIES:

Jo Ph: 5479 3979

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Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

**Meeting attendance: Free for current members.**

**Non members: \$30.**

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# sports & spinal

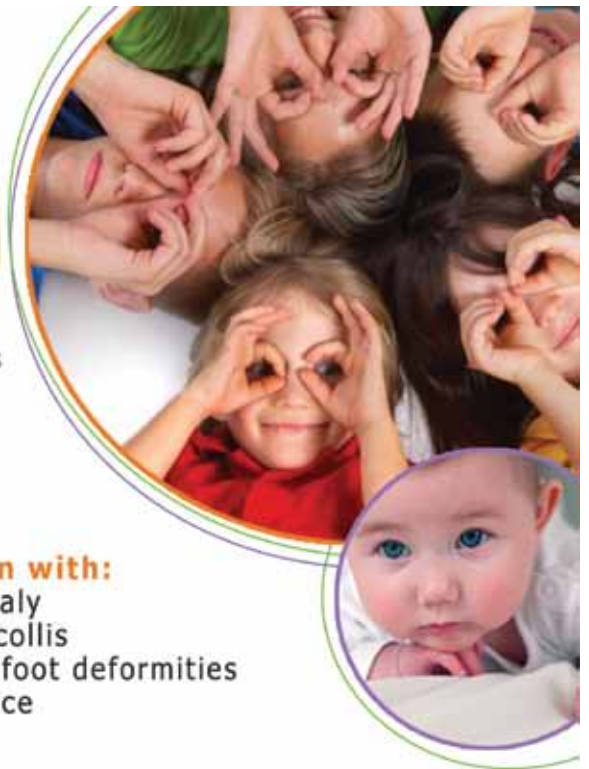
PHYSIOTHERAPY

## Paediatric Physiotherapy

Kandice Bengtsson is a new member of the Sports and Spinal Physiotherapy team. She has passion for, and expertise in paediatrics. Kandice has worked with babies and children in a number of settings, including public and private hospitals, as well as in community organisations. Kandice strongly believes in the importance of early intervention and empowering families with tools to help their children.

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# DISTRICT LINK - JUNE 2012

*with Kevin Hegarty*



## ***Nambour Hospital's Cardiac Cath Lab and procedural suites***

In last month's column I highlighted that our Cardiac Cath Lab and vascular and endoscopic procedural suites became operational on 16 April. Since that time, 982 patients have had procedures conducted. This represents an increase in capacity of approximately 65% on the volume that would have previously been conducted prior to the opening of the suites and recruitment of our additional staff.

The Cardiac Cath Lab has in this period provided diagnostic services to 237 patients. Again as I noted in last month's column planning for the commencement for interventional services within the Cath Lab is well advanced.

We will be welcoming two new cardiologists to the team in the third quarter of 2012.

## ***Local Lead Clinician Group***

The National Health Reform agenda, as signed off by the Commonwealth, States and Territory last year, included significant reference to clinician engagement. This referenced strategies for such engagement at the National, State and local levels. One requirement was the establishment of Local Lead Clinicians Groups which would be created jointly by local health services and the Medicare Local.

The District has been working closely with the Medicare Local over the last few months to develop a process which would meet the requirements articulated in the Commonwealth document.

Whilst we were undertaking this work there has been a fundamental shift in the Commonwealth's position. One of the least publicised announcements, contained in this year's Commonwealth Budget, was the removal of the requirement to create such groups and also the withdrawal of previously committed Commonwealth funding to support them.

The reasoning behind the creation of these groups was to ensure local clinicians had a direct strategic involvement in both the local health service and the Medicare Local. In effect, the Local Lead Clinician Group would be the virtual bridge between the local health service and the Medicare Local. This in part was recognition of the fact that the final version of the NHR had not really addressed bringing together the primary and acute health care sectors. The Reform in its final iteration overwhelmingly concentrated on the acute sector, which would still be a state based structure. Primary care would be influenced by Medicare Locals, but lacking any structural requirements or performance imperatives that would drive a true continuity of care approach.

Both the Medicare Local and the District remain committed to the establishment of a group that will function and have the responsibilities that were initially articulated for the Local Lead Clinician Groups. The development of this group will continue, once the Medicare Local officially commences operations on 1 July, together with the District transitioning to the Sunshine Coast Hospital and Health Service also on that date.

## ***Sunshine Coast Hospital and Health Service (HHS)***

It is expected that further appointments to the Board of the Sunshine Coast HHS will be announced before the end of June, with the Board holding its inaugural meeting in July.

Kevin Hegarty  
District CEO  
Sunshine Coast Health Service District  
[kevin\\_hegarty@health.qld.gov.au](mailto:kevin_hegarty@health.qld.gov.au)



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**Dr Petra Ladwig**  
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## Update from Sandra Peters Sunshine Coast Division of General Practice Ltd GP Liaison Officer (GPLO)

The first After Hours Forum was a lively and interesting affair late in April and there will be a formal communiqué on behalf of the Medicare Local arriving in the next few weeks. This will outline the outcomes of the forum and proposed next steps.

However, I thought I would provide a snapshot of the evening. There were representatives from many organisations with an interest in provision of after-hours care in the community, not just GPs (in fact the GPs were outnumbered 15 to 13!) Representatives from Cittimani Hospice Service, QAS, Pharmacy, Qld Health DEM Fast Track departments, Family Care Medical Services, Extended Hours "Super Clinic", Nurse Practitioner, 13HEALTH and Practice Managers from private general practices across our region ensured different perspectives into current services offered were aired for discussion.

A common theme was that many current services are based on goodwill towards the community rather than sound business practice. It also appeared that many present felt the current arrangements using a deputising service work well, but I wonder if that is a group specific opinion and not necessarily reflected in the wider community. One of the more sobering points raised was that with more than 400 GPs in our region and 365 days in the year, we are not short on numbers for ensuring medical advice could be provided without an onerous burden of care falling on any one set of shoulders. Food for thought.

Gail Palmer and I are continuing to work on the timeliness and clinical content of Enterprise Discharge Summaries. As part of this work we have been asked by the Executive Director of Medical Services at Nambour to feedback any de-identified patient summaries which GPs have had difficulties interpreting. This could be due to difficulty locating the pertinent clinical information, incomplete clinical details resulting in delivery of discharge information in an untimely fashion failing to ensure continuity of care or any other issue you wish to bring to our attention. Of particular interest of course are any "near misses" or potential near misses which constitute a risk or potential risk.

