

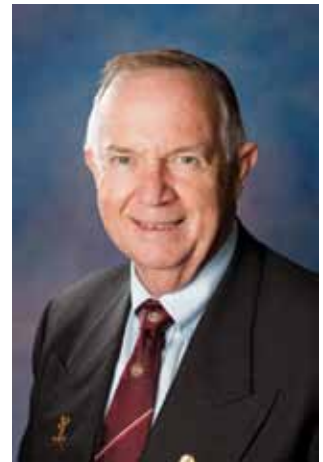


SCLMA President's Message ... Dr Wayne Herdy

As the next step in the long awaited Labour Party reforms we have now seen a change from the Sunshine Coast Division of General Practice to the Sunshine Coast Medicare Local.

The directors of the Division have been stepping down to make place for the first Directors of the Sunshine Coast Medicare Local. Many of the senior people involved including the CEO and the Chair are unchanged from the Division, which is a not unexpected outcome, but it will be interesting to watch how the Medicare Local evolves over the coming year.

The government has announced the appointment of the Chairs of the Hospital & Health Boards, for the Sunshine Coast Professor Paul Thomas has been appointed. Paul Thomas is the founding Vice Chancellor and President of the University of the Sunshine Coast. He is an academic and the Sunshine Coast LMA has some concerns about his lack of clinical experience but will look forward to working with the Hospital & Health Board over the coming years.



Wayne Herdy



**CHRISTMAS IN AUGUST
CONFIRMED!
SATURDAY 4 AUGUST
THE YACHT CLUB,
MOOLOOLABA**

**SPECIAL NOTICE
EXTRA MEETING EARLY OCTOBER
COMBINED MEETING WITH LAW
SOCIETY
NOEL WHITTAKER TO SPEAK**

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



**Sullivan
Nicolaides
PATHOLOGY**

HIGHLIGHTS:

- P 4: Dermatology Case - Dr Bert Pruim
- P 5: Kevin Hegarty - District Link
'Cardiac Cath Lab - up & running'
- P 7: Dr Sandra Peters - GP Liason Officer
- P 9: Dr Richard Kidd - final Report
- P 13: SC Childrens' Mental Health Network
- P 16: Dr Wayne Herdy - AMA Report
- P 19: Pacific Radiology - Case Study
- P 20: Wine Review - 'In Oak We Trust'
- P 24: Membership Application Form
- P 27: Classifieds.

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

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Disclaimer: The views expressed by the authors or articles in the newsletter of the Sunshine Coast Local Medical Association Inc. are not necessarily those of the Sunshine Coast Local Medical Association Inc. The Sunshine Coast Local Medical Association Inc. accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any action taken by any person as a result of anything contained in this publication.

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

Contact Jo: 5479 3979

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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

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 May edition of the SCLMA newsletter.

Pour yourself that drink, sit down, put your feet up, and enjoy the read.

Our favourite regular contributors ranging from

Wayne's President's report to Kevin's District Link keep us well informed in regards to the medical happenings around the Sunshine Coast.

We welcome Prof Paul Thomas to the chair of the Sunshine Coast Hospital and Health board and we farewell directors of GP Divisions to be replaced by directors of health boards. Sounds like lots of directors. Good business for the AICD (Australian Institute of Company Directors).

The GPLO report has now become a regular column and as always provides for interesting reading.

The response from the recent newsletter survey has been rather disappointing. With over 300 newsletter surveys posted out and only about 90 completed and sent back. I think this could simply represent survey overload as the number of surveys that we are asked to fill in these days is exhaustive. So let's farewell the survey and for now put it in the do not bother me now basket. If you want change or you want to moan, moan to me. Send me an email.



Still on the survey most interest was shown in the president's report, District link, AMA report and GPLO. Bottom of the interest score went to the lifestyle articles, food, wine and motoring. Surprise! Well maybe these days no one eats out, drinks wine and we all drive hybrid cars.

If you sense a hint of cynicism in my language put it down to jetlag. Day 4 of jetlag and still waking at 3.30am.

The American Society of Therapeutic Radiation Oncology (ASTRO) held a 5 day teaching course in Cape Town. Beth Israel and Memorial Sloan Kettering, NY, sent over their heads of Head & Neck cancer and Gastrointestinal, while Bill Shipley arrived from Massachusetts General and spoke on Genitourinary cancers. Phew what a turnout. Exhausted I boarded the plane and headed home.

This month also sees the launch of Oncology Education Seminars. We kick off with Nigel Sommerfeld on "Lung Cancer and Radiology" and Colin Dicks on "Beyond Radium". If we have time we will throw in a few Q&A case studies. These education seminars will be held quarterly and are open to everyone with an interest in oncology. Places are limited to 40 people so phone and get in. For more details send me an email.

So I bid you goodnight. My aim is to get past 3.30am.

Marcel Knesl

mknesl@oceaniaoncology.com

MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room

6.30pm for 7pm - 9pm

THURSDAY 28 JUNE 2012

Presenter: Dr Shyam Sunder

Sponsor: Lilly Diabetes

THURSDAY 24 JULY 2012

Presenter: Dr Dave Nicholls

Presenter: Dr Ingrid Hutton

Sponsor: Abbott

SATURDAY 04 AUGUST

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THE YACHT CLUB

THURSDAY 23 AUGUST 2012

Presenter: Dr David Colledge

Presenter: Dr Peta Higgs

Sponsor: Medtronic

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Email: jobo@squirrel.com.au

Meeting attendance: Free for current members.

Non members: \$30.

Application forms available on night.

CASE STUDY

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

Dermatology Question:

This 64yo otherwise healthy man complains that for years, he's been getting an intermittent sore for about a week at a time, always in exactly the same location.

He believes it started after a spider bite. What is the diagnosis?

(Photos show the unilateral location as well as a close-up of the lesion.)

ANSWER: Page 21



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DISTRICT LINK - MAY 2012

with Kevin Hegarty



Cardiac Cath Lab and procedural suites – up and running.

Our Cardiac Cath Lab and vascular and endoscopic procedural suites became operational on 16 April.

