



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

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### ***Labor health reforms ...***

There are two current developments in SCLMA's catchment area arising from the Labor health reforms.

The first surrounds the GP SuperClinic which has yet to see the light of day. The Redcliffe GPSC is fallen into a funding controversy. Although one of the first GPSCs to be announced, Redcliffe has yet to open its doors and does not have a GP in sight. The initial budget was insufficient to get the building completed and it has needed two Federal government bailouts, the second to prevent legal action from the builder. The extra cash was available from the GPSC budget after the Darwin GPSC and the Sorrell (Tasmania) GPSC were both abandoned as unsustainable and having lost the interest of potential tenderers.



The second development concerns the Medicare Local. We accept the AMA viewpoint that, apart from the basic contention that the Medicare Local concept is both structurally flawed and insulting to GPs, the ML governance is unacceptable as long as it has few or no GPs on the board. The Sunshine Coast ML has been announced. Unsurprisingly, the contract will go to the Sunshine Coast Division of GP. Unexpectedly and disappointingly, the Sunshine Coast ML will be among the final tranche, not to open until July next year.

Until now, the GPSCs and the MLs have been only superficially related as the two major components of the Labor health reform package. Recently, they have come together in an unexpected turn of events. A major thrust of both the GPSC ideology and the ML ideology has been to fill the gap in provision of after-hours services. A new development in our region this year has been the closure of two of the well-established after-hours clinics, at Kallangur and now at Caboolture.

We will have to watch closely to ensure that the proposed solution to our local after-hours GP service shortfall does not produce a total demise of after-hours GP services outside the greater Brisbane area.

Wayne Herdy,  
President, SCLMA.

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



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## NEXT NEWSLETTER .... DECEMBER 2011

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

**FRIDAY 02 DECEMBER 2011**

**Contact Jo: 5479 3979**

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

**Fax: 5479 3995**

*(Please note deadline dates for  
2011 will be the Friday of the first  
week of the newsletter month.)*

### **CHRISTMAS FUNCTION**

**VENUE BOOKED**

**DEPOSIT PAID**

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### WE NEED YOU!

CALL YOUR FRIENDS AND  
BOOK A TABLE TODAY!

### Don't miss a great night!

By now EVERY MEMBER has received an invitation (via email, courier or post) to the SCLMA Christmas Function at Headland Park on Saturday 3rd December.

We have advertised the date for months!

This is the ONLY social activity of the SCLMA each year..

- The venue is spacious with cool views
- The menu has been carefully selected
- The band WILL play softly during dinner

Generous sponsorship is promised from:

- Sullivan Nicolaides Pathology
- The Sunshine Coast Private Hospital
- Caloundra Private Hospital
- Noosa Private Hospital
- Pacific Radiology
- Sports & Spinal Physiotherapy Centres
- Nabhealth and Medfin

**WE NEED YOU TO MAKE THIS A SUCCESS!**

## Letters to the Editor

*I would like to say a big thank you to all the regular newsletter contributors.*

*Training in medicine does not extend to the art of journalism.*

*So to compile a regular monthly column requires skills that many of us have to learn along the way. It takes effort, time, and research to put together a publishable column. Sometimes we get it wrong but we try again.*

*The newsletter has grown over the years to a point where it is now no longer a newsletter but a mini magazine. The advertising section pays for the publication and we have to thank the regular advertisers who continue to support the magazine.*

*Jo Bourke, SCLMA secretary, recently launched the SCLMA website which adds further to the growth of the local LMA.*

*To keep our membership interested we are constantly looking at new ideas.*

*New regular columns will be published by Ramsay Health, Sunshine Coast Private Hospital and Kawana Private Hospital. These will add and compliment Kevin Hegarty's column which keeps us up to date with Q-Health.*

***But importantly we would like to hear from you. E-mail your comments, concerns or criticism to [valmolives@gmail.com](mailto:valmolives@gmail.com) or post to:***

***The Editor, SCLMA***

***PO Box 549***

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*Who knows we may even send you a bottle of Mateus. (See the foodie review).*



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Dr Hassen has been working on the Sunshine Coast for two years and will be providing this service to the region every Tuesday morning. Please do not hesitate to contact us if you require further information.