Please print any discharge summaries, de-identify by removing all patient ID and either scan and email to [speters@scdgp.org.au](mailto:speters@scdgp.org.au) or fax to **5456 8899**. Many thanks in anticipation of your response. The Executive are continuing to work on a format for discharge summary which makes clinical information more readily identifiable, and we can help inform the solution by providing examples of unhelpful discharge summaries.

Along the same vein, we have been taking a "snapshot" audit of referrals to the Specialist Outpatient Department.

A random sample of 100 referrals is in the process of being audited for a number of parameters including completeness, reflected in numbers of occasions more information is requested to allow triage to waiting list category. Watch this space for the findings from this small clinical audit in coming weeks.

The latest edition of the **Referral Work Up Guide for General Practitioners** has been published and is current until the next edition due in November 2012. All relevant investigations and protocols are listed under specialty along with the names of specialists (those who bulk bill are highlighted with an asterisk), and any particular sub-specialty areas of interest.

If any GPs or practices would like help downloading the guide and installing on desktop or have any questions about using the guide when making referrals please contact myself or Gail to arrange a time for us to visit your practice.

**Contact by email:**

[speters@scdgp.org.au](mailto:speters@scdgp.org.au) or [gpalmer@scdgp.org.au](mailto:gpalmer@scdgp.org.au)  
or call to arrange an appointment time which is convenient for you. Ph: 07 5456 8888.

Looking forward to getting out to some practices in the near future!

Yours in Health

Sandra Peters

*PS: Date claimer for the next Specialist/GP Meet and Greet Evening with Specialist staff from the District Persistent Pain Management Service and the Neurology Department, **Wednesday 25 July 2012**. Details to follow. Hope to see you there.*







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# AMA QUEENSLAND - PRESIDENT'S REPORT

## *Dr Alex Markwell*

Dear members,

It is an honour to give my first update to the Sunshine Coast LMA as the 2012-13 AMA Queensland President. I am excited about the challenges and opportunities that will arise in the coming year and hope to provide a strong voice for our members on important issues impacting healthcare.

In particular, I am looking forward to meeting many of you as we make our way around Queensland in coming months. We have visits planned for the Sunshine Coast, including a lunch at Nambour Hospital on Monday 9 July, as well as the Fraser Coast, Bundaberg, Central Queensland, Mount Isa, North Queensland, Far North Queensland and South West Queensland.



The focus of these tours is to experience first-hand the challenges, concerns and successes that impact our members and their patients on a daily basis. In addition to the events already planned, I welcome any suggestions you have for additional opportunities on the Sunshine Coast? I am keen to meet as many members as possible and believe the timeliness of these visits is crucial as we move towards the transition to Hospital and Health Services in July.

Clinician engagement is an essential component of ensuring a successful transition to the local board structure and local delivery of patient care. Local Medical Associations (LMAs) are a key link in this process. We want to support existing LMAs and help establish or rejuvenate LMAs in areas which may have previously found it difficult to unite the local medical profession.

Active participation is the key. Decisions are made by those who show up. We must all be active participants in the decision-making that will shape the future of health practice in Queensland.

In addition to these issues we will also be working to highlight some specific areas of health that I am particularly passionate about. After the success of our Suicide Watch campaign, we will be turning our attentions to reducing the incidence of trauma - another cause of preventable death and injury.

Other issues that AMA Queensland will focus on this year include, looking at ways to improve health literacy and education and ensuring we have adequate medical training capacity-essential for future generations of doctors. We will be working with government and other stakeholders to provide informed advice and practical solutions.

I thank you for your ongoing support and look forward to hearing your feedback and suggestions for future AMA Queensland activities and campaigns.

Dr Alex Markwell  
AMA Queensland President  
**(07) 3872 2222**  
a.markwell@amaq.com.au

# MEDICAL MOTORING

*with Doctor Clive Fraser*



## DeLorean DMC-12

### ***“Back To The Future!”***



In the 1980's Northern Ireland was still deeply embroiled in what came to be known as “the Troubles”.

With so much political turmoil Ulster was always going to be an unlikely place to set up a factory to manufacture a brand new supercar.

But it was in Dunmurry that an adventurous engineer named John DeLorean set up a factory to build his name-sake vehicle.

DeLorean had made a sparkling entry into automotive engineering with a 1964 project to build what was probably the world's first muscle car, the Pontiac GTO.

The success of that model propelled him into automotive stardom and ultimately led to his push in the 1970's to create an all-new car carrying his own name.

With 304 grade stainless steel skins over fibreglass body panels and gull-wing doors the DeLorean DMC-12 was unique and the styling was still fresh in 1985, 1989 and 1990 when the car featured in the “Back To The Future” film trilogy.

Whilst the styling of the car was futuristic, the car's Achilles's heel was its powerplant.

In the movies the DMC-12's flux capacitor was capable of producing “1.21 gigawatts” of power.

In real-life the DeLorean struggled with a Renault made 2.8 litre V6 producing only 110 kW.

This was exactly the same engine that powered the Volvo 760.

Once emission controls were applied for the US market the engine's power dropped to only 95 kW and lack-lustre performance from the DeLorean meant it wouldn't reach the speedo's top speed of 85 mph.

Hollywood upped the ante by claiming that Doc's DeLorean would need to reach 88 mph to travel back in time.

Back in the 1980's a new DeLorean would set you back \$25,000 US (\$63,900 in today's dollars).



## MEDICAL MOTORING /cont:



It has been thirty years since the last of 9,200 DeLoreans left the production line in 1982, but miraculously you can still buy a new DeLorean from an enterprising Texan firm.

Pricing starts at \$57,500 for a car based on a new stainless steel chassis.

The “new” cars are made up from what is called new/old stock, OEM and reproduction parts.

It's possible to specify a high performance engine, Sat Nav and Bluetooth in your 2012 DeLorean, or you can go back to the future and keep your newly constructed DeLorean just as it was back in 1982.



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## The Sunshine Coast Private Hospital Cardiac Rehabilitation & Risk Reduction Day Program

Research shows that people who join a cardiac rehabilitation program after a cardiac event or intervention will get their health and fitness back more quickly.