Since this time 131 cardiac and vascular patients have been seen and 459 endoscopy patients treated.

A GP inspection evening was held on Thursday 12 April 2012. This provided the opportunity for local GPs to view the new procedural suites and equipment prior to opening to the public. While attendance was low, the feedback was very positive.

There will be a further opportunity for local GPs to attend another interactive forum in November 2012. The aim of these forums is to enhance the referral process and improve the overall patient journey.

The opening of the Cardiac Cath Lab means for the first time public patients on the Sunshine Coast have local and timely access to the diagnostic capacity of a Cardiac Cath Lab. Interventional services are scheduled commence at a later date as the Lab's capacity is fully developed.

The Cardiac Cath Lab further enhances our cardiac services. Those in attendance at the SCLMA meeting November last year, will remember the impressive presentations on our cardiac imaging, specifically coronary artery CT and cardiac MRI.

The designated endoscopy suites will greatly improve patient access as previously scopes had to be undertaken in the main theatre complex and therefore were subject to other theatre demands including emergency surgery. Our service capacity has also been enhanced by our successful recruitment of gastroenterologists, additional nursing and specialised clinical staff.

The New World – our structure from 1 July 2012.

As I've mentioned several times in District Link, July will see the District Health Service become an independent statutory body, no longer part of Queensland Health.

As from 1 July 2012, we will be known as the **Sunshine Coast Hospital and Health Service**. Proposed changes to the Local Health and Hospital Act will also extend the range of accountabilities that will be devolved to the Hospital and Health Services (HHS). Of primary note in this regard, is the Government's decision to have the HHS be the employer of staff (not Queensland Health) and also that the Services will be the asset owner for land and buildings. Neither of these two provisions will be effective at 1 July, rather there will be a staged transition process.

There has been a formal preparation and assessment process that all Districts have had to undergo to ensure their ability to operate as a statutory body was established. I am pleased to advise that our District was assessed as being in an advanced state of readiness with appropriate governance and organisational capacity. This will ensure that we commence operation as a HHS with the highest level of devolved accountability.

As per the public announcement by the Health Minister, Professor Paul Thomas has been appointed as Chair of our Hospital and Health Board. Professor Thomas' first role will be the selection of Board Members and the appointment of the Executive Officer.

Kevin Hegarty,
District CEO
Sunshine Coast Health Service District
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Update from Sandra Peters Sunshine Coast Division of General Practice Ltd GP Liaison Officer (GPLO)

On Thursday 12 April I was pleased to be able to attend the opening of the new Procedural Suites at Nambour General Hospital.

The suites are situated on the top floor of the hospital which has been completely refurbished to accommodate Gastroenterology, Cardiology and Vascular procedural rooms.

From the reception area we progressed through the secure doors (staff operated only) into the patient oriented suites. The design allows for maximal efficient patient flow and the departments are fortunate to have been supported with new equipment, cutting edge (no pun intended) equipment and the capacity to expand services offered as the department becomes accredited.

The federal government has allocated a grant to allow an additional 700+ colonoscopies to be performed via an Open Access scheme by 30 June 2012. This will significantly reduce the current waiting list.

In practical terms, this means that GPs can expect to see patients presenting with forms to confirm suitability for this investigative stream.

The Vascular services currently offered include evaluation and treatment of arterial disease but excludes the treatment of varicose veins even with venous ulceration at this stage. However, the facility allows for an expansion of the current vascular services offered with a second vascular surgeon expected to commence work at Nambour in the not too distant future.

The cardiologists are performing angiography and will be offering implantation of pacemakers in the near future.

The facility will obviously offer local solutions for many of our patients who have previously had to travel outside our District to access public hospital services of this nature. It will also offer an opportunity for expanding staff levels, and levels of expertise in preparation for the Sunshine Coast University Hospital coming online in 2016.

The Medicare Local for primary health care providers is getting closer to fruition and opening its doors and phones for business on July 1st 2012.

One of the responsibilities of the new Medicare Local is to engage the local community of primary health care providers to address the issue of After Hours Care in the wider community into the future.

As GPs we have largely borne the weight of After Hours Care provision and under the new structure it is an opportunity for all health professionals to be involved in improving access appropriately for our patients/clients around the clock seven days a week.

To this end, our Division of General Practice scheduled an After Hours Forum on 24 April on behalf of the Medicare Local. This informed the needs for After Hours Care and identified some of the gaps left by the current service provision models.

Our responsibility to offer continuity of care for our patients is not going to disappear with the change to funding arrangements in 2013.

This is the first opportunity to make our ideas for the future models of care in After Hours locally be known and your input is welcome.

Sandra Peters

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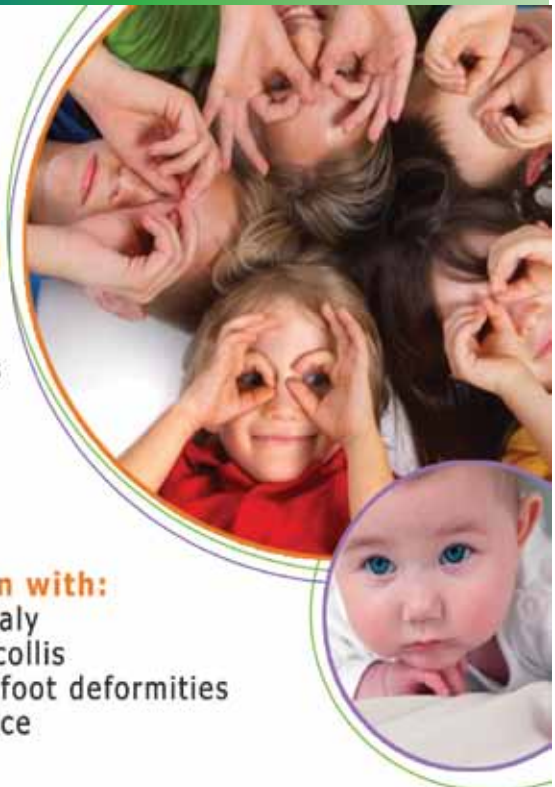
PHYSIOTHERAPY

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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AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Richard Kidd



This will be my final report for SCLMA as president of AMA Queensland before handing over the reins to our incoming president Dr Alex Markwell.

