

## SCLMA President's Message .....

### Dr Rob Ingham



#### **SUPER PARTY – SUPER CLINIC!**

*I hope everyone enjoyed the Christmas in July dinner. The feedback has been in the main very positive. I felt the evening was a success with Lily's providing a very pleasant environment.*

*There was ample time and opportunity to socialise. We thank all of our sponsors and members who attended, with special thanks to Di Minuskin, Peter Ruscoe, Jo Bourke and Carol Hawkins.*

*Dr Di Minuskin and myself have recently attended a meeting presented by Ochre Medical group with regard to the new Sunshine Coast Super Clinic located at Chancellor Park.*

*Firstly I would like to state that I feel that the funding of Super Clinics is not the best use of the already stretched health dollar. I was impressed with the medical director Dr Ross Lamplugh who spoke well and appeared to be a very ethical practitioner. Ross has vast experience in General Practice in western NSW.*

*However I feel that the establishment of a large medical centre on the Sunshine Coast, which is already well serviced is not appropriate. We would have hoped that a local consortium incorporating established practitioners would have been preferable to importing a totally new service.*

*I have been very happy with the support I have received from the LMA committee and Di Minuskin in particular, who has shared the workload with myself. It is hoped that this arrangement continues throughout the next twelve months, however I will probably be stepping back from the limelight to Vice President, assisting Di in her new role as LMA President.*

*I have been happy with the lines of communication established with various medical groups, especially Nambour Hospital and we acknowledge that this will be an ongoing process. We note the recent resignation of Jackie Hansen from the administration team at Nambour General hospital, her input will be missed and we wish her all the best in her future endeavours. I feel that it is important that all medical groups communicate effectively to ensure our common goal, which is appropriate and ethical care of our patients.*

*Rob Ingham*

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sincerely thanks  
Sullivan Nicolaides Pathology  
for the distribution of the monthly newsletter.**



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#### **HIGHLIGHTS:**

- P 5: Kevin Hegarty - Health Service Link
- P 7: Dr Christian Rowan, President, AMA Qld
- P 9: Dr Wayne Herdy - AMAQ Councillor
- P 11: FHN - New GPLO Report - Dani Causer
- P 14-15: Rapid Access Medical Clinic (RAM)
- P 22-23: Minutes - AGM 2012
- P 23: Agenda - AGM 2013
- P 27: Classifieds

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

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**AUGUST 2013  
 NEWSLETTER  
 Deadline Date for  
 August newsletter  
 will be FRIDAY 16  
 AUGUST.**

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

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

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**Mobile: 0407 037 112**  
**Email: jobo@squirrel.com.au**  
**Fax: 5479 3995**

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

## ARE YOU A MEMBER?

If you are not a member please complete the application form available on the website:

**www.sclma.com.au.**

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself

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

**2013**

Current Membership subscription is HALF PRICE from July till the end of 2013.





### **Editors Corner, July 2013**

*Welcome back from the school holidays.*

*The mid-winter Christmas function has come and gone and once again a special thanks to the organising committee.*

*Speaking to my colleagues I have received mixed reviews about the evening.*

*The venue was excellent but the menu and service was a little bit lack lustre. I would appreciate some more feedback so e-mail me your thoughts.*

*My visit to London was very thought provoking as overseas travel always is. The location of St Thomas hospital is truly quite spectacular, overlooking the Thames across onto The House of Parliament. I spent time with the Director of Clinical Oncology & Radiotherapy. The department has 34 Oncologists, 2500 hospital beds, the Accident & Emergency department cares for 130,000 patients/year, and the outpatient centre provides half a million outpatients a year.*

*Jamie Oliver, a personal favourite of mine has now four restaurants in London and one in Bath. Cleverly he has mixed them up with some calling themselves pop up diners serving up classics like Reuben's rye sandwich (pastrami, sauerkraut with a pickle on the side) to Jamie's Italian doing great pastas, pizzas and salads.*



*Prices are very affordable averaging about 15GBP. Service is excellent and the atmosphere is electric. Try the one in Piccadilly Circus.*

*On the local restaurant front Jo recently paid the French restaurant of local Frenchman Michael Pelardis, 'Le Baroque' a visit. Situated on the top of Buderim it pays homage to true wholesome French cuisine. Need I say more, give it a go.*

*On the motoring front check out the picture which Clive Fraser sent in of the Trolley bus in Hong Kong?*

*Champagne lovers go straight to this month's wine column, you will not be disappointed.*

*'Leadership and Democracy' - is the lead in this month's AMA report. The last time I left the country Gillard gave Rudd the shove and then I leave the country again and Rudd gives Gillard the shove. Maybe senior politicians should ask for my travel diary to better anticipate the next coup d'état.*

*So in anticipation we wait.*

*Regards*

*Marcel Knesl*

*mknesl@oceaniaoncology.com*

### **SCLMA CLINICAL MEETINGS 6.30pm for 7pm (over by 9pm)**

#### **THURSDAY 22 AUGUST 2013**

#### **ANNUAL SHOWCASE - NGH DOCTORS**

Sponsor: Qld Diagnostic Imaging

Speaker: Dr Dawid Smalberger

Topic: 'new models of management in General Medicine'

Speaker: Dr James Tunggal

Topic: 'new Orthopaedic modes of referral management'

Speaker: Dr Tania Morris

Topic: 'new Persistent Pain Service'

Speaker: Dr David Fowler

Topic: 'ATODS model and shared care with GPs reducing waiting lists.

The Annual General Meeting will be held that night..

Venue: **Maroochydore Surf Club**

#### **THURSDAY 26 SEPTEMBER 2013 - TBA**

#### **THURSDAY 24 OCTOBER 2013**

Sponsor: Ipsen

Speaker: Dr Stuart Collins, Urologist

Venue: **Maroochydore Surf Club**

#### **THURSDAY 28 NOVEMBER 2013**

Sponsor: Caloundra Private Hosp & nabhealth

Speaker: Dr Doug Maclean, Orthopaedic Surgeon

Venue: **Maroochydore Surf Club**

**ENQUIRIES:** Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

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

#### **Meeting attendance:**

- **Free for current members.**
- **Non members: \$30.**
- **Application forms available on night.**
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# I wouldn't want them travelling up & down to some hospital in Brisbane to see me.

My GP reckons the old ticker ain't what it used to be. He's sending me to a specialist, but he's warned me that there's a chance I'll have to have a pacemaker implanted.

I told him I wasn't too keen on going to Brisbane for an op. Desleigh doesn't drive anymore, and it would be a hassle for Jenny and the kids to come and see me. I never like the thought of them driving on that motorway. But the GP soon set me straight - apparently the Cardiac Services unit at The Sunshine Coast Private Hospital does lots of pacemaker implants, so if I do need one, I can have it done right here on the Coast.



I'll be a lot happier if it can be done here. I know The Sunshine Coast Private Hospital at Buderim has all the latest equipment, and Jenny and the grandchildren can be there when I wake up. Maybe with a new pacemaker I'll be able to keep pace with them!

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# HEALTH SERVICE LINK - JULY 2013

## *with Kevin Hegarty*



### ***The Next Step in the SCUH process..***

As you would be aware, the Minister for Health has announced that the Government has received and assessed the Business Case prepared by KPMG that examined options for the outsourcing of services at SCUH to non government service providers.