That's where The Sunshine Coast Private Hospital's Cardiac Rehabilitation & Risk Reduction Day Program can really help your patients. Whether they have had a heart attack, heart surgery or other cardiac event, our team of leading specialists will work with your patient to develop a personalised exercise and education program to improve cardiovascular fitness and reduce the chances of another heart event. The program is tailored to suit their specific circumstances, with trained health professionals to ensure they get the best possible results. The program includes:

- **A Comprehensive Assessment** and planning session to set goals.
- **Ten Exercise Sessions** to learn their 'safe activity' limits and how to monitor themselves when exercising. The staff will also design a program for them to do at home or at a gym on an ongoing basis.
- **Ten Information Sessions** to provide the chance to ask questions and compare notes with others in a similar situation.
- **A Personal Case Manager** to guide them through the program, ensure they get what they need from it, and liaise with you, their doctor to ensure consistent, coordinated care.

This Day Program is fully covered by most top Hospital Insurance coverage (not extras/ancillaries). The Hospital bills the Health Fund directly.



The Sunshine Coast  
Private Hospital  
*Spirit of Health*

To enrol for the Cardiac Rehabilitation  
& Risk Reduction Day Program,  
patients should call 3834 4285.

# HIP REPLACEMENT IN 2012



In local newspapers recently there have been articles extolling the benefits of a new surgical approach when doing hip replacement. In the interest of balance, we would like to present an alternative view to that expressed recently in the local press regarding the mini-anterior approach to the hip.

This approach is in fact not new and is hardly revolutionary. It has been around for 25 years or more. Orthopaedic surgeons as a group are well aware of this technique of anterior approach to the hip through a smaller incision. The clear majority of surgeons have chosen not to use it.

Total hip replacement as performed through standard posterior or lateral incisions is reliable, has reproducible results, and low complication rates. The mini-anterior approach has been associated with an increased risk of complication early in the “learning curve” of the surgeon involved. These complications include fracture of the greater trochanter, fracture of the femoral shaft and mal-alignment of the prostheses which may lead to early revision.

In addition; the approach is not able to be extended. In other words, if a complication does occur during surgery, a second incision would very likely be necessary. This increases the morbidity of the procedure.

Further, revision surgery cannot be done through the same incision and an alternate approach must be used.

In advocating the mini-anterior approach to the hip, one is advocating increased potential risk of complication without a material benefit for the long term survivorship of the prostheses.

The Arthroplasty Society has stated that there is no advantage in any approach to the hip when they were reviewed at 12 months post surgery. This includes the risk of dislocation.

It is important that we as surgeons do not make changes to well tried and tested techniques without real and measureable benefits for the patient.

At this point in time it would appear that the mini anterior approach technique does not have proven significant material benefit, but can increase the risk to patients.

We do not advocate its widespread use until long term studies show a benefit that would justify its general use in hip arthroplasty.

*Dr Russell Bourne, Dr Allan Clarke, Dr T.K.Ho,*

*Dr Daniel Lane, Dr Steven Lawrie, Dr George Parker,*

*Dr Bernard Tamba-Lebbe, Dr Mark Welsh, Dr Peter Winstanley.*

## ***Do you have an end game?***

By Don Poole

You've grown your business gradually and now your mind turns to collecting your reward from your investment of capital, know-how, and years of effort. Achieving the most money for your business requires the same diligence it took to grow it. So, how can you ensure you receive a return for your efforts?

Effective Succession Planning is the key to protecting, growing and realizing the maximum value for your business. It is a strategic process that allows you to smoothly transition the ownership and/or management of your business.

Research shows that business value can be impacted by a number of issues, including:

- Complacency of business owners in addressing succession
- Business owners often being unaware of all their succession options
- Generation Y lacking the aspiration to be a business owner
- Increased house prices restricting the funding options for successors

## ***Why is Succession Planning a key-issue now?***

Do you remember what you paid for petrol when you started in business? Maybe 39 cents a litre? Times change, markets change and so does the business environment. Not long ago, business entry costs and competitive forces were lower and business growth could be funded by borrowing against increasing house prices. Business success demands focus by you on the operation, but ultimately, issues of succession and retirement will creep up. By then, getting the price you need could be elusive.

The next generation of business owners, Generation Y, face a completely different business environment. Start-up and acquisition costs are higher, regulatory barriers are higher, and competition has increased. Business funding opportunities are also more limited in comparison.

You're a business owner and you understand the driving forces behind competition, supply and demand. So when:

- More business are for sale – lower prices result
- With fewer qualified buyers – it becomes a Buyer's market
- In a Buyer's market – they can be selective and value driven

Thus, it is important for you to start planning your succession now. If you would like to discuss further please give Don Poole a call on **07 5437 9900**.



# SCLMA CLINICAL MEETING - 24 MAY 2012

## SUMMARY OF MEETING

*Dr David McIntosh recently presented to the LMA on upper airway issues in children.*

*The feedback was so positive, we asked him to provide a summary of take home points for the benefit of those who were there and to also provide some guidance those who could not make it.*

*Thanks again to David and also ENT Specialists for sponsoring the evening. Thanks also to Jason Barr from Medfin to contributing to the sponsorship for the meeting.*



### **Upper airway obstruction in children:**

The concept that children will just outgrow their airway obstruction is subject to challenge by a multitude of research findings. To understand the issues around children that snore, it is important to clarify what is normal and what is pathological. In terms of this distinction, sleep issues in children related to their airways is a broad spectrum of possible presentations, encapsulated in the broad diagnostic group of Sleep Disordered Breathing (SDB).

At the worse end of the spectrum are the children with sleep apnoea, who actually stop breathing. The next rung down the ladder is children with upper airways resistance syndrome, which encompasses children who are struggling with their breathing but not quite so bad that they obstruct. The next step down is children who habitually snore (snoring 4 or more nights of the week). The more recent research now includes children who are mouth breathers and children who grind their teeth at night as having sleep disordered breathing.