To serve the members of AMA Queensland and advocate for you and your patients has been a very great honour and privilege. I am enjoying the considerable workload through the wonderful support of our CEO Ms Jane Schmitt and all the hard working dedicated staff of AMA Queensland, as well as the great (and unpaid) work of our Board and Council.

Meeting many of our members and coming to appreciate their dedication and their inspiring leadership by example has been both personally humbling and exalting in pride that AMA Queensland has such worthy members.

Misuse of Medicare Provider Numbers

AMA Queensland is concerned not all Medicare Billing in Queensland Health hospitals complies with Medicare rules. To provide assistance to doctors, AMA Queensland has launched a campaign to our salaried doctor members to raise awareness of Medicare rules called 'Misuse of Medicare Provider Numbers'.

Currently Queensland Health specialist doctors can bulk bill for some services if they are exercising a right of private practice. These doctors will be personally liable for the misuse of their Medicare Provider Number in the event of a Medicare audit.

The AMA Queensland campaign outlines the Medicare billing and record keeping rules and deals with topics such as who can bulk-bill Medicare, how Medicare services can be separated from public services and how Medicare billing relates to doctors-in-training. We hope that by giving this information to doctors, we will empower them to speak to their hospitals about the way hospitals use their provider numbers.

A copy of the 'Misuse of Medicare Provider Numbers' campaign is available on AMA Queensland's website:

www.amaq.com.au

President Tour: Far North Queensland

Along with Dr Noel Hayman and Alex Markwell, I recently travelled to Far North Queensland to learn more about current indigenous health and health services in the Torres Strait Islands, Cape York and Cairns.

It was very disturbing to see that rather than Closing the Gap we are about to see the Gap dramatically widen with children as young as 8 being diagnosed with Type II Diabetes. In some of the remote communities more than half of the adult population have type 2 Diabetes. Dr Hayman saw in Canada that indigenous childhood type 2 diabetes resulted in high rates of blindness, renal dialysis and amputations in people in their 20s and early 30s.

To see an ordinary smallish cauliflower sell for \$7 and smallish tomatoes \$1 each in the supermarket while high fat junk food was as "cheap as chips" and cost no more than in Brisbane and Cairns, brought home the nonsense of the Healthy Eating Campaign when remote communities cannot afford these outrageous prices for fresh food. We have to get nutritious healthy food to these communities at affordable prices, be it through subsidising or other means, such as Dr Hayman's suggestion to promote frozen veges and fruit.

I was appalled to find that a person could travel some 1000km or more from their community in remote areas of the Cape or Torres Strait and wait in the Cairns Base Hospital Emergency Department for more than 5 days for admission to the Mental Health Unit. 93% of people wait more than 8 hours and 10% wait more than 3 days.

A key learning for me is that we can no longer "do to" or "do for" indigenous people, we must "do with" local indigenous communities to improve health services in these regions. I was very impressed with work being done by Apunipima and Wuchopperen Indigenous Health Services, such as noted at Mossman Gorge where for the last 3 years all the babies have been born in the healthy weight range; no low birth weight babies.

I have been able to discuss all this with Mr Springborg and hope we will see some real improvement in the lot of people in remote communities in the Cape and Torres Strait.

Dr Richard Kidd.

MEDICAL MOTORING

with Doctor Clive Fraser



Mazda 3 Neo

“Zoom, Zoom, Zoom”

With \$25,000 to spend on a new car for my father I knew I would have no trouble finding him some affordable and reliable wheels.

There are some big sellers in this price bracket and top of the list is the Mazda 3.

Not only does it outsell the Toyota Corolla, Mitsubishi Lancer, Hyundai i30 and the Kia Cerato, but it is also Australia's top-selling car.

In early 2012 there has been some very keen pricing from manufacturers with the best equipped package coming from Mitsubishi who were recently offering a Platinum Edition Lancer with heated leather seats, a body kit and a reversing camera with the screen ingeniously located in the rear view mirror.

Whilst I'm not a big fan of CVT transmissions I was impressed with all of the Lancer's fruit, but my father had never owned a car with leather seats let alone a body kit and wasn't about to change that.

The Toyota Corolla is a pleasantly styled car and for those who find parking difficult the hatchback is one foot shorter than the sedan, but the Toyota's test-drive drive left me wanting.

With only four speeds in the auto and only 100 kW under the hood it felt lethargic and really couldn't keep up with the competition.

Undoubtedly, Toyota owners keep buying Toyotas, but the Corolla drove like a tortoise and did not impress me.

For geographical reasons I purposely didn't take my father to the Hyundai dealer, but he somehow found himself having a test drive with a very nice Korean sales lady.



The fact that the i30 model was about to be superseded didn't faze my Dad and somehow the i30 always seemed to be a magical \$1,000 cheaper than the competition.

It had a real spare and even though there were only four speeds in the automatic my father's comments were that "it seems to go OK".

Suddenly the i30 became irresistible when my father saw it advertised for \$14,888 on the road drive-away.

I pointed out that was for a 2011 non-metallic manual model with only six months registration and that we'd have to find a driveable wreck to get the \$3,000 guaranteed minimum trade-in allowance which was part of the deal.

At the end of the day it didn't really seem like such a good deal after all.

All of this led us to the local Mazda dealership where an over-whelming number of Aussie motorists have been finding their wheels.

The base model Mazda 3 Neo automatic has five speeds, alloy wheels and cruise control and at \$23,990 on the road drive-away it looked like a steal.

MEDICAL MOTORING /cont:

It was easily the nicest car to drive even though I'm not fond of the hatchback's styling.

Some of the competitors may have longer warranties, better fuel economy or more cogs in the gearbox, but the Mazda 3 was a podium finisher in most areas and overall it was easily the best car we drove.

After making the decision to purchase the Mazda 3 I was able to further negotiate another 10% off the already discounted sticker price which meant my father's car was \$21,700 all up on the road including a normal steel rim in lieu of the space-saver spare.

Who knows, maybe with the change from my \$25,000 I could have bought a Hyundai as well!