There are a number of key points that need to be highlighted to help ensure that there is a clear understanding of what this decision means.

Firstly it is a decision to go to the market place in a structured way to formally identify and evaluate what appetite and importantly what real capacity exists for non government service providers to deliver services at SCUH.

The Minister in his statement to the Estimates Committee on Wednesday made it clear that the process would involve firstly the calling of an Expression of Interest for the full outsourcing of all services (clinical and non clinical) at SCUH. The Minister also, on the basis of the information contained in the KPMG report, acknowledged that this is a challenging task. He made it clear that if the process does not produce a satisfactory outcome, the Government will revert back to a service delivery model with clinical services provided by staff of the Health Service.

If that is the outcome of the full outsourcing Expression of Interest, a separate Expression of Interest will be conducted that will specifically assess the market's capacity to provide what are referred to by KPMG as clinical support services. These include radiology, pharmacy and pathology.

The KPMG report supports the provision of a range of non-clinical support services such as cleaning, catering and portage being provided by a non government provider. A decision on how this will occur will be influenced by the outcome of the Expression of Interest processes.

It is important that the Minister's announcement is viewed as another step in the decision making process that will determine the final service delivery provider mix at SCUH. It is not in itself a decision to outsource.

### ***Communication and Referrals***

Both Rob and I have used space provided in this newsletter to discuss the importance of improving communication with General Practitioners. The concerted focus and efforts over recent months on enhancing the process and actual content of all communication associated with the referral of patients to hospitals has demonstrated what working together can achieve.

Rob's, together with Di Minuskin's membership of the Health Service's Outpatient Steering Committee, ensures that this engagement is ongoing. Additionally, there are regular meetings of a group of GPs directly with senior Health Service officers. Our collaboration with the Sunshine Coast Medicare Local will see a more robust GP liaison function established with two GPs appointed to funded liaison roles.

I thank Rob for his leadership in this whole process and for his warm acknowledgement in last month's Newsletter of the progress being made.

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

Kevin\_Hegarty@health.qld.gov.au



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# AMA QUEENSLAND - PRESIDENT'S REPORT



Dear Members,

My term as AMA Queensland President has certainly gotten off to a busy start with the Auditor-General Report into right of private practice billing, the Federal Government's tax-cap on education expenses, the Health Ombudsman Bill and

another change of Prime Minister.

As you may have seen in recent media reports, the Queensland Auditor-General recently released the first of two reports arising out of a performance audit of the right of private practice arrangements in the public health system in Queensland to determine whether the arrangements are achieving their intended public health outcomes and are financially sustainable.

For the purposes of the performance audit, the Auditor-General has considered whether the right of private practice arrangements:-

- have realised their intended health and financial benefits;
- have been or are being administered efficiently; and
- are being participated in by practitioners with probity and propriety and in full compliance with their contractual conditions.

This interim report only deals with systemic issues arising out of the first two matters. A further report dealing with the last matter is expected to be tabled in Parliament later this year.

The Report finds that whilst the scheme appears to have been successful in achieving the objective of recruitment and retention of doctors in the public health system, the system is not cost neutral which the report says was the scheme's other primary objective.

AMA Queensland acknowledges the content and recommendations of the report and recognises that the Report now provides the impetus for the system to be improved, effectively administered and for the scheme's purpose and operation to be clearly articulated.

We will closely monitor developments and work with our members and Queensland Health.

We will aim to ensure that any changes to the right of private practice arrangements (including any proposed changes to industrial arrangements or payment processes) are fair, lawful, transparent and well-communicated. All information gleaned from the consultation process will be provided to members.

There is no doubt that doctors working within the public health system are hard-working, honest practitioners dedicated to improving the health and wellbeing of Queenslanders and we will continue to clearly communicate this to government, the media and the public generally.

We realise this will have create some uncertainty among our SMO and staff specialist members and we encourage any members requiring more information or advice to contact our Workplace Relations team on **3872 2222**.

This month we also celebrated Family Doctor Week which highlights the important role GPs play in primary care and the community. The AMA used this opportunity to launch *Key Health Issues for the 2013 Federal Election* and also to protest the proposed \$2000 tax-cap on self-education expenses from 1 July 2014.

More recently, I was pleased to join MDA National President A/Professor Dr Julian Rait to call for changes to the Health Ombudsman Bill 2013 which, if passed in its current form, will grant unprecedented power to the Health Minister and also allow for 'naming and shaming' of doctors. AMA Queensland and MDA National issued a joint statement on behalf of members highlighting the concerns of the profession.

These are complex and important issues that hold significant consequences for all medical practitioners and their patients, rest assured we will continue to work closely with AMA and LMA members to advocate for a safe, accessible and efficient health system for the benefit of all Queenslanders.


Sincerely,

Dr Christian Rowan

President

AMA Queensland





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# AMA COUNCILLOR'S REPORT

*Dr Wayne Herdy*

## LEADERSHIP AND DEMOCRACY

Kevin Rudd has been resurrected to the office of Prime Minister. One of his first acts was, unsurprisingly, to propose radical reform to the way that leaders of the Labor Party are chosen and replaced. Their process is about as undemocratic as you can get, short of outright monarchy or dictatorship.

In May, Steve Hambleton was elected unopposed for an unprecedented third term. He put his hand up and there was no democratic process to install him. I hasten to add that I have no problem with the outcome – I have publicly stated on more than one occasion that I support Steve as probably the best President that the AMA has ever had. Nor do I have a problem with his being returned unopposed - it is hard to imagine anybody who could have run a credible campaign against Steve. However, I do have a problem with the process.

This gives us the occasion to think about how the AMA chooses its leaders. Because our process is as undemocratic as that followed by the Labor Party – we as afflicted with “faceless men” to the same extent that they are. A few years ago, a member asked me who our President was. When I named the person (and at this stage I can't remember who the incumbent was), my member said “I can't remember having voted for him.” And he was right. Our members don't vote for their leaders.

The process in Federal AMA is undemocratic. The top four jobs (President, Vice President, Chair and Treasurer) are selected by 150-odd delegates at National Conference, not by the broader membership.

Those 150 delegates include 34 Federal Councillors (30 of whom are elected by the members) and 120-odd other delegates. Members get to vote for the 30 elected Federal Councillors, but often the positions are filled by default rather than by real election. The 120 other delegates are chosen mostly by the States. In reality this means that anybody who wants to go can go, because usually it is difficult to find enough volunteers to fill all the nominated positions.

So the top positions are selected by 30 Councillors who may or may not have been elected, and 120 others who qualify mainly because they are prepared to give up a long weekend for the AMA (and a few nice dinners).

The majority of members don't know who the candidates are (possibly don't care) and have little idea what they have to offer the position.

Even among the Federal Councillors, there are major inequities. A State (elected) representative might represent something like 5,000 members while the smallest craft groups have a Councillor speaking for only 300 members. In domestic politics, that inequality of representation would be a major gerrymander demanding an immediate and radical redistribution of electoral boundaries.