The potential pathological consequences of untreated or delay in treatment of upper airway obstruction in children includes:

- Pulmonary hypertension
- Impaired neurocognitive development
- Behavioural problems
- Disturbance in facial growth and dental development

### **The take home messages for the talk were:**

- Any child who snores or mouth breathes or grinds their teeth at night should see a paediatric ENT surgeon to have their airway assessed (to do this thoroughly may require the use of paediatric endoscopes)

- The absence of tonsillitis is irrelevant if the child has airway obstruction
- Any child with airway problems may also need to see an orthodontist
- Children with orthodontic problems may require a paediatric ENT review
- Any child with airway obstruction whose parents decline surgery should be referred for echocardiography by their paediatric ENT specialist
- Adenotonsillectomy is not necessarily enough to fix paediatric airway problems; if children have a deviated septum and/or large turbinates, an experienced paediatric ENT or rhinologist should be consulted about having surgery for fixing this problem as opposed to the outdated concept of leaving things be until they are a teenager

### *About David:*

*David works closely with dentists and orthodontists to achieve the best possible outcome for children with airway problems.*

*His clinic also works closely with a paediatric ultrasonographer and has developed protocols for children with airway obstruction that warrant echocardiography.*

*He is also a member of both the Australian and New Zealand Paediatric Society of Otorhinolaryngology and The Australasian Rhinological Society.*

*He also corresponds with USA based National Institute for Children's Healthcare Quality.*

*Appointments can be made by referral and calling 1300 19 45 82.*

# AMA COUNCILLOR'S REPORT

*Dr Wayne Herdy*

In the coming months we are going to see three major plans of the Labor party's much vaunted health reform. None of these promises to actually change anything in the way we do business.

The first round of changes will be the last of the Medicare Locals. The Medicare Locals so far have not shown any significant change to the way GPs in any of their areas actually do anything. Even more so they have been branded as a failure by many branches of the medical profession and by many politicians.

At the AMA National Conference last year, Peter Dutton the Shadow Spokesperson on Health told the AMA attendees that if the coalition were to win government they would "defund" Medicare Locals. When asked the same question at the AMA National Conference in Melbourne only a few weeks ago, Peter Dutton said once more that they would stop the Medicare Locals from being effective.

Since the current polls indicate that the coalition is very likely to win government at the next election whenever it is held, this does not auger well for the future of Medicare Locals. Many General Practitioners would applaud this as a good outcome because of the lingering belief that funding for Medicare Locals and the Divisions before them, was money that was put aside from direct GP funding.

Those of us who actually worked inside the Divisions, know that there was much waste, mostly because of the high compliance cost of reporting to government about how we spent their money.

However, Divisions did many good things and were hampered in their efforts to do even better things, principally by the tied nature of the government funding.

The demise of the Divisions and then the defunding of the Medicare Locals will leave a gap in population health that will be difficult to fill.

Possibly worst of all will be that Medicare Locals at present are being funded especially to provide after hours services.

Monies for after hours services previously paid to General Practitioners have been redirected to Medicare Locals.

If General Practitioners have had some months or years of having after hours services directed as the responsibility of Medicare Locals, not of individual General Practitioners, it will be difficult to persuade General Practitioners to take up this mantle again if Medicare Locals cease to exist.

Second major reforms that are going to see a final stage development will be the GP Superclinics. The GP Superclinics have been the most monstrous white elephant in the history of Australian Health.

Very few of the multimillion dollar GP Superclinics has even come into existence. Many attempted to open their doors without any General Practitioners present.

In the case of the Sunshine Coast, the successful consortium had no experience in health service delivery, was not a local unit, was appointed in favour of a local applicant who already did have some experience at running a GP Superclinic elsewhere and the management of the consortium include former Labor Party cronies.

On the Sunshine Coast doctors do not expect to see any real delivery of health services come from the GP Superclinic. The GP Superclinics are a failed exercise and one wonders how we could take the hundreds of millions of dollars that have been spent already and turn it into something that will really help patients at the coal face and not just provide additional funding for private shareholders.



## AMA COUNCILLOR'S REPORT / cont:

***Dr Wayne Herdy***

The third major reform will be the much awaited shared electronic health record. The AMA is still profoundly troubled by the fact that this is a Patient Controlled Electronic Health Record (PCEHR).

We have no fundamental objection to patients controlling who has access to the record. We do have profound objection to the concept that anybody other than a clinician who is looking after the patient (and preferably a clinician whose discipline requires nation registration) is going to provide clinical material that will form part of that record. If the record does not have valuable, accurate, concise, and up to date relevant clinical information, doctors are simply not going to use it.

The roll-out on the first of July will be step one in creating the database. All this will consist of is input of demographic material such as names, dates of births, addresses and so on. There will be no clinical material in the first stage of the PCEHR. Who is going to use that? It looks like a long time before the next step, which may or may not include the insertion of valuable material, is ever going to happen.

So with these changes in the way the government is directing health administration we are seeing nothing useful arise in the final clinical input that patients will enjoy.

Worse, we are seeing hundreds of millions of dollars of taxpayer's money going to advertising. Dollars that should have gone and could have gone to clinical assistance, are being spent to tell everybody how good a system is being introduced, when the system is going to be introduced and people are going to be a part of it anyway.

Why spend money advertising something that is inevitable?

Wayne Herdy

### ***DATES for your DIARY!***



***SCLMA  
Christmas  
Function  
in August 2012  
Saturday 11  
August  
The Yacht Club  
Mooloolaba***



### ***The Great Debate!***



***Thursday  
11 October 2012  
Combined meeting  
between  
SC Law Society &  
SCLMA  
Doctors vs Lawyers***

***Dr Rob Ingham, Meetings Convenor  
is the organiser for this  
inaugural event***

***We invite your suggestions for  
topics and names of entertaining,  
humorous medicos to challenge  
the Lawyers!***

***Email topics and names of debaters  
to [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au) and they  
will be forwarded to Rob.***





## Noosa 'Round My Palate



We have all been lassoed to attend functions, but with the Noosa Food and Wine Festival, held in May for the past nine years, I have to be lassoed home kicking and screaming. The brain child of Jim Berardo and Dr Greg O'Brien, the survival of a world class event set in a provincial environment is seen to be astounding.

After all it is Noosa, which anachronistically exists between the open surf beaches and world heritage listed green zones. Having attended many functions over the years I implore all our local food and wine enthusiasts to make the 30 minute journey north and step into another world for 4 days of culinary hob knobbing, tasting and slurping. The celebrity chefs whilst lauded and respected truly appreciate the enthusiasm of the throng of home spun cooks.