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Sunshine Coast Children's Mental Health Network

'Distress, Coping and Relationships' was the topic of the most recent meeting of the Sunshine Coast Children's Mental Health Network held in Nambour on 2nd May 2012. It was well attended by a wide variety of psychologists, paediatricians, psychiatrists, social workers, speech therapists, occupational therapists and GPS.



The presentation by local child psychiatrist, Dr Brenda Heyworth, took a practical approach to how we, as health professionals, can sort through the complicated presenting symptoms of a child. She suggests that the core issue is often genuine distress, which then becomes further complicated by the strategies (both adaptive and maladaptive) that children use as they *try* to cope with this distress. A value judgment of the externalising behaviour as 'manipulative' could miss the core issue, which is genuine distress.

Julie Stirling, a local social worker who specialises in issues of attachment, then went a step further with her presentation about the emotional needs of a child and the important role that parents play. She explained how children can develop defences as a way to cope in the relationship with their parents and then go on to apply these defences in other relationships as well. Parents do this also and as clinicians we will also be influenced by our past experience of relationships.

A complex case presentation followed, with input from four local clinicians who had been working together in a model of shared care. They included Wendy Campbell (the boy's therapist), Dr Brenda Heyworth (the family psychiatrist), Julie Stirling (the mother's therapist) and Andrew Wood (the school guidance officer). What followed was a fascinating insight into the various perspectives of the many professionals involved.


If you are interested in receiving an invitation to future meetings of the Children's Mental Health Network, please contact Emma Tunstall on 5476 3477 or email Lydia Venetis l.venetis@mhpn.org.au

Dr Brenda Heyworth
Child and Adolescent Psychiatrist
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EVERY MONDAY MORNING

Acute first time shoulder dislocation patients can be seen urgently

The Clinic has also reserved spots with local Radiology practices so that urgent MRIs can be done to assess the extent of the injury.

Patients who wish to undertake a treatment option of bracing in external rotation, having had full discussion about the relative merits of available treatment options, will be placed in the braces and followed through their care period.

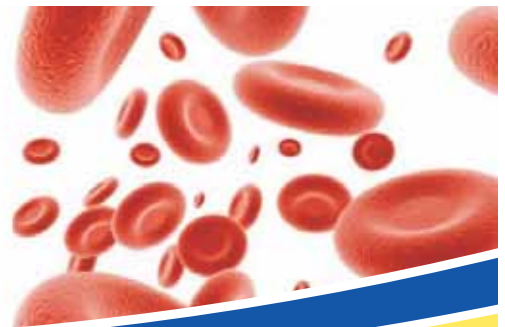


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Dr Mark Welsh, Orthopaedic Surgeon



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SHOULDER DISLOCATION

Acute traumatic dislocation of the shoulder is associated with contact sports and accidents.

Treatments range from sling immobilization through to surgical repair.

Follow-up studies now recommend that young patients (less than 20 years) with acute first time dislocations should be strongly considered for surgical treatment as the chances of re-dislocation are as high as 85%.

Patients in their twenties and thirties have lesser but significant risk of re-dislocation.

There have been trials over time with various slings and bolsters to treat the younger patients to try to avoid the need for surgery.



Itoi E et al. (2007 JBJS) has reported that bracing may in fact be worthwhile with a decrease in the need for surgery.

A re-occurrence rate of 26% was reported with the use of an external rotation brace.



The braces need to be applied within 7 days of injury and worn for 4-6 weeks.

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

Topic 1 The End Of An Era

This weekend will mark the end of an era, a rather short era but an era never the less. In the recent Federal AMA Elections I failed to win my seat back, and so I will no longer be a Federal Councillor. I will still be sitting on AMAQ Branch Council as the North Coast Area Representative but my State Representation will not give me access to nearly as much information as my former Federal position did. Never the less as your elected representative I will still be trying to pass on as much information to you as I can without breeching any security or privacy provisions.

Topic 2 National Conference

As this is going to press, National Conference is being held in Melbourne. National Conference has several functions; it is a show case for the AMA and it is a forum at which major contentious policy issues can be debated by a larger audience, than just the Federal Council. It is also the environment in which elections are held for the major office bearers who will lead the AMA for the coming year.

As a show case for the AMA it has a rather limited audience and there is a lot of debate about whether National Conference really serves this function or not. As a forum for debate it represents an opportunity for a select few, only 150 (or there about) AMA members attend National Conference and they are deemed to represent a wider view point within the AMA Membership. Never the less they are a select group and often self selected members will attend National Conference.

However, they do give the AMA an opportunity to have a wider range of views expressed in forming AMA policy. National Conference does not form AMA policy, at most it can advise and request Federal AMA to form policy and can give a wider viewpoint to Federal AMA but it does not make policy itself.

It is up to the Federal council over the coming months or year to decide to the extent to which it will pay heed to the viewpoints expressed at National Conference.

The third function that of electing major office bearers is an anachronism, this is a fairly archaic and narrow way of electing particularly the president of Federal AMA.

Only 150 members who are not necessarily representative of the wider AMA membership get to vote for the President, Vice President, Chair and Treasurer. The AMA has certainly been looking at whether this is a truly democratic process or not and the AMA has considered on several occasions during my term as Federal Councillor whether we should be revising our constitution to make the election process more democratic.

Certainly it would be a better, fairer process, if every AMA member had the opportunity to vote for or against candidates for the major executive positions. A downside however is that a truly democratic process, a presidential style of election, would open up the doors for corrupt processes, the person with the deepest pockets or the person prepared to spend the most money on campaigning has a better chance of succeeding in the election regardless of their true talent.

In the present process the members who are elected, are elected after the voters have had the opportunity to see them and hear them in person and often have personal knowledge of them for some time, before the election. If all AMA members were to vote for the president and other three office bearers, often they will be voting for somebody of whom they have no personal knowledge.



AMA COUNCILLOR'S REPORT / cont:

Dr Wayne Herdy

It will be up to the AMA Federal Council to decide over the coming year or two or three to decide what is truly the fairest process for determining which individuals will control the path that the AMA follows.