This has to change, just as the union-dominated Caucus of the Labor Party has to change. And change it will. The Federal AMA has been soul-searching for some years to find a better way; constitutional reform has been actively on the agenda for at least three years. But policy in the AMA moves slowly, and many incumbents are reluctant to give up their positions (or at least the electorates that they represent are reluctant to relinquish their disproportionate voice).

Watch this space for the reforms that are coming. Last year, Federal AMA ran a roadshow taking this message to the membership. It is likely that within a few more electoral cycles the entire membership will be voting directly for the President. It is also planned that the Council will be modernized and streamlined – the Council will be limited to a policy-making body and their fiduciary duties will be reduced to a more conventional Board of directors (but that is getting away from the thrust of this article, which is about leadership and democracy).

Wayne Herdy

North Coast Branch Councillor,

AMA Queensland



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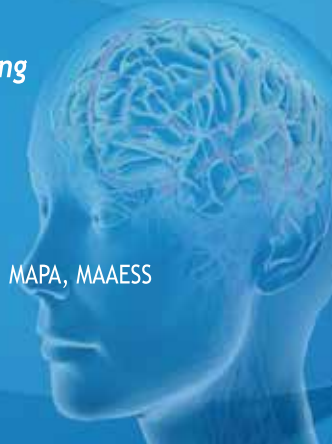
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## Introducing Dani Causer - GP Liaison Clinical Support

*Here at Focus Health Network, I am attempting to fill the incredible shoes of Gail Palmer as the Focus Health Networks GP Liaison Clinical Support. Gail has done an amazing job and I only hope I can continue to build and grow from her foundations.*

*After completing my nursing degree at Newcastle University, I became a Registered Nurse with the NSW Nurses Registration Board, February 2003. I obtained my Nursing Registration with the Queensland Nursing Council in June 2005, and continue my registration with APHRA to this day.*

*I have worked in several different areas within both the public and private sector. This varying experience is not only within the hospitals but also includes general practice nursing, the previous divisions of general practice as well as the recently formed Medicare Local. Being asked to be a director on the Darling Downs Hospital and Health Services Board last year is my most proud achievement in my career thus far.*

*Personally, I have been married for over 12 years and have 3 girls aged 10, 8 and 4 years old. I have both a professional and personal commitment to healthy living and the pursuit of good health. Outside of work, I enjoy attempting triathlons, adventure trail competitions and spending time doing outdoor activities with my family. We moved from Chinchilla to the Sunshine Coast on Christmas Eve 2012 and yes, over 6 months later I am still finding my way around the area.*

*As you know, FHN works with the Sunshine Coast Hospital and Health Service to strengthen the working relationship between general practice and the public hospitals. Gail has certainly paved the way, and I endeavour to continue her legacy to work with SCHHS as well as GPs across the Sunshine Coast to ensure uncomplicated access to appropriate health care for patients.*

*With the anticipated appointment of a GP Liaison Officer within SCHHS, together we aim address the SOPD wait lists as well as communication both to and from the SOPD.*

*The 'What's New in Antenatal Care - Pregnancy Update' education evening occurred Wednesday, 10 July with 55 attendees; 24 of whom were GP's. There was some great feedback from this event with many open to suggestions on improved management of antenatal patients moving forward.*

*FHN is facilitating a workshop showcasing a new model of care: Taking an Holistic Approach to Pain Management titled "50 Shades of Pain". This workshop is to be held at The Novotel Twin Waters Saturday, August 31, 2013. Keep an eye out for registration flyers coming to your inbox and/or via fax.*



*I like to think I am an approachable person and look forward to working with you all.*

**Contact details: Ph: 07 5456 88**

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HIS2011/113

**My Opinion .....**

*The Kevin Rudd policy reversal on offshore processing of asylum seekers has changed the political face of Australia, and fired social debate throughout the country.*

*Sending genuine refugees to Manus Island is incredibly controversial. I have been to New Guinea and think that, outside the bigger cities, it is a lot more attractive than the war-torn homes that the refugees say they are fleeing. I have been in the war zone of the Middle East, and it was not the most delightful resort I have ever enjoyed. But New Guinea is also a far cry from the leafy suburbs of Australia's capital cities, where the refugees hoped to live.*

*Australia's doctors must be concerned about the medical consequences of putting refugees into places where the medical standards will never reach those of Sydney's North Shore. But will Manus Island, developing into virtually a colony of displaced minority groups, be emotionally less traumatic than long-term detention centres in remote and unloved parts of Central Australia?*

*Australia was born as a penal colony, and now we boast our proud heritage and acclaim the few who can claim to be First Fleeters, descendants of Britain's most unwanted criminals. Is Manus Island destined to give birth to a 21<sup>st</sup>-century revival of Australia's humble beginnings?*

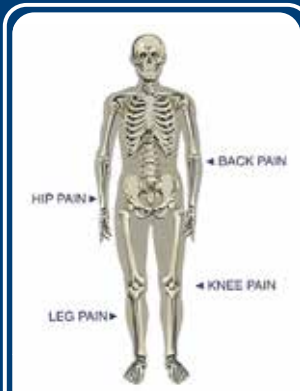
*Another concern for doctors should be raised when we are reminded that our reliance on IMGs is actually greater today than when the so-called tsunami of new home-grown graduates started flowing from our medical schools. What message do IMGs read in the new send-them-to-the-wilds policy? Are they going to feel even less loved and wanted?*

*Large questions indeed are raised by the revisionist Rudd policy. But one principle looms loud and clear. The world inhabited by oppressed ethnic minorities has certainly changed since, half a century ago this month, on 28<sup>th</sup> August 1963, Martin Luther King opened his now-immortal speech with the words: "I have a dream....."*

Wayne Herdy

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## Rapid Access Medical Clinic - A new way to help you provide acute patient care



The Nambour Hospital has recently introduced an innovative new model of care to assist primary care providers, patients and hospital staff in providing quality medical care to patients with chronic needs.

### WHAT IS IT?

The new model follows an Ambulatory Acute Care concept with establishment of a new Rapid Access Medical (RAM) clinic at Nambour Hospital. In operation since April 2013, RAM clinics provide General Practitioners with an access point to hospital Ambulatory Acute Care. The service is aimed at patients with an acute illness or acute flare-up of a chronic condition. Ultimately, RAM clinics will reduce presentation of low acuity patients to the Emergency Department, prevent avoidable admissions and provide a timely service to patients with an acute health problem.

### WHAT DOES IT DO?

The model of care is Ambulatory Acute Care, an outpatient model of care that is a departure from the traditional OPD role of Ambulatory Chronic Care. The service provides open access for with no waiting lists and is provided by consultants of the Department of General Medicine. The service is for patients that do not require hospital admission.

### HOW DOES IT WORK?

Primary Care Providers can contact the RAM consultant on the dedicated RAM telephone number (below). The phone call can be for advice only or to arrange for the patient to be seen at the RAM Clinic. If the patient is not ambulatory or needs to be seen the same day, the case should be referred to the Emergency Department. If the patient is ambulatory and can be seen the next day, an appointment is scheduled at the RAM clinic. A referral letter is faxed or emailed to the RAM Clinic the same day. The referral letter needs to be addressed for the attention of the consultant you spoke to by name and the RAM clinic.