You can't help but be impressed by the wine matched degustation dinners held at many restaurants to the 60 wine exhibitors and some 14 food stalls on the more casual affairs held on the Saturday and Sunday. I can't stop drooling over the Japanese inspired grilled salmon dished out by Wasabi, to the Cloudy Bay fresh clams straight out of the shell as I swan around sipping on a glass of Bay Of Fires Pinot Noir.



Planning is already under way for the 10<sup>th</sup> Anniversary in 2013 and promises to be more sophisticated and daring yet keeping its laid back appeal.

Having chatted at different times to many Chefs including Daniel Hong and Cheong Liew and food critic Matt Preston, they adore the familiarity, camaraderie and the near faultless running of the event.



For me it's all about the wine and whilst there are many well known tipples on display, I always find something to crow about. The following producers deserve a special mention.

The House of Arras- it's a big call just making sparkling, but Ed Carr, former wine maker of the year, has a passion that has seen him win more than 100 trophies as he crafts Australia's premium method traditional wines from premium Tasmanian fruit.

The 2004 Grand Vintage Chardonnay Pinot Noir typifies Ed's commitment to quality and shines with classic biscuit, honey aromas with still youthful citrus notes. The bead is fine and the mouth feel exceptional with a predominant fullness of chardonnay balanced by lively acid and a fine lateral tannin nip of the Pinot Noir.

Holm Oak Tamar Valley Tasmania- 12 hectares of premium producing land. Rebecca Duffy is the wine maker and is one of the few North Tassie producers growing, making and bottling on the estate. The wines are clean, flavoursome and made with love. The 2010 Holm Oak Pinot Noir displays the classic Tamar strawberry, cherry and spicy aromas but shines with silky juicy fruits and leaves the drinker wanting more. The wine continues to evolve in the glass.

# Noosa 'Round My Palate /cont:

Bailey's Of Glenrowan- Owned by the Global Corporation, Treasury Estates, it appears that the boardroom boys have just let the team at Baileys do what they do best since 1870. The wines have retained their quality, competitive price and their own character.

One of the few producers of Durif, the 2009 Bailey's Durif is almost black in colour with aromas of dark cherries and plums. The liquorice notes hit a high point with hints of violets. The palate is juicy with the fruit accentuated by the use of American oak and it has loads of grippy tannins. Special mention should be made of the classic fortified, Founders' Classic Topaque. When dished out with a chunk of dark chocolate you are hedonistically spell bound.

Toolangi Yarra Valley- Consistency and quality abound from this small producer. They make an exceptional range including Pinot Noir, Shiraz, Pinot Gris and Viognier.

The Range of Chardonnays shine with The Reserve being made at the iconic Giaconda Estate in Beechworth. The 2007 Toolangi Yarra Valley Reserve Chardonnay displays the complex white stone fruits but intermingles with complex nuances of florals, citrus and minerality. The plate is long and satisfying and will cellar for a decade.



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(closes by 22 June 2012)

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## CONTINUING PROFESSIONAL DEVELOPMENT POINTS

\*Approved

Very informative conference, NOT only for starting up in Private Practice but also for existing Practices. Highly Recommended.

Trish Cuthbert - Practice Manager,  
Granite Belt Medical Services

## PROUDLY SPONSORED BY:





# DAY 1

9.30am – 10.00am	<b>REGISTRATION</b> Tea, coffee and biscuits	
10.00am – 10.15am	<b>OPENING</b> Dr Alex Markwell, AMA Queensland President	
10.15 – 11.15am	<b>BUSINESS MODELS AND STRUCTURES</b> Including solo practitioner, group practice and independent contractors. Julie Smith, William Buck (Qld)	
11.15am – 11.45am	<b>GETTING STARTED IN PRIVATE PRACTICE</b> Topics discussed will include finance types, cash flow considerations, taxation considerations, funding requirements, investment allowance and deposit facilities. Simon Moore, Investec Specialist Bank	
11.45am – 12.30pm	<b>PRIVACY, CONFIDENTIALITY AND RECORD MANAGEMENT</b> Learn how to keep and maintain good records including record keeping, what constitutes as document, tribunals associated with record keeping, privacy obligations, collection, use and disclosure. Katharine Philp, TressCox Lawyers	
12.30pm – 12.45pm	<b>FACILITIES AND PAYMENT CHANNEL STRUCTURES</b> Find out the latest health solutions in relation to merchant facilities and terminals. Kate Ward, Commonwealth Bank Merchant Facilities	
12.45pm – 1.45pm	 <b>WILLIAM BUCK'S LEARNING LUNCH</b>	
1.45pm – 2.30pm	<b>RISK MANAGEMENT IN YOUR PRACTICE</b> This session will discuss the many legal issues relating to your practice including medico-legal, medical indemnity, taxation and regulators, workplace relations, and what you can do to mitigate risk. Heather Martin, MDA National	
2.30pm – 3.15pm	Breakout room 1: <b>ISSUES AFFECTING GENERAL PRACTICE</b> Dr Richard Kidd, AMA Queensland Immediate Past President	Breakout room 2: <b>RENTING, LEASING OR PURCHASING OF PREMISES</b> Co-hosted session covering taxation benefits, assessment criteria, options, rates, negotiation techniques, contractual landmines and general tips with commercial property. Alex Henderson, Prosper Group and, Julie Smith, William Buck (Qld)
3.15pm – 3.30pm	<b>AFTERNOON TEA BREAK</b>	
3.30pm – 4.15pm	Breakout room 1: <b>eHealth AND THE IMPACT ON PRIVATE PRACTICE</b> This session will answer some of the topical issues regarding eHealth, how it could affect your practice, the incentives surrounding it and the complications with using it. Dr Richard Kidd, AMA Queensland Immediate Past President	Breakout room 2: <b>DEVELOPING AND RECRUITING A SUCCESSFUL PRACTICE TEAM</b> This session will look at the application process, what to look for in practice staff, the importance and real cost of recruitment and retaining staff. Julie Davis, Davis Recruitment
4.15pm – 5.15pm	 <b>HEALTHSCOPE'S CASE STUDY AND CANAPÉS HOUR</b> Richard Lizzio, Healthscope	

# DAY 2

7.30 – 8.30am



**INVESTEC POWER BREAKFAST**

8.30 – 9.30am

## THE KEYS TO SUCCESS BOTH FOR PATIENTS AND PARTNERS

- Setting yourself apart from the competition
- Thinking outside the square
- Invigorating your practice

Colleen Sullivan, AAPM Queensland

9.30am – 10.15am

## OPEN FORUM: PROTECTING YOURSELF AND YOUR INVESTMENT

Overview of general indemnity, protection and life, practice, work insurance and potential risks with insurance as outlined by our panel of experts.