Topic 3 Queensland Health

Now that we have a new State Government and a new State Minister for Health, AMA Queensland is looking for clear reform in the way that Queensland Health is doing business.

Although possibly not the most important single topic to the patients of Queensland, a major issue for AMA members and certainly for Queensland Health employees is the question of fixing the payroll debacle.

The payroll system has been introduced for years now and has still not been fixed despite expenditure of hundreds of millions of dollars and at cost of its members' welfare. It will be a major challenge for the new minister to get the Queensland Health payroll fixed once and for all, regardless of the cost.

Although a relatively small part of the Queensland Health budget, the cost of repairing a faulty system will be money well spent, because this will be the litmus test that demonstrates just how serious the new minister is about fixing up the problems in delivering health systems throughout Queensland.

It is a result that we await with keen anticipation.

Wayne Herdy



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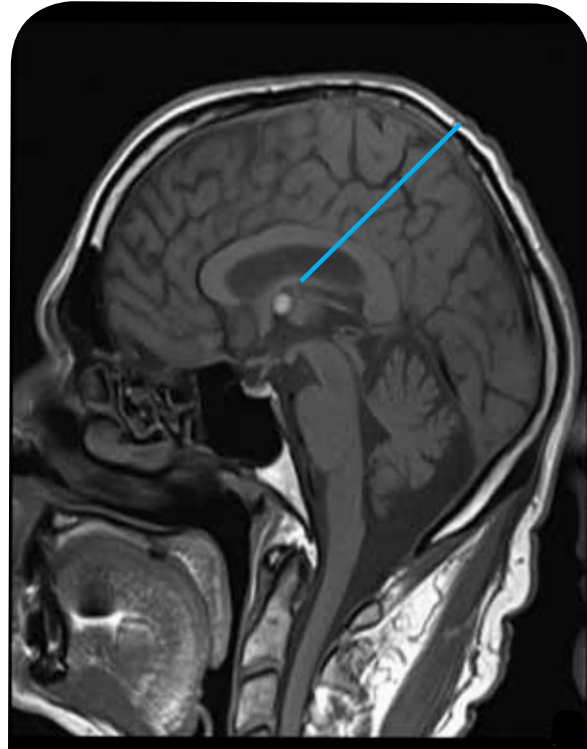
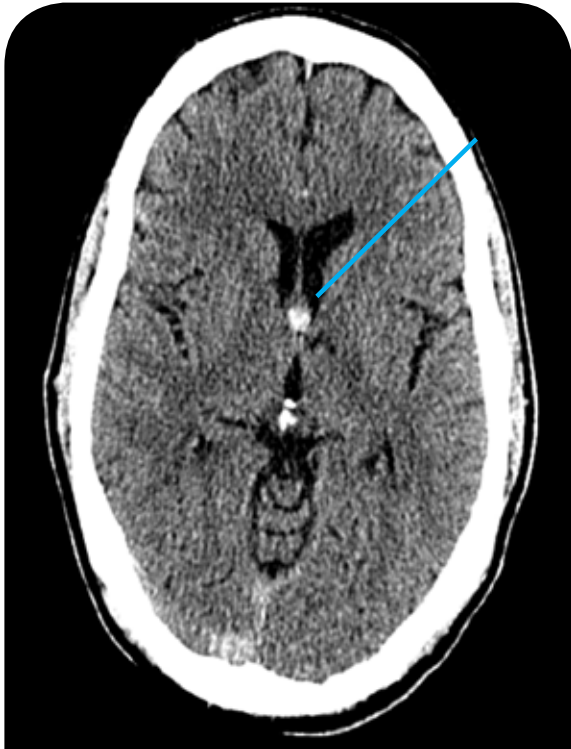
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CASE STUDY

Clinical: 61 year old man presenting with headaches



Pacific Radiology



DIAGNOSIS

Colloid cyst.

INVESTIGATION

Left Image: Axial NECT demonstrating a small round hyperdense mass at the foramen of Munro. The pillars of the fornix straddle the mass. There is no evidence of significant obstructive hydrocephalus.

Right Image: Sagittal T1 weighted non-contrast MRI demonstrates the mass at the foramen of Munro to have T1 hyperintense signal characteristics.

DISCUSSION

Colloid cysts are a benign mucin containing cyst that originate when ectopic endodermal tissue migrates into the velum interpositum during embryogenesis.

Approximately three people per million people per year are diagnosed with a colloid cyst.

40 - 50% are discovered incidentally in asymptomatic individuals.

50 - 60% of cases present with headache.

Classically on imaging there is a small mass at the foramen of Munro that is hyperdense on CT, hyperintense on T1 imaging at MRI, with no enhancement following intravenous gadolinium.

Even small colloid cysts can produce sudden acute hydrocephalus which can produce brain herniation and even death.

Differential Diagnosis:

- Neurocysticercosis
- CSF flow artifact (MR "pseudocyst")
- Vertebrobasilar dolichoectasia (VBD)/aneurysm
- Subependymoma
- Craniopharyngioma



“In Oak We Trust”



dr. plonk

“Terrific Race, The Romans,” extols an incarcerated Spike Milligan in *The Life of Brian*. Apart from schools, sanitation and the aqueduct, they have provided us with many facets of our civilised lives including the development of wine. The Romans appreciated the effects of ageing wines, using sulphur to reduce spoilage and the value of oak.

From the genus *Quercus*, this type of oak possesses the characteristics that impart flavours and structure. In the past, cedar, palm wood and other oaks have been used but have lost favour. The wood has to be supple enough to work with, strong enough to form a barrel and not taint the wine. The most common origin of oak is either from the French forests of Alliers, Limousin, Tronçais, Nevers and Voges or the American forests of the Eastern US.

The oak can be used at the fermentation phase, usually in Chardonnay and some old world techniques in making Riesling. In Chardonnay, French oak is dominant but the infamous unoaked Chardonnay is on the rise. I wonder why bother as the correct oak exposure in fermentation can add layers of complexity including hints of cinnamon and cloves. Sauvignon Blanc can have some oak exposure and be called Fume Blanc style. A great example of this is Cloudy Bay TeKoko.