### WHO SHOULD I REFER TO THE RAM CLINIC?

A patient should be ambulatory with a chronic need, but not urgent enough that they can safely be seen by a consultant the following day. Examples include patients suffering any of the following: syncope, headache in pregnancy, uncontrolled hypertension or diabetes mellitus, exacerbation COPD, elevated CK, acute diarrhoea, pleural effusion, chest pain, acute flare-up of rheumatoid arthritis, cellulitis, deep venous thrombosis, subdural haematoma, complete heart block, thrombocytopenia and persistent vomiting.

### A CLINICAL EXAMPLE

Patient IM was a 77 year old man who presented with dyspnea and angina on exertion. His GP diagnosed anemia with Hb 85, then phoned the RAM Clinic consultant. The patient was seen the next morning 29/5/2013 at the RAM Clinic at 9h00. After blood tests, symptomatic anaemia due to iron deficiency was diagnosed. The consultant discussed the diagnosis with his Cardiologist and confirmed that his Clopidogrel for a bare metal coronary stent can be discontinued. He was managed further at the Medical Assessment and Planning Unit. At 11h30 he received an IV infusion of iron. At 14h30 he received an IV infusion of packed red blood cells. The patient was discharged home at 16h40 with an appointment for gastroscopy and colonoscopy as an outpatient.



During his hospital visit the patient remained on an Outpatient Episode of Care, remained ambulatory and received treatment in a recliner chair.

Patient IM is a good example of the viability and potential of the Ambulatory Acute Care concept. The patient received excellent care in a timely manner. Unnecessary Emergency Room visits and hospital inpatient admissions can be prevented by this innovative model of care.

The Nambour Hospital and RAM clinic consultants look forward to assisting primary care providers treat acute patients through this new local service.

### **RAM CLINIC DETAILS**

The clinic is located in the Outpatient Department at Nambour General Hospital.

The RAM Clinics is open from 9h00 to 12h00, Monday to Friday.  
The RAM Clinic phone is serviced by a consultant from 9h00 to 20h00.

**RAM Clinic telephone:** 07-5370-3893  
**RAM Clinic fax:** 07-5370-3171  
**RAM Clinic email:** SCHHS- RAM@health.qld.gov.au

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### **DR KIM GREAVES**

*FHN along with SCHHS would like to extend a welcome to Dr Kim Greaves. Dr Greaves joins Nambour Hospital and the Sunshine Coast Hospital Health Service as a Staff Cardiologist with a special interest in advanced Cardiac Imaging.*

*Dr Greaves was working as the Clinical Head of Cardiology for the Poole Hospital, NHS Trust in Dorset, United Kingdom. He has previously been appointed a visiting Professor of Cardiology at Bournemouth University. Dr Greaves is a member of the Royal College of Physicians and a Fellow of the American College of Cardiology.*

*Dr Greaves has a special interest in cardiac imaging including advanced stress echocardiography and transoesophageal echocardiography. He is also trained and proficient in cardiac CT and cardiac MRI performance and reporting and will join Dr Mark Johnson in the Cardiac Investigation Unit in the reporting of these studies.*

*Dr Greaves has extensive clinical experience and is actively involved in cardiac research particularly in the use of non-invasive cardiac imaging in the assessment of patients with chest pain. Dr Greaves has received numerous awards as well as research grants and has published extensively in peer review journals. Dr Greaves' decision to join the Cardiology Program is a major boost for the Sunshine Coast Hospital Health Service as we expand services in preparation for the Sunshine Coast University Hospital. Dr Greaves will take a leading role in developing our Cardiology Research Program.*

## ***Fertility Solutions Sunshine Coast Welcomes Dr. Kelvin Larwood to the Team ....***

Kelvin is a new Specialist Obstetrician and Gynaecologist on the Sunshine Coast who will be opening a private practice in the Nucleus Medical Suites next to the Sunshine Coast Private Hospital, Buderim from August of this year

Kelvin has been a long term Sunshine Coast resident having completed primary and secondary school on the coast before university studies in Brisbane and Sydney.

He worked as an ICU nurse at Nambour Hospital for six years before studying medicine and has completed the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) training program.

For the last two years of training Kelvin has been a Senior Registrar at Nambour General Hospital.

Kelvin is a general Obstetrician and Gynaecologist with interest in:

- Collaborative Obstetric care – offering obstetric patients the option of care throughout their pregnancy, birth and post partum by himself and an experienced midwife
- Laparoscopic surgery –performing Total Laparoscopic Hysterectomy, Laparoscopic endometriosis surgery, ovarian and pelvic surgery
- Management of prolapse and urinary incontinence including non-mesh prolapse surgery
- Infertility

Kelvin has a long-term plan to continue working on the Sunshine Coast and looks forward to providing an Obstetric and Gynaecological service to patients. Kelvin will continue to do some public work at Nambour and Noosa hospitals to support the public system and training of registrars.

Kelvin has a kind and gentle manner and is looking forward to working with patients providing them with the best possible care that is evidence based and up to date.

Kelvins contact details are:

Rooms: Suite 20, Building B, Nucleus Medical Suites

23 Elsa Wilson Drive Buderim 4556

Phone: 0408 756 090

Email: [kelvin@drkelvinlarwood.com.au](mailto:kelvin@drkelvinlarwood.com.au)

Web: [drkelvinlarwood.com.au](http://drkelvinlarwood.com.au)

Kelvin is happy to take calls for advice and urgent matters on **0408 756 090**.

Fertility Solutions is very excited about working with Kelvin and his patients - Welcome!




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### **ADVERTISING GUIDELINES:**

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"

Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"

Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

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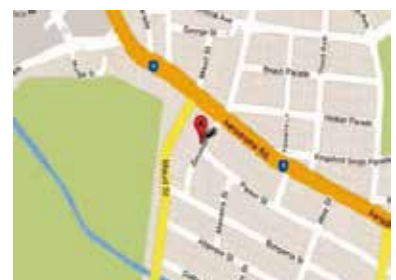


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## MEDICAL MOTORING

with Doctor Clive Fraser

### Public Transport ...

#### "Just the ticket"



After writing this column for the past 10 years I can report that the email feedback that I receive is polarized in two opposing directions.

Firstly, I receive many requests to review high-performance eco-unfriendly vehicles.

German cars, V8s, anything that goes fast and who cares how much fuel it uses to get there.

I then equally receive requests from green doctors to review relatively environmentally friendly cars.

Hybrids, electric cars, anything that goes a long way without producing too much CO<sub>2</sub>.

In deference to the second group I thought that this month I'd take a different look at how to get from A to B.

That is, no car review this time, but a peak at the public transport system.

To set the bench-mark as high as possible I road-tested the public transport system in Hong Kong to see what might lie ahead for all of us in a world without cars.

My journey started at the airport where I bought an Octopus Card for \$300 HKD (about \$42 AUD).

This included an each way trip on the Airport Express to the city and unlimited MTR (train and bus travel)

for three days.

Oh, and as an added bonus the Airport Express part of the journey also includes free transfers to and from your hotel on a local bus.

Once purchased the Octopus Card can be topped up for travel on other modalities such as trams and ferries.

And the same card can be also used to pay for small value items at hundreds of locations and can even be used in some taxis.

The Octopus Card is so smart that it only needs to be in the vicinity of the reader and doesn't even have to leave your wallet or purse to be read.