Scott Stewart, AMA Queensland Insurance Solutions, and Sarah Vandersee, WorkCover Queensland

10.15am – 10.30am

## MORNING TEA BREAK

10.30am – 11.30am

## HUMAN RESOURCE MANAGEMENT IN YOUR PRACTICE

Training and keeping quality staff is the most important aspect of any practice. Find out what your legal obligations are under the Fair Work Act, and how to ensure your policies and processes are legally compliant.

Andrew Turner, AMA Queensland

11.30am – 12.00pm

Breakout room 1:

### EMPLOYMENT CONTRACTS VERSUS INDEPENDENT CONTRACTOR ARRANGEMENTS

When engaging new doctors and health professionals, are they employees or independent contractors? What is the difference? Additionally are there any specific requirements for overseas trained doctors?

Andrew Turner, AMA Queensland

Breakout room 2:

### EMPLOYEES' CONTRACTUAL ENTITLEMENTS

What are the National Employment Standards and the Industrial Awards? How to make sure that you're paying your staff the appropriate wages and entitlements? This session will demystify the complex national employment framework.

George Sotiris, AMA Queensland

12.00pm – 12.30pm

Breakout room 1:

### WORKPLACE HEALTH AND SAFETY IN REVIEW

With the new Work Health and Safety Law coming into effect from 1 January 2012, what are your legal obligations in running a medical practice? How does this impact on the day to day management of your practice?

Andrew Turner, AMA Queensland

Breakout room 2:

### OVERVIEW OF THE HEALTH QUALITY AND COMPLAINTS COMMISSION (HQCC)

The HQCC is Queensland's independent health watchdog and quality champion. As well as managing more than 5000 complaints and enquiries about healthcare services every year, the HQCC drives system improvement by monitoring, reviewing and reporting on healthcare safety and quality.

Adjunct Professor Russell Stitz, Commissioner, HQCC

12.30pm – 1.15pm

## LUNCH BREAK

1.15pm – 1.45pm

Breakout room 1:

### ACCREDITATION FOR YOUR PRACTICE

The presentation will cover key topics about accreditation and what the Standards mean to your practice. AGPAL's overview will guide your practice through the accreditation journey.

Kirsten Dyer, AGPAL

Breakout room 2:

### MEDICARE & YOU: INAPPROPRIATE PRACTICE & THE PROFESSIONAL SERVICES REVIEW SCHEME

A step by step look at the Medicare Practitioner Review Program and what is involved from the first contact by Medicare through to the Professional Services Review Committee.

Katharine Philp, TressCox Lawyers

1.45pm – 2.15pm

## IT PERSPECTIVE

Overview of the technology available for private practitioners for streamlined and modern approaches to hardware and software.

Deana Scott, Virtual Medical Office

2.15 – 3.00pm

## PRACTICE REVIEW

Benchmarking, goal setting, performance monitoring, business coach, evaluation and analysis.

Paul Copeland, William Buck (Qld)

3.00pm onwards

## AFTERNOON TEA AND NETWORKING

# REGISTRATION FORM

Please return completed form to: MEMBER SERVICES

Postal: PO Box 123, Red Hill, Qld, 4059 Email: j.ovnic@amaq.com.au Fax: 07 3872 2280 Phone: 07 3872 2216

## DELEGATE DETAILS:

Name and practice: \_\_\_\_\_

Name and practice of second registrant: \_\_\_\_\_

QI & CPD reference no: 1 \_\_\_\_\_ 2 \_\_\_\_\_

AMA Queensland or AAPM Membership nos: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Invoice address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Special dietary requirement: \_\_\_\_\_

## REGISTRATION:

	Member Price (INCLUDING GST)	Non-member Price (INCLUDING GST)
<b>FULL DELEGATE REGISTRATION:</b> <ul style="list-style-type: none"> <li>• Morning tea, hot lunch, afternoon tea, happy hour Friday</li> <li>• Hot plated breakfast, morning tea, lunch and afternoon tea Saturday</li> <li>• Onsite parking available</li> <li>• Program booklet including speaker notes</li> <li>• One hour FREE Member Services consultation</li> </ul>	<b>EARLY BIRD!</b> \$420 <b>AFTER EARLY BIRD</b> \$520	<b>EARLY BIRD!</b> \$595 <b>AFTER EARLY BIRD</b> \$695
<b>FRIDAY ONLY DELEGATE REGISTRATION INCLUDES:</b> <ul style="list-style-type: none"> <li>• Morning tea, hot lunch, afternoon tea, happy hour</li> <li>• Program booklet including speaker notes</li> <li>• Onsite parking available</li> </ul>	<b>EARLY BIRD!</b> \$295 <b>AFTER EARLY BIRD</b> \$350	<b>EARLY BIRD!</b> \$375 <b>AFTER EARLY BIRD</b> \$450
<b>SATURDAY ONLY DELEGATE REGISTRATION INCLUDES:</b> <ul style="list-style-type: none"> <li>• Hot plated breakfast, morning tea, lunch, afternoon tea</li> <li>• Program booklet including speaker notes</li> <li>• Onsite parking available</li> </ul>	<b>EARLY BIRD!</b> \$295 <b>AFTER EARLY BIRD</b> \$350	<b>EARLY BIRD!</b> \$375 <b>AFTER EARLY BIRD</b> \$450

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\*Cancellation policy applies \*A tax invoice receipt will be issued at conference



# Property Management

Having graduated from my paper-round and the milk-run, my first r-e-a-l job as a kid was pumping gas and detailing cars on the sales yard.

Strange way to open a "property" article, I hear you say... but I learned a valuable lesson: The best way to know about the car you're looking to buy, is to wash it first.

*You see everything* every blemish, dent and attempted cover-up. I knew every car on the yard, inside and out.