The most prolific use of oak is in ageing red wines. Oak reacts with wine to add phenols/lactones which can be likened to vanilla and some tannins to aid structure. The microscopic permeability of the wood allows small amounts of oxygen to react with the wine to soften it.

French oak usually is slow growing and has a tight grain which imparts more savoury complex notes whilst American oak, with its broader grain, adds the strong sweet vanillin and coconut aromas. French oak suits Cabernet Sauvignon, Pinot Noir, Merlot and cool climate Shiraz. American oak adds the power house hit to warm climate Shiraz such



as Penfolds Grange. Oak ageing is avoided with most varieties of white wine except Chardonnay.

Another variable can be the degree the barrel has been fired or toasted. This is a wine maker's personal preference but Pinot Noir is the most varied in toast effect. Toasted barrels can add caramelised notes and hints of toffee. The oak has to be dried to mature the wood and can be naturally dried between 3-8 years or fire dried for a quick result. Also at the wine makers discretion is the length of time left in oak. Modern day Pinot Noir is left between 8-12 months and big reds like Grange 2 plus years. Some Spanish Reds such as Rioja can be left for 8 years. New or used oak and the size of the barrel add to this conundrum wrapped in an enigma. It all sounds a bit like the bloke in the corner store just wanting to buy milk that tastes like milk.

Ok Oakey Wines to try



2008 Cloudy Bay Te Koko Marlborough- Whilst some noses are turned up knowing this is a Sauvignon Blanc, the exposure to 8 months oak (10% new oak) adds to the complex nose of white peaches and hints of lycee but with a flowing nose of ginger and toasty oak. The palate is rich with subtle creamy lemon curd minerality.



“In Oak We Trust”



dr. plonk



2010 St Andrews Clare Valley Chardonnay- fermented in French oak and aged for 10 months, this wine has white stone fruit aromas and hints of lime marrying with nuttiness from the oak. There is a satisfying well rounded palate with a long finish.

2009 Elderton Barossa Shiraz- This has been aged in American oak for 14 months. Along with the black fruits and some hints of chocolate, the essence of vanilla is evident. Full bodied and nicely balanced tannin and American oak.

2010 Cape Mentelle Shiraz- Aged in French oak for 15 months (25% new), the blackberry fruits and hints of spice and pepper are accentuated by the savoury effect of the French oak. The palate follows on from the bouquet in a pleasing full bodied cool climate Shiraz.



CASE STUDY ANSWER

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



Answer: recurrent genital herpes in a non-genital site.

After an initial episode of purely genital herpes (both HSV types II & I) approximately 7% of patients experience recurrences in non-genital sites; on buttocks > legs.

Buttock recurrences, tend to be less frequent but of longer duration than genital recurrences. The immunosuppressed tend to get more frequent, prolonged and painful outbreaks.

Patients curiously often attribute the problem to a prior 'spider bite'.

A dry swab for HSV PCR of an active lesion makes the diagnosis.

Think of this diagnosis with any unilateral recurrent buttock sore.



SMILE TIME!



CURTAIN RODS

On the first day, he sadly packed his belongings into boxes, crates and suitcases. On the second day, he had the movers come and collect his things. On the third day, he sat down for the last time at their beautiful dining-room table, by candle-light; he put on some soft background music, and feasted on a pound of shrimp, a jar of caviar, and a bottle of spring-water.

When he'd finished, he went into each and every room and deposited a few half-eaten shrimps dipped in caviar into the hollow center of the curtain rods. He then cleaned up the kitchen and left.

On the fourth day, the wife came back with her new boyfriend, and at first all was bliss. Then, slowly, the house began to smell.

They tried everything; cleaning, mopping, and airing-out the place. Vents were checked for dead rodents, and carpets were steam cleaned. Air fresheners were hung everywhere. Exterminators were brought in to set off gas canisters, during which time the two had to move out for a few days, and in the end they even paid to replace the expensive wool carpeting. Nothing worked!

People stopped coming over to visit. Repairmen refused to work in the house. The maid quit. Finally, they couldn't take the stench any longer, and decided they had to move, but a month later - even though they'd cut their price in half - they couldn't find a buyer for such a stinky house. Word got out, and eventually even the local realtors refused to return their calls.

Finally, unable to wait any longer for a purchaser, they had to borrow a huge sum of money from the bank to purchase a new place. Then the ex called the woman and asked how things were going. She told him the saga of the rotting house. He listened politely and said that he missed his old home terribly and would be willing to reduce his divorce settlement in exchange for having the house.

Knowing he could have no idea how bad the smell really was, she agreed on a price that was only 1/10 nth of what the house had been worth ... but only if he would sign the papers that very day. He agreed, and within two hours her lawyers delivered the completed paperwork.

A week later the woman and her boyfriend stood smiling as they watched the moving company pack everything to take to their new home and to spite the ex-husband, they even took the curtain rods!

AN IRISH GHOST STORY

This story happened a while ago in Dublin, and even though it sounds like an Alfred Hitchcock tale, it's true.

John Bradford, a Dublin University student, was on the side of the road hitchhiking on a very dark night and in the midst of a big storm.

The night was rolling on and no car went by. The storm was so strong he could hardly see a few feet ahead of him.

Suddenly, he saw a car slowly coming towards him and stopped.

John, desperate for shelter and without thinking about it, got into the car and closed the door.... Only to realize there was nobody behind the wheel and the engine wasn't on.

The car started moving slowly. John looked at the road ahead and saw a curve approaching. Scared, he started to pray, begging for his life. Then, just before the car hit the curve, a hand appeared out of nowhere through the window, and turned the wheel. John, paralyzed with terror, watched as the hand came through the window, but never touched or harmed him.

Shortly thereafter, John saw the lights of a pub appear down the road, so, gathering strength; he jumped out of the car and ran to it. Wet and out of breath, he rushed inside and started telling everybody about the horrible experience he had just had.

A silence enveloped the pub when everybody realized he was crying... And wasn't drunk.

Suddenly, the door opened, and two other people walked in from the dark and stormy night. They, like John, were also soaked and out of breath. Looking around, and seeing John Bradford sobbing at the bar, one said to the other....