Public transport in Hong Kong is unbelievably cheap with a scenic bus trip across the island to Stanley only costing \$1.10 and travelling the whole 13 kilometres of historic tramways costs only 32 cents.

The Star Ferry to Kowloon across the harbour only costs 35 cents each way and the views of the sky-line and the laser light show are free.

When using public transport in Hong Kong there are some idiosyncrasies to master, such as on buses you pay on the way in and on trams you pay on the way out.



## MEDICAL MOTORING / cont:



Whilst all the signs are bi-lingual there is still room for confusion as there are two stations on the train network with what seems like the same name (Wan Chai and Chai Wan).

In providing what is arguably the best public transport system in the World it does help that Hong Kong is still the most densely populated city on earth.

There are twice as many sky-scrappers in Hong Kong as there are in New York.

Hong Kong also boasts more Rolls Royce per capita than anywhere else, but apart from the trip to Stanley there isn't really anywhere to drive to.

For those that like walking Hong Kong also boasts the longest escalator system in the World.

At 800 metres it takes locals down-hill from Soho in the morning and at 10.15 AM it reverses its direction to take them home.

Hong Kong is a great city, and like all great cities you don't need a car to get around.

Safe motoring,

Doctor Clive Fraser

Email: [doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)



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### Advertorial

## Exotic India is calling you...

Maggie's Dreamcatcher President and Founder Cheryl Ryan and her husband Dr Michael Ryan have been travelling to the far north of India for a number of years now.

Having established their charity they have been taking small boutique tours to India for a number of years now and have established strong bonds with the Delek Hospital and a small medical clinic in a monastery in Dharamsala. Cheryl says "Although being a small charity can be limiting for Maggie's Dreamcatcher in some regards, it is incredibly liberating in others".

Cheryl and Michael have formed great friendships with the locals in the community and within the hospital and medical clinic. The current chief Medical Officer and well respected respiratory specialist is Dr Tsetan Dorji Sadutshang who runs a very efficient hospital with great training programs in place for local doctors. He is also the private physician to His Holiness the Dalai Lama and has established a much needed TB clinic within the hospital. Dr Tsetan is keen to be involved in our visit and happy to receive any training/education assistance that can be offered.

Recently Nambour Radiologist Dr Troy Stapleton donated four large boxes of radiology books half of which have been delivered by recent travellers to the area. The arrival of the books coincided with a visiting Radiologist who was volunteering at the hospital for four weeks and assisted with sorting through the new arrivals for the hospital.

Cheryl says, "We are always looking for assistance and the small medical centre is currently seeking anyone who can assist with Antibiotics, Hypertension and Diabetic medication along with antibiotic ointment, bandages and suture sets".

The aim of Maggie's Dreamcatcher is to assist financially through fund raising but now also assists in finding volunteer medical staff for the Delek Hospital. Last year Cheryl placed around six staff that stay for a period of one to three months.



Doctors are welcome to stay in the provided accommodation for their duration or find their own accommodation close to the hospital.

The surrounding area of Dharamsala takes in McLeod Gange which is home to His Holiness the Dalai Lama. The area surrounding the hospital is beautiful with the Himalayas for a backdrop everywhere you wander. It is a busy place with many visitors coming and going and provides a collection of excellent accommodation choices and many different cuisine choices. Both Michael and Cheryl have been fortunate to have been given two private audiences with His Holiness and have his blessing for the work they are involved in.

In **April 2014** Cheryl will again escort a tour to India for 12 days which will include a three day medical conference in Dharamsala which will be based around field trips to the Delek Hospital, Tibetan Children's Village, Local Hill Village, Monastery Medical Clinic and include evening dinner discussions/forum.

This tour is suitable to delegates and their families as Dharamsala offers some of the most interesting shopping and cultural experiences and the field trips would welcome non delegates to join in.

The accommodation provided throughout the tour is 5-star and you will not miss out on a visit to two of India's iconic sights – The Taj Mahal and The Golden Temple.

We will welcome any contribution to education/training should you join us in 2014. This is a chance to make a difference by passing on your own education and skills to those in need.

For further information please visit:  
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 or email Cheryl with any donations:  
[info@123travelconferences.com.au](mailto:info@123travelconferences.com.au)



Cheryl and Michael will be taking a limited number of guests on this tour in April 2014,

Maximum guests 25.

Minimum 10.





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With smaller groups we are able to select an itinerary to suit all needs and visit some of the places that you cannot always do with a large group. We also select accommodation that ranges from 5 star to cultural experience stays. Again this can be your choice.

We can establish all your conference needs including CPD points and speakers or you can establish this within your own group.

A conference tour leader will attend and can be totally hands on or can just assist where needed.

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April 2014 Northern India Medical Conference & Tour 10-12 days

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**Fifteenth Annual General Meeting  
The Sunshine Coast Local Medical Association Inc.  
Thursday 23 August 2012  
Maroochydore Surf Club Function Room  
MINUTES**

Meeting opened at 7.20 pm by the President, Dr Wayne Herdy.

**BUSINESS:**

**Chairman's opening remarks: Jo Bourke**

**Members present:**

Drs Robyn Boston, Fabio Brecciaroli, Noel Cassels, Marlene Clout, Ian Colledge, David Colledge, Michael Cross, Siavash Es'haghi, Vince Flynn, Clive Fraser, Raouf George, Bruce Goldshaft, Graeme Heap, Wayne Herdy, Robyn Hewland, Peta Higgs, Peter Hollett, Kirsten Hoyle, Rob Ingham, Raewyn James, Evan Jones, Marcel Knesl, Kelvin Larwood, Wyn Lewis, Jeremy Long, Di Minuskin, James Moir, Dana Moisuc, Graeme Moore, Bruce Moore, John Murray, Clem Nommensen, Sean O'Connor, Sue Pavey, Richard Pearson, Trish Pease, Debbie Pfeiffer, Scott Phipps, Richard Pope, Bev Powell, Bert Pruim, Peter Ruscoe, Carol Scott, John Scott, Hong Shue, Nigel Sommerfeld, Andrew Southree, Mason Stevenson, Piotr Swierkowski, David Thomas, Karien Treurnicht, Robert Vickers, Pauline Waterhouse, Melissa White, Edward Wims, Peter Zwoerner.

**Apologies members:**

Drs Jean Avery, Justin D'Arcy, Colin Dicks, Andrew Foster, Adrian Guest, John Hansen, Brenda Heyworth, Fran Johnson, Sybil Kellner, Dominic Kenyon-David, Lisa Knesl, Petra Ladwig, Denise Ladwig, Andrew Langley, Peter Lee, Bill Meyers, Paul Munchenberg, Damien O'Brien, Heather Parker, Kannan Rajappa, John Reardon, Ian Rivlin, Karl Schulze, Jeff Tarr, Edward Weaver, Mark Welsh, Madeleine Werner, Ken Wishaw.

**Minutes of previous Annual General Meeting, 25 August 2011:**

Motion - *'that the Minutes of the Annual General Meeting, 25 August 2011 be accepted'*

Moved: Dr Wayne Herdy. Seconded: Dr Mason Stevenson. Carried.