I learned how it all really worked, much in the same sense as CEO's do in *Undercover Boss* on TV... from the floor.

**Today, we operate a property maintenance business, alongside Property Planners, specialising in rent-ready and rent-recovery work...**

Here's where my valuable lesson comes in...

*We see e-v-e-r-y-t-h-i-n-g.*

With rent-recovery work, we see the outcomes of laziness and lack-of-care to the worst that tenants had gotten up to and left behind.

We also hear all the stories, the reasons-why and... the blame-game, mostly levelled at the at the feet of the *bloody tenants*.

**Whereas, there is only one reason that a rented property is left in poor condition – poor management.**

Poor management, at all levels... particularly at the top. Many Owners don't have a clear understanding of their role in the operation of their business. Hence, much of what goes on post-purchase is, shall we say, hit-and-hope.

**As the Owner, you are the CEO** and responsibility sits squarely and solely on your shoulders. *It's your business.*

Although most CEO's don't know the finer details of regulations, compliance matters and obligations when dealing with Customers, they have a clear understanding of the bigger-picture and the KPI's that will make the business operate successfully.

As CEO, you'll need to appoint people to your Team with the skills-set to facilitate the day-to-day duties...

- Sourcing,
- Professional Service Providers – Legal & Accounting,
- Building, and
- Asset Management.

All essential to your success and your responsibility to manage. Choose carefully and choose wisely, based on your gut-feel and trust. Above all, choose Partners...

## HR TIP...

*"Choose people you'd let pick your kids up from School to partner you.*

*It's a great measure of trust..."*  
**Wes Stephen**  
*SEQ Property Planners*



**People are usually either people-people or paper-people... A great asset manager will be both.**

These are two key character traits of an asset manager you're looking for... Someone who easily relates to your customers and will, therefore, be able to foster that relationship whilst keeping on-top of the mountainous paperwork, rent payments and property inspections etc.

## Property Inspections...

**The most critical asset management KPI.**

It's the time you get to see what's really going on, but

1. Are you sure inspections are a-c-t-u-a-l-l-y taking place...? and
2. To what extent?

If inspections are not conducted on-time, every time, they can appear random.

If inspections are anything less than thorough, they give the tenant a bad impression.

These behaviours are the sure-fire thin end of the wedge to a poorly managed property and where your problems start and thereafter, compound.

**So, as CEO, how can you ensure your asset will be managed properly...? Short answer... interview.**

- The brochures at the front-desk will outline all that is good about the management company and, most often, the people who own the business. However, seek to interview the actual person who will be responsible for managing your asset. This individual needs to also be a people-person to fit your criteria.
- **Seek value over price.** As tempting as negotiating a reduced fee is, improving your service level will be far more beneficial in the longer-term...
  - Your Asset Manager is happier in their work, and
  - Even a 25% fee reduction is 'loose-change' when weighed-up on the value of the asset.
- A better value proposition is to have an inspection report issued to you, outlining the performance of your tenants against mutually agreed KPI's.

**For more information on managing your Asset Manager, email [wes@seqpropertyplanners.com](mailto:wes@seqpropertyplanners.com)**

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**MEMBERSHIP APPLICATION**

Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

<b>NAME</b>	Surname:	First Name:
<b>EMAIL:</b>		
<b>PRACTICE ADDRESS:</b> 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:
<b>ALTERNATE ADDRESS:</b> (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
<b>PRACTITIONER DETAILS:</b>		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
<b>PLEASE NOTE:</b> Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.		
<b>PROPOSERS:</b> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).		
<b>1. NAME:</b>		<b>Signature:</b>
<b>2. NAME:</b>		<b>Signature:</b>
<b>ANNUAL SUBSCRIPTION (GST included):</b>	<b>(Please tick)</b>	<b>DELIVERY OPTIONS</b>
Full-time ordinary members - GP and Specialist	\$ 55.00	<b>Your Monthly Invitation</b>
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	<b>Your Monthly Newsletter</b>
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 <b>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</b> A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.		
Please return this form with your cheque OR details of your E.F.T. to: <b>SCLMA PO BOX 549 COTTON TREE 4558</b>		
<b>Please note:</b> Membership applications will be considered at the next Management Committee meeting.		



# SMILE TIME!



## A TRUE STORY!!!

A man living in Kandos (near Mudgee in NSW, Australia ) received a bill in March for his as yet unused gas line stating that he owed \$0.00.

He ignored it and threw it away. In April he received another bill and threw that one away too.

The following month the gas company sent him a very nasty note stating that they were going to cancel his gas line if he didn't send them \$0.00 by return mail.

He called them, talked to them, and they said it was a computer error and they would take care of it.

The following month he decided that it was about time that he tried out the troublesome gas line figuring that if there was usage on the account it would put an end to this ridiculous predicament.

However, when he went to use the gas, it had been cut off..

He called the gas company who apologized for the computer error once again and said that they would take care of it. The next day he got a bill for \$0.00 stating that payment was now overdue.

Assuming that having spoken to them the previous day the latest bill was yet another mistake, he ignored it, trusting that the company would be as good as their word and sort the problem out.

The next month he got a bill for \$0.00. This bill also stated that he had 10 days to pay his account or the company would have to take steps to recover the debt.

Finally, giving in, he thought he would beat the gas company at their own game and mailed them a cheque for \$0.00. The computer duly processed his account and returned a statement to the effect that he now owed the gas company nothing at all.

A week later, the manager of the Mudgee branch of the Westpac Banking Corporation called our hapless friend and asked him what he was doing writing cheque for \$0.00.

After a lengthy explanation the bank manager replied that the \$0.00 cheque had caused their cheque processing software to fail. The bank could therefore not process ANY cheques they had received from ANY of their customers that day because the cheque for \$0.00 had caused the computer to crash.

The following month the man received a letter from the gas company claiming that his cheque had bounced and that he now owed them \$ 0.00 and unless he sent a cheque by return mail they would take immediate steps to recover the debt.

At this point, the man decided to file a debt harassment claim against the gas company. It took him nearly two hours to convince the clerks at the local courthouse that he was not joking.

They subsequently helped him in the drafting of statements which were considered substantive evidence of the aggravation and difficulties he had been forced to endure during this debacle.