Look Paddy....there's that bloomin' idiot that got in the car while we were pushing it!!!!'

A STUDENT'S LETTER TO DAD

Dear Dad,

School i\$ really great. I am making lot\$ of friend\$ and \$tudying very hard. With all my \$tuff, I \$imply Can't think of anything I need, \$o if you would like, you can ju\$t \$end me a card, a\$ I would love to hear from you.

Love, Your \$on.

After receiving his son's letter, the father immediately replies by sending a letter back.

Dear Son,

I kNOW that astroNOMy, ecoNOMics, and oceaNOgraphy are eNOugh to keep even an hoNOr student busy. Do NOT forget that the pursuit of kNOWLEDge is a NOble task, and you can never study eNOugh.

Love, Dad

PROOF THAT MEN HAVE BETTER FRIENDS....

Friendship among Women:

A woman didn't come home one night.

The next morning she told her husband that she had slept over at a friend's house.

The man called his wife's 10 best friends. None of them knew anything about it.

Friendship among Men:

A man didn't come home one night.

The next morning he told his wife that he had slept over at a friend's house. The woman called her husband's 10 best friends. Eight confirmed that he had slept over, and two said he was still there.



ROLL INTO JUNE

written by Kerri Welsh (Accountant Poole & Partners)

As an accountant I choose to view the glass as half full. Whilst the Federal Budget creates headlines it is unlikely that there will be any real incentive for taxpayers earning over \$80,000. Even though this is the case there are still some steps you can take to make the most of what you have.

In the good old days the months of May & June were a time of quick thinking and maneuvering for last minute deductions, reviewing profits, last minute super contributions, payment of family wages, write offs of obsolete equipment, review of debtors etc. The current world of tax is far less sexy and every year there are fewer and fewer options available for taxpayers to legitimately decrease their income taxes.

Below are a few suggestions for taxpayers to make the most of what they have before we roll past June 30:

Wise up, knowledge is King. Surround yourself with tax advisors that are actionary rather than reactionary. Be armed with the knowledge that your current structure is working most efficiently for you and you are maximizing your legitimate tax benefits. Life changes daily and we should review our businesses the same way we would our personal lives.

Change What you do. If business is declining or stale then it is time to reinvent yourself or the services you offer. Retrain yourself or think about improvements to your products in line with consumer demand and technology advances. Do you want fries with that?

Value You. If you are a Medico the value of You is in medical services, it is not in accounting services, financial planning, insurance agent or a chef. Your value is in producing your income. Get the right people to help you so that you are free to do what you do best.

Change How you do it. In this ever changing world there are always new ways to do things. Take a cashbook for example. There used to be shoeboxes full of receipts, then came the handwritten green cashbooks, then computerized accounting products such as MYOB and the

latest now is the Cloud Accounting products. All of these products had their time and their merits. The most recent Cloud Accounting products are fantastic and they will save you time and arm you with knowledge, they are the best version of all of the previous versions. You don't have to be an IT junkie to use these products, again value You and allow your accountant to guide you, that is their value.

Think about what you want in Retirement. In saying this I mean not just the monetary amount but your lifestyle as well. So many clients I talk to say "I'm going to retire on my super". The sad truth I hear sometimes is that when asked "when did you last review your super" the answer is sometimes "haven't looked at it in years". No nest egg or garden, if you want to use a comparison, will grow without watering, weeding, spraying, sunshine and nurturing. You will never achieve the retirement lifestyle you desire if there is no monetary super to support it. Start to plan now.

Tighten that Belt. Review all of your costs, both personal and business. Saving money doesn't always mean scrimping, it just means getting value for money. Question everything you spend. The easiest items to review are always going to be the ones that someone else reviews for you. By this I mean Insurance costs and Finance costs. Brokers do a fantastic job in sorting through these for you and negotiating best rates. Money is hard to come by nowadays and hard to keep, so question your spending. In saying that however, in the words of my father, "there is no point in being the richest person in the cemetery".

May & June are a good time to Spring Clean your financial life before June 30 arrives. If you need any help please give me a call.

Kerri Welsh Ph: 5437 9900.



FOCUS on... Mackay

Sugar capital of Australia and hub to Central West & Bowen Basin...

The following article is intended only to broaden general knowledge of different areas and the opportunities for investment they might present. It is not, in any way, intended to be or serve as financial advice.

We recommend you consult your own professional service providers prior to making any purchasing or financial decisions.

The Mackay Region...

To many on the Coast, the word "Bowen" relates best with road-side Mango signs, but, of more fiscal interest, the Bowen Basin is an area of coal reserves and mining related communities that extends over approximately 60,000 square kilometres of Central Qld.

This is the largest coal reserve in Australia, representing ±83 per cent of Qld's coal production and 48 operational coal mines extract over 100 million tonnes annually.

This region is serviced by Mackay and an increasing number of investors, looking for smart opportunities, are realizing the potential Mackay represents.

Nicknamed "The Sugar Capital of Australia" the Mackay region produces more than a third of Australia's cane sugar, giving the area an all-important anchor industry underpinning already strong mining interests.

And, topping Mackay's recipe for prosperity is a developing tourism industry, with ever-increasing visitor numbers attracted to 31 beautiful beaches, the Great Barrier Reef, Whitsunday Islands, a pristine rainforest hinterland, with a raft of historical and adventure tourist attractions.

Mackay is widely tipped to become one of the fastest growing coastal areas in Qld over the next decade.

Snap-stats...

- Population Growth ±2.9% - tipped 200,000 by 2025
- Queensland's 4th busiest port
- Gateway to Great Barrier Reef and the Whitsundays
- 16 Primary Schools and 6 Secondary Schools
- Tertiary Institutes - Central Queensland and James Cook Universities, TAFE
- Mackay Base Hospital and 2 x Private Hospitals
- Airport of State significance
- 0.5% Vacancy Rate (±50 liquid properties in 10,000)
- Positive market growth achieved through the recent property slump!

"Some of the mining centre stories just sound too good..."

I remember Grandma told me something about that kind of thing..."