**Business arising from previous minutes: Nil**

**President's report delivered by Dr Wayne Herdy.**

At the end of this AGM, I will be stepping down as President of the SCLMA. For the past decade, the presidency has seen-sawed between myself and Mason Stevenson and we both agreed that it is time for a new face and a new emphasis in the organization. Neither Mason nor I have accepted nomination for the Presidency or Vice-Presidency. At our recent Christmas function, I was struck by the social success of this Association and I reminded myself that we have Objects defined by our Constitution, one of which is a social function. I feel that for the past decade Mason and I have focused strongly on the political functions of the LMA and maybe others might see strength in focusing on all of our Objects.

As I step down from this microphone (shortly) and hand the mantle to my successor, I am in the position of the Roman god Janus, after whom we name the month of January. Janus was depicted with two faces, one contemplating the year past and the other facing the coming year. Every retiring President has this opportunity to reflect on past achievements and to highlight some future challenges.

The past year has been another successful year for SCLMA:

we have continued our successful format of monthly meetings with a clinical presentation funded by one or more of our health partners;

- we have arranged an additional meeting to be conducted in the near future in conjunction with the Sunshine Coast Law Society, hoping to repeat the positive experience of a similar joint meeting held about 5 years ago;
- we have had a very successful Christmas in July in August (which is about as Irish a statement as could be made) – I have described that as the best social function which this Association has ever conducted and I take this opportunity to again congratulate the small organizing committee that put the evening together;
- we have conducted a competition to develop a new logo – specimens of the successful image are printed on pages at every table – which can now appear on our stationery and artifacts such as gifts and nametags;
- our website has been launched and acclaimed as one of the best websites of its type;
- we have continued to prosper financially, thanks principally to the revenue stream from our Newsletter – I take this opportunity to again acknowledge the contribution made by Jo Bourke and the faithful service that she continues to give the Association after more than a decade of a close relationship with us;
- with that financial prosperity, the committee has sought to use some of our surplus funds to generate member benefits or to distribute the funds in ways that fit in with our Objects:
- of immediate benefit to our present and future members, we have halved our subscription fees;
- we have continued the June Canavan Memorial bursary to its third year – I remind members that June died in a plane crash in New Guinea while planning to walk the Kokoda Trail as a fund-raiser for an altruistic purpose (and I mention as humbly as I can that I plan walking the Kokoda myself next year, although not for any such altruistic purpose);
- although the June Canavan bursary was planned to have a life of three years, the committee this evening agreed to continuing the concept as a Sunshine Coast Local Medical Association bursary, to continue granting an annual sum of \$3,000 to a Sunshine Coast student in a health related field, to continue for an indefinite period but subject to review by each incoming executive committee; and
- we have donated a hospital bed, at a cost of about \$3,000 to Cittamani, the local community palliative care not-for-profit organization which delivers an unequalled service to the community.

The challenges that lie ahead for the Sunshine Coast medical profession focus on Federal Labor health reforms. We will be watching closely the operation of the newly formulated Local Health and Hospital Networks, and recall that Mason Stevenson has been appointed as one of the few medical practitioners to the local hospital district board. We will be watching the transition from the old Division of General Practice to the new Medicare Local, and watch the continuing activities of Focus, the immediate successor to the Division. We will be pressing for development in the health precinct planned for Maroochydore, a plan which has been placed on the back burner for some time. We hope to continue an active role in the progress of the Sunshine Coast University Hospital.

In closing, I must recognize the support of my executive committee, whose active role and interest have kept the Association a vibrant and living organism. Without naming them all, I single out the contributions of my Vice-President, Mason Stevenson, our Treasurer Peter Ruscoe, the meetings convenor Rob Ingham, our Newsletter editor Marcel Knesl, and a special thanks for the extraordinary effort contributed by Dianne Minuskin. I thank you for your confidence and support over the past decade and I look forward to continuing to make a somewhat lesser contribution on the committee in the coming year or years.

#### **Treasurer's report delivered by Dr Peter Ruscoe:**

#### **The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the LMA for the last financial year.**

Dr Ruscoe referred to and discussed financial statements available at the meeting, noting that the yearly income was significantly reduced due to the Management Committee's decision to halve all membership fees.

Dr Peter Ruscoe moved - *'that the Treasurer's Report be accepted'*

Seconded: Dr Wayne Herdy. Carried.

#### **The presentation of the Auditor's report on the financial affairs of the LMA for the last financial Year:**

Dr Peter Ruscoe moved - *'that the Auditor's report be adopted'*.

Seconded: Dr Wayne Herdy. Carried.

#### **The appointment of an Auditor/Accountant:**

Dr Peter Ruscoe moved *'that Smart Steps Accounting be approved as the Auditor for the following financial year.'*

Seconded: Dr Wayne Herdy. Carried.

#### **The election of members of the Executive Management Committee.**

The nominees for positions for 2012 - 2013 were as follows:

<b>ROLE</b>	<b>NOMINEE</b>	<b>PROPOSER</b>	<b>SECONDER</b>
President	Dr Rob Ingham	Dr W Herdy	
Vice President	Dr Di Minuskin	Dr M Stevenson	Dr M Stevenson
Secretary	Dr Wayne Herdy	Dr W Herdy	
Treasurer	Dr Peter Ruscoe	Dr R Ingham	
Newsletter Editor	Dr M Stevenson	Dr D Minuskin	
Hospital Liaison	Dr D Minuskin	Dr N Sommerfeld	
Committee	Dr Marcel Knesl	Dr N Sommerfeld	Dr K Hoyle
Committee	Dr Jeremy Long	Dr G Hawson	Dr C Dicks
Committee	Dr Mason Stevenson	Dr W Herdy	Dr K Hoyle
Committee	Dr Kirsten Hoyle	Dr R Ingham	Dr M Knesl
Committee	Dr Denise Ladwig	Dr P Ladwig	Dr D Moisuc
Committee	Dr Nigel Sommerfeld	Dr M Knesl	Dr R Ingham

All nominees were elected unopposed.

#### **General Business: Nil**

Incoming President Dr Rob Ingham thanked the outgoing committee and congratulated all elected committee members. He expressed his desire for a productive year ahead for the Association.

Wayne Herdy

Honorary Secretary

## SIXTEENTH ANNUAL GENERAL MEETING The Sunshine Coast Local Medical Association Inc. THURSDAY 23 AUGUST 2013 Maroochydore Surf Club Function Room

### AGENDA

#### **Business:**

1. Chairman's opening remarks
2. Apologies
3. Minutes of previous Annual General Meeting, 23 August 2012.
4. Business arising from previous minutes
5. President's report
6. The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year
7. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year
8. The appointment of an Auditor/Accountant
9. The election of members of the Executive Management Committee
10. General Business:

#### **Close**

Wayne Herdy

Honorary Secretary



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 23 MAY 2013  
Maroochydore Surf Club Function Room  
MINUTES  
(confirmed at Committee meeting 27 June 2013)**

**Attendance:** Drs Rob Ingham, Di Minuskin, Peter Ruscoe, Kirsten Hoyle, Denise Ladwig, Scott Masters and Nigel Sommerfeld. (Jo Bourke, observer).

**Apologies:** Drs Wayne Herdy, Jeremy Long, Marcel Knesl, Scott Phipps and Mason Stevenson.

**Minutes of last meeting:** 18 April 2013.

The Minutes were accepted.