The matter was heard in the Magistrate's Court in Mudgee and the outcome was this:

The gas company was ordered to:

1. Immediately rectify their computerized accounts system or Show Cause, within 10 days, why the matter should not be referred to a higher court for consideration under Company Law.
2. Pay the bank dishonour fees incurred by the man.
3. Pay the bank dishonour fees incurred by all the Westpac clients whose cheques had been bounced on the day our friend's had been processed.
4. Pay the claimant's court costs; and
5. Pay the claimant a total of \$1500 per month for the 5 month period March to July inclusive as compensation for the aggravation they had caused their client to suffer.

And all this over \$0.00!

From WH ...

- The Grim Reaper came for me last night, and I beat him off with a Vacuum cleaner. Talk about Dyson with death.
- Paddy says "Mick, I'm thinking of buying a Labrador." "Really, ..." says Mick "Have you seen how many of their owners go blind?"
- A mate of mine recently admitted to being addicted to brake fluid. When I quizzed him on it he reckoned he could stop any time.
- I went to the cemetery yesterday to lay some flowers on a grave. As I was standing there I noticed 4 grave diggers walking about with a coffin, 3 hours later and they're still walking about with it. I thought to myself, they've lost the plot
- My daughter asked me for a pet spider for her birthday, so I went to our local pet shop and they were £70! "Blow this," I thought, "I can get one cheaper off the web."
- Statistically, 6 out of 7 dwarves are not happy.
- I was driving this morning when I saw an RAC van parked up. The driver was sobbing uncontrollably and looked very miserable. I thought to myself, "That guy's heading for a breakdown."

## HEARING TEST:

A man goes to his doctor and says, "I don't think my wife's hearing isn't as good as it used to be. What should I do?"

The doctor replies, "Try this test to find out for sure.

When your wife is in the kitchen doing dishes, stand fifteen feet behind her and ask her a question, if she doesn't respond keep moving closer asking the question until she hears you."

The man goes home and sees his wife preparing dinner. He stands fifteen feet behind her and says, "What's for dinner, honey?" He gets no response, so he moves to ten feet behind her and asks again. Still no response, so he moves to five feet. still no answer. Finally he stands directly behind her and says, "Honey, what's for dinner?" She replies, "For the fourth time, I SAID CHICKEN!"



# CLASSIFIEDS

## DR IAN WEBB & DR ROBYN BOSTON – NEW ROOMS

- Dr Ian Webb, Gastroenterologist and Dr Robyn Boston, Gynaecologist, have moved to new rooms at 10 Fourth Ave, Caloundra.

**Ph: 5499 7366 Fx: 5499 7649.**

*May 2012*

## AVAILABLE FOR LEASE – BUDERIM CONSULTING ROOMS

- Consulting Rooms Buderim Hospital Specialist Centre
- Available for lease. Please direct enquiries to Karen Wilson 0418 789 890.

**Ph: 07 5444 2751 Email: kw2405@gmail.com**

*May 2012*

## CAR FOR SALE

- 2008 Audi TTS coupe
- White 6-speed S-tronic, Quattro all wheel drive, one owner, full service history. Warranty until 31st July 2012.
- Highly optioned : Bose speakers, magnetic damping suspension system, adaptive turning headlights, extended leather package (dark grey), 19" Alloy wheels, i-pod connectivity, navigation plus system, anti-theft alarm.
- Performance: 2-litre Turbo-FSI engine, 200kw output, 0-100km/h in 5.2s, fuel consumption 7.9l/100km

**Contact : TK 0407 880 500 A/H**

*May 2012*



## CONSULTING SUITES - NAMBOUR

- Consulting suites to let in Nambour in recently renovated building. Situated halfway between Nambour General Hospital and Selangor Private Hospital.
- All rooms generously proportioned and renovated to a high standard. Would suit medical or other professional.

**Please direct enquiries to Gary Langford  
0412 348 533.**

*April 2012*

## VR GP REQUIRED - GOLDEN BEACH

- VR GP required for doctor-owned Family Medical Centre in Golden Beach, Caloundra. We are a long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.
- We have visiting Allied Health Professionals on site. Pathology on site and X-ray facilities next door to the practice.
- Our practice is mixed billing and flexible working hours are available. Saturday mornings are on a rotating roster.
- Please see our website

**[www.goldenbeachmedicalcentre.com.au](http://www.goldenbeachmedicalcentre.com.au)**

**For further information please contact Practice**

**Manager: Karen Clarke on 07 5492 1044**

**Email: [gbmedcentre@bigpond.com.au](mailto:gbmedcentre@bigpond.com.au).**

**(Afterhours 0438 416 917) April 2012**

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

**[www.snp.com.au](http://www.snp.com.au)**

## CIRCULATION .....

The SCLMA monthly newsletter continues to grow in popularity ....



- Approximately 400 newsletters sent via email;
- Approximately 400 hard copies distributed either by couriers from Sullivan Nicolaids Pathology to practices or via post.

***Classifieds remain FREE  
for current SCLMA members.***

***\$110 for non-members***

***Ph: 5479 3979.***

***Mobile: 0407 037 112.***

***Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)***

***Classifieds will remain on the list  
for three months unless  
you request a longer placement.***

***SCLMA May 2012 Monthly Clinical Meeting - Maroochy Surf Club Function Room***

*This meeting had low attendance apparently due to a conflicting event.*

*You can read a re-cap of the meeting by Dr David McIntosh on **Page 15***

*Presenters: Dr David McIntosh, Paediatric ENT Specialist - "Implications of ignoring childhood upper airway obstruction"  
and Dr Vas Srinivasan, Orthodontist, Sunshine Coast - "Teeth & Sleep - A Dental Perspective"*

*The SCLMA extends its appreciation to the meeting sponsors: ENT Specialists and Medfin.*

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Jason Barr, sponsor, Medfin



Presenters - Dr Vas Srinivasan and Dr David McIntosh



Brett Harris & Lenka Stratford from nabhealth  
with Dr Evan Jones



SCLMA Patron, Dr Ian Colledge  
with Dr Campbell McLaren



Dr Kevin Barker & Dr Bruce Moore

Right:  
Dr Stephen  
Kettle,  
Dr John  
Scott and  
SCLMA Life  
Member, Dr  
Clem  
Nommensen