Wes Stephen
SEQ Property Planners



Mackay's greatest investment appeal might just lie in its normality... The Mackay story is believable.

It's a city with enough of everything else going on to keep it grounded and natural, yet has a very exciting future as the hub to the Bowen Basin mining industry.

It's a realistic story about growth opportunity, with positive cash-flows, that isn't too good to be true.

Looking at something real? What can you get? ?

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New homes also attract quality tenants and 4 beddies appeal to families, which is the target audience... versus 3brms = a "guy and 2 mates"

Open-plan spaces add to the appeal here, with light, airy rooms and neutral décor.

Stone bench-tops, glass splash-backs, under-roof patio, 2 x aircon units are inclusions that position this property above the standard, presented on a good-sized block.

The property's been sold 100% complete turn-key to an investor Client and is set to be managed on completion, with rental estimates of \$620-\$650 per week.

All part of Mackay's positive cash-flow story with a strong history of capital growth...

Besides, a tax-deductible trip to the Whitsundays once a year would be nice, eh...

For more information on what Mackay has to offer, email wes@seqpropertyplanners.com



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Please note: <i>Membership applications will be considered at the next Management Committee meeting.</i>		

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 26 APRIL 2012
MAROOCHYDORE SURF CLUB FUNCTION ROOM
CONFIRMED MINUTES**

Meeting commenced 6.10 pm.

Correspondence Out: Nil

Present: Drs Wayne Herdy, Mason Stevenson, Marcel Knesl, Di Minuskin, Denise Ladwig, Andrew Foster, Rob Ingham, Nigel Sommerfeld and Kirsten Hoyle. (Observer Jo Bourke).

Apologies: Drs Debbie Pfeiffer, Jeremy Long, Peter Ruscoe, Scott Phipps and John Eckersley.

Minutes of last meeting:

The draft minutes of 23 February 2012 were accepted after noting an omission. - Mason Stevenson reported a verbal resignation from the Committee by Dr John Eckersley due to health reasons. (No March 2012 meeting minutes due to cancellation, deluge.)

Moved: Wayne Herdy. Seconded: Mason Stevenson.

Business arising from Minutes:

Logo Competition:

- Eight entries – provisional winner selected;
- Two additional entrants invited to enter with decision next meeting.

President's Report, Wayne Herdy:

- Apology to committee member for incorrect spelling of name;
- State election result includes new Health Minister, Laurence Springborg, rural MP and experienced MP;
- Assistant Health Minister is Dr Chris Davis, Geriatrician, former AMA Queensland President and now MP for Brisbane North electorate.

Vice President's Report, Mason Stevenson:

- No decision on election of SCHD Governance Board to begin July 1.
- GP Superclinic – no formal announcement despite 12 months since tender closed but believed to be an interstate applicant with no known location secured;
- Nurse triage A/H (13 HEALTH) service received 10,800 calls from Sunshine Coast in 2011. Only 12% given information or reassurance. 88% referred to alternative medical services;
- After Hours Forum at SCDGP on 24 April 2012 well attended. Existing models considered. Decision to consider re-opening the Noosa Hospital A/H GP Clinic, education campaign to inform community about existing A/H GP services. Support for the Family Care Medical Service.

Secretary's Report:

26 Correspondence In: Nil

Financial Report, Treasurer, Dr Peter Ruscoe:

Apology (accounts tabled)

a) Accounts to be paid:

- Australia Post – March 2012 account
- Office National – March 2012 account
- Jo Bourke – March 2012 secretariat
- Snap Printing – Copies, receipts & invitations
- Snap Printing - April 2012 newsletter
- Jo Bourke – April 2012 newsletter
- DMCS IT – web hosting
- ATO – BAS March Qtr
- Maroochydore Surf Club

(b) Membership Report.

- Dr Jean Avery (Anaesthesia)
- Dr Hong Shue (Medical Oncology)
- Dr Noel Cassels (Surgical assistant)
- Dr Nicole Buddle (Radiation Oncology)
- Dr Bogdan Benga ((O&G)

AMA Councillor's Report: Dr Wayne Herdy: As published in SCLMA April newsletter.

Meetings Convenor Report, Dr Rob Ingham:

- Exploring combined meeting with local law society members at Maroochydore Surf Club in October as separate meeting.
- "Christmas in August" meeting rather than December – to be held at The Yacht Club, Mooloolaba.

SCDGP Report, Dr Scott Phipps: Apology.

Sunshine Coast Public Hospitals Report, Dr Jeremy Long: Apology.

General Business: Nil.

Meeting Closed 7.00pm

Next Meeting: Thursday 24 May 2012, 6.00pm

Dr Mason Stevenson, Acting Secretary.



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



FOR SALE

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

Contact James Dick, Ph: 0412 712 431.

February 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

For further information please contact Practice

Manager: Karen Clarke on 07 5492 1044

Email: gbmedcentre@bigpond.com.au.

(Afterhours 0438 416 917) *April 2012*

*Classifieds remain FREE
for current SCLMA members.*

\$110 for non-members

Ph: 5479 3979.

Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

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

SKIN PRICK TESTING

Now available by appointment

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(Referral can be faxed).

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

www.snp.com.au



MARK YOUR DIARIES
SCLMA CHRISTMAS IN AUGUST!
SATURDAY
4 AUGUST 2012



SCLMA April 2012 Monthly Clinical Meeting - Maroochy Surf Club Function Room

Presenters: Dr James Moir, Obstetrician, Gynaecologist & Infertility Specialist
and Dr Richard Kidd, President, AMA Queensland.

The SCLMA extends its appreciation to sponsors - Bayer, IVF Sunshine Coast, Gytech and nabhealth



Left:
Dr James Moir,
Presenter.



Right: Sponsors
Nabhealth girls -
Carolyn Graham
Lenka Stratford-
Smith and Kelly
Williams



Dr Robyn Hewland and Dr Wendy Bourke



Dr Sue Pavey, Dr Alison Cunningham & Dr Richard Kidd



Left:
Dr Trish Pease & Dr
Di Minuskin.

Right: Sponsors
Alan Bryant from
Gytech