Moved: Rob Ingham. Seconded: Kirsten Hoyle. Carried.

**Business arising from Minutes:** Nil

**President's Report:** Dr Rob Ingham

- Change of meeting for the June clinical meeting – Ebb Restaurant – Thurs 27 June
- GP Liaison meeting scheduled for Monday 27 May, 6.30pm, Focus Health Network. It is hoped that these meetings will be on-going every 6-8 weeks. Rob to approach the Sunshine Coast Medicare Local to extend invitation to a medical representative to attend.
- Rob reported no progress with his attempts to meet with KPMG. However Rob has had a productive meeting with Kimberley Pierce, CEO, SCUH, to discuss the services to be offered.

**Vice President's Report:** Dr Di Minuskin – No Report (due to time constraints)

**Secretary's Report:** Dr Wayne Herdy - apology

**Correspondence In:**

- AMAQ Insurance – Public Liability Insurance proposal
- MediProtect
- USC – Donor Wall Recognition

**Correspondence Out:** Nil

**Business arising from correspondence:**

- It was decided to accept the proposal from AMAQ Insurance

**Treasurer's Report:** Dr Peter Ruscoe

a) Accounts to be paid:

- Australia Post – Account April 13
- Jo Bourke – Secretariat April 13
- Snap Printing – May 2013 invites
- Snap Printing - May 2013 newsletter
- Jo Bourke – May 2013 newsletter
- R Ingham – Presidential Stipend
- C Bourke – website update – minor changes

The Treasurer, Peter Ruscoe moved that the accounts be approved for payment. Seconded: Di Minuskin. Carried.

**(b) Membership Report.** Nil.

**AMAQ Councillor's Report:** Dr Wayne Herdy - apology

**Meetings Convenor Report:** Dr Scott Masters

- Christmas in July function – on-going planning meeting Monday 3 June.

**Focus Health Network Report:** Dr Scott Phipps - apology

**Hospital Liaison Report:** Dr Jeremy Long - apology

**General Business:**

**Newsletter advertising guidelines:**

- Copies of 'Section 133 of the National Law and guidelines, advertising of services' were discussed. These will be published in the May 2013 SCLMA newsletter with mention by the newsletter editor and also as a regular placement in subsequent newsletters.

**Newsletter content:**

- There was lengthy discussion re 'letters to the editor' with particular reference to a letter received from Hologic in response to a letter published in the April 2013 newsletter. The majority of committee members present voted to publish the letter. There was a suggestion to invite an independent breast surgeon to provide their view on the role of breast imaging, with the hope of publishing that viewpoint in the June 2013 newsletter.

**Employment Agreements – J Bourke & C Hawkins:**

- (Jo Bourke left the meeting). The Agreements were presented with 'track changes' in place. These were accepted with minor changes and will be due for renewal 30 June 2014.

**Meeting Close:** 7.15pm

**Next meeting:**

Thursday 27 June, Ebb Waterfront and Dining.

Jo Bourke (Secretariat)

(filling in for SCLMA Secretary, Dr Wayne Herdy).



## “The Return to Terroir-Organic Champagne” .....



One of the reasons I find wine so alluring is the sense of existence it creates. The reflection of its terroir and the wine makers guiding hand amalgamate to often form an often indescribable libation that truly is a living thing. Organic Champagne fits this criteria and stamps its own indelible mark on the consumer's senses.

OrganicChampagneproducersaretinyinthescheme of things. Some may make only 3,000 bottles from single vineyards, whereas larger houses like Moët may make several million bottles that are sourced from up to 80 vineyards. These grandiose houses believe in the continuity of style and expression whereas the terroir focused vintners let the wine's idiosyncrasies shine. The use of natural yeasts is encouraged to aid in forming a wine with soul. There is a sense of honesty from these growers. On their labels you can find relevant information such as percentage of the blends, the date of disgorgement, dosage (liqueur added to most champagne after disgorging) if used and if they are organic or biodynamic.

The importer with the Organic Champagne bent is Nesh Simic, based in Noosa.

He has had a strong interest in health and well being with a bachelor degree in health science from his native Yugoslavia and this has transferred to all things organic. He works in the organic food industry and exudes a palpable sense of this organic passion fuelled by sailing against convention. Nesh has visited many of the producers and tells me of their “Return to Terroir” campaign. This group includes Champagne producers such as Fleury, Bedel, Frank Pascal, Courtin and David Leclapart and they, with many other growers from different appellations, want the wine to be as natural as it can be.

A criticism levelled at these producers is vintage variability. But this tests the skill of the grower and the maker; often one of the same. So some years may be dull in comparison, but some are simply stellar.

Personally in this world of homogenous processed taste, I welcome this philosophy.

Nesh proudly credits organic champagne for his wife of 12 years. Apparently she was looking for a bottle of wine in a shop he worked at.

He simply gave her a bottle of 95 Fleury Organic Champagne to her free of charge and this led to a world wind romance. Who knew a bottle of Champagne could lead to a life sentence. Nesh's wares can be found at:

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

### ***Wines Sampled ...***

- Fleury 2004 Cepage Blanc de Blancs- This is 100% Chardonnay and displays bread and yeast like notes with hints of candied lemon.

The palate is full and generous with a soft mouse. This is a rich wine that would suit duck liver pate.

- Fleury NV Champagne- Strawberries and citrus notes with floral influences combine to give a lifted crisp palate. This a very clean yet complex Champagne that I would pair with Sashimi.
- Francois Bedel NV Entre Ciel ET Terre- There is an alluring delicate light yellow colour that is ironic as this is made from the black grapes of Pinot Mineur 80% and Pinot Noir 20%. The nose is a delicate blend of apples, figs and almonds. As the wine opens up, smokey bread like characteristics emerge. The palate is up lifting with a citrus like burst of acid followed by a sustained structure. Try with a plate of charcuterie meats .
- Jose Ardinat 2004 Blanc de Blancs – Floral nuances abound on a platform of apple and pears. Subtle yeast notes help give this Champagne a complex but crisp palate. Creamy Sydney Rock Oysters are perfect.



Dr Plonk

## A NEW DAWN .....

Recently we had a May 2013 budget handed down by the government of the day. I have had a number of interviews with clients following the budget where I have chatted to clients about what I thought was important about the budget.

However I have noticed a distinct lack of interest from clients regarding the points I wished to discuss. I quizzed one client in particular, that I have known for many years, regarding his general lack of interest, and while he did not really respond his expression got me thinking.

I looked at my own thoughts regarding the budget and I came to the conclusion that, after five years of the GFC and witnessing the small business stresses "I had just stopped listening to what the government is saying".

Rightly or wrongly, I am just exhausted from it all. This begs the question, "Are you the same?"

As small business operators Poole Group feels the same pressures as those that are felt by our small business clients.

To be successful small business clients need to be forward looking and focusing on where they wish to go and what they wish to achieve. This requires effort, and is challenging when you are exhausted.

But as I tell the soccer team I train "Before you prepare to succeed, you need to be prepared to train." Training gets their skill levels and structures in place before kick off.

I have a number of clients that are delaying there investments and business decisions until after the September 2013 election. If you believe, like I do that many others are following suit, then you have time to get your game plan in order before the 15th September 2013.

The GFC was once in a lifetime event, then has cost many large sums, but it is also presents once in a lifetime opportunity for those to seize an opportunity.

Over the last 5 years, businesses have gone through a significant number of challenges. Those that have survived have truly been tested and are probably some of the best operators.

So now may be the time for good operators to seize the opportunity that may present itself.

### **Small business Clients should be looking at the following issues:**

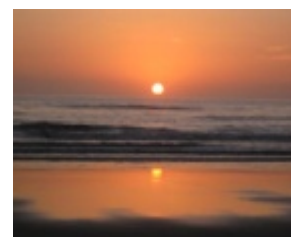
- Revisit what it is you wish to achieve with your business
- What is my succession plan
- How strong is your business balance sheet and what foundation does it give me to grow
- What are my business investment horizons
- How are your position staff wise going forward
- What resources do you need to take advantage of the opportunities that may present themselves post September 2013
- Look at processes and systems that can improve productivity

### **Self Managed Superannuation Fund Trustees should be looking at the following:**

- At what stage of the Superannuation Fund Life cycle am I in
- Do I need to alter the investment mix of my fund to reposition it to meet my needs
- Do I have sufficient liquidity in my fund
- Will the current fund give me the lifestyle I have been seeking

**If you would like to discuss please feel free to call me on 07 5437 9900**

**David Darrant -Partner Poole Group**





# CLASSIFIEDS

## CLINTON HERD, RHEUMATOLOGIST - RETIREMENT

*With great regret, I wish to announce my retirement from my Private Practice in Rheumatology on the Sunshine Coast after 32 years.*

*Patient records can be accessed by phoning Elizabeth on 0414 258 754*

July 2013

## GP MAROOCHYDORE, SUNSHINE COAST

Busy Family Practice is seeking a female PT/FT VR GP to work with us. Our Practice is modern and fully computerised with Medical Director and Pracsoft software, nursing support and a very harmonious and great administrative and GP team to work with.

Please contact Practice Manager:

**pm.wrnc@yahoo.com.au or 0409 447 096.**

July 2013

## FEMALE GP REQUIRED BY BUSY HINTERLAND PRACTICE.

Fully computerised, accredited, nursing support and long standing efficient administration staff.

Either full time or part time work available to complement the 5 current GP's in the practice. No after hours. Mixed billing.

**Please contact Clare on 0412 716758. Email : tut13@otpusnet.com.au in the first instance.**

July 2013

## CALOUNDRA AVAILABLE FOR LEASE OR PURCHASE - SUITABLE FOR MEDICAL OR OTHER PROFESSIONAL PRACTICE

Renovated house previously used as Specialist Suite Reception and 2 or 3 consulting rooms  
Excellent location and visibility in Central Caloundra  
Double lockup garage plus onsite parking  
607 sq m property

**Enquiries: contact Debra Hyde ph: 0413 259 353**

## EAST COAST WOMEN'S CENTRE – FEMALE GP REQUIRED

Casual position available for female GP, specializing in Women's Health.

Scope of practice would include general consulting, up to date knowledge of contraception, antenatal shared care, breast checks, pap smears and sexual health checks. Experience with IUD and Implanon insertion would be ideal but not essential.

East Coast Women's Centre is fully equipped with administration and nursing staff.

Please contact Tracey Irwin, Nurse Manager.

**Ph: 5476 3700 Email: tracey@eastcoastwomens.com.au**

May 2013

- **Who said Aussie Rules footballers aren't smart.....**

## Who said Aussie footballers aren't smart .....

- I owe a lot to my parents, especially my mother and father.' (Shane Wakelin).
- 'Nobody in football should be called a genius. A genius is a guy like Norman Einstein.' (Mick Malthouse - Collingwood).
- 'I'm going to graduate on time, no matter how long it takes.' (Peter Bell - Fremantle - on his University Law studies).
- 'You guys line up alphabetically by height.' and 'You guys pair up in groups of three, then line up in a circle.' (Barry Hall Sydney captain at training).
- Brock Maclean (Melbourne ) on whether he had visited the Pyramids during his visit to Egypt: 'I can't really remember the names of the clubs we went to.'
- 'He's a guy who gets up at six o'clock in the morning regardless of what time it is.' (Kevin Sheedy on James Hird).
- Jonathan Brown, on night Grand Finals v. Day Games: 'It's basically the same, just darker.'
- Ron Barassi talking about Gary Cowton 'I told him, 'Son, what is it with you. Is it ignorance or apathy?' He said, 'Barass, I don't know and I don't care.'



## SKIN PRICK TESTING

**Now available by appointment with Dr Peter Zwoerner**

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*Classifieds remain FREE  
for current SCLMA members.*

*\$110 for non-members*

*Ph: 5479 3979. Mobile: 0407 037 112.*

*Email: jobo@squirrel.com.au*

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

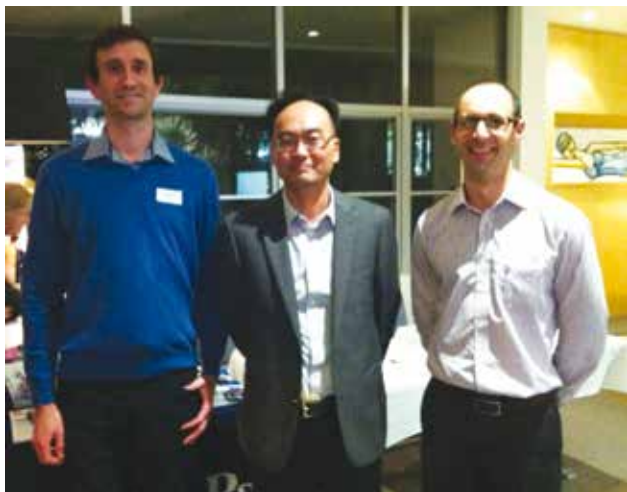
## SCLMA JUNE 2013 CLINICAL MEETING

*Speakers: Dr Hong Shue, Sunshine Coast Haematology and Oncology Clinic  
'Targeted Therapies –Personalised Medicine in Oncology'*

*Dr Sorab Shavaksha, Sunshine Coast Haematology and Oncology Clinic  
'Blood is Thicker than Water : An Update on Blood-Letting'*

*Dr James Daly, QML Pathology*

*'Sometimes Blood is not much Thicker than Water – an Update on Anticoagulation'*  
Sponsored by QML Pathology and Sunshine Coast Haematology and Oncology Clinic



Dr Andrew Paszkowski with Presenters - Dr Hong Shue and Dr Sorab Shavaksha



Dr Fiona Stewart with Dr James Moir



L - R: Dr Clive Fraser, Sandra Reardon (Sponsor, SC Haematology & Oncology Clinic), Dr John Adkins, Sam Rowe (Sponsor, QML Pathology), new SCLMA member, Dr Caroline Hughes, Dr Ken Wishaw.



Aaron Bartolo and Carlene Palmer from QML Pathology



Dr Clive Fraser with the 'real' Santa!  
'Christmas in July' photos  
- a few problems unfortunately

Hope to have some up on the SCLMA website soon.

[www.sclma.com.au](http://www.sclma.com.au)