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HIS2011/13



# DISTRICT LINK - NOVEMBER 2011

*with Kevin Hegarty*



Preparation work within the District continues for our transition to a Local Health and Hospital Network from 1 July 2012. The Expression of Interest (Eoi) for the Chairs and Members of all Governing Councils was extended until 4 November, from the original 21 October date.

It is anticipated that the appointment of the Chairs of Governing Councils will be the first action following the closure of the Eoi process. We obviously await news of ours with real interest!

Most of our local preparation for the structural change is focused on ensuring the governance framework required for such an organisational arrangement is developed and the realities of operating under a "Board of Directors" are identified and responded to.

I recently had the opportunity to spend 2 weeks in England to see first hand numerous National Health Service (NHS) facilities. The first week focused on service delivery and innovation whilst the second week concentrated on governance arrangements within the NHS, specifically their Foundation Trusts. One of the highlights for me was the constant presence of devolved management with real clinician leadership of service management in all the successful facilities I visited. This is a strong validation of the Service Group model in place within our District.

The size and numbers of hospitals took some adjustment. I visited hospitals that saw 450 – 550 presentations a day in their Emergency Departments. One boasted a record 600+ on the last Sunday in September. I met with the Director of a Renal Service that directly controlled a service that operated over 600 renal dialysis chairs across several London hospitals.

Another Trust that operates two hospitals in Nottingham had a staff led initiative to improve patient flow and reduce average lengths of stay. The action was that successful they were able to reduce bed numbers by 96 with further reductions planned (from a total bed base of 1 200). At the same time, total admitted patient numbers have increased. The removal of inefficiencies and delays in inpatients access to diagnostic services and standardised pathways for elective surgery patients were the key strategies.

Also of note is the change to the commissioning (purchasing / funding) of health services. This was the role of Primary Care Trusts; however it will soon be undertaken by Clinician Commissioning Groups that are in essence GP consortia that will receive funding (£85b in total across England) from the Department of Health, to buy services from NHS Hospitals, NGOs and private sector providers. This funding will be the major part of hospital revenue. Interesting!

Kevin Hegarty  
District CEO  
Sunshine Coast Health Service District  
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## WHAT'S ON THE MENU FOR OUR CHRISTMAS FUNCTION - SATURDAY 3rd DECEMBER - HEADLAND PARK GOLF CLUB - DON'T MISS IT - BOOK NOW!

### Canapés from 7pm

- Flame Meat balls / tomato relish
- Assorted mini quiche
- Chicken satay / spicy peanut sauce
- Sushi variety
- Seared beef cornichon / tomato chutney
- Blini with wasabi cream / Mooloolaba king prawn

### Mains

- Chicken balontine filled with pistachio & apricot farce on steamed green beans, braised potatoes, roast roma tomato & cranberry jus
- Garlic lamb rack with sweet potato mash, steamed greens & jus

- Crispy skinned Daintree barramundi on a tomato & avocado salad, lemon thyme chat potatoes & drizzled with harissa dressing

### Desserts

- Traditional plum pudding with brandy custard & Ice-cream
- Mango pavlova roulade with passionfruit drizzle & cream GFree
- Raspberry & white chocolate cheesecake with cream



**DON'T MISS IT - BOOK NOW!**

# AMA QUEENSLAND - PRESIDENT'S REPORT

## *Dr Richard Kidd*



As we all know a state election is pending. To ensure health remains front and centre of the debate, AMA Queensland launched a pre-election campaign, Time for Answers on 20 November.

To start the campaign AMA Queensland wrote to all major newspaper editors, radio journalists and television news editors and provided them with a series of questions for all candidates.

Following feedback from members in the Sunshine Coast Area, the following questions were sent to local media in your area:

1. Public hospitals in Queensland are chronically underfunded and the system is at breaking point. What will you and your party do to relieve pressure on the health system and ensure patients are properly cared for?
2. The number of beds per capita in Queensland is below the national average. What will you and your party do to ensure that the number of Queensland Public Hospital beds is at least on par with the national average?
3. How will you and your party assist to recruit and retain the vital services of VMOs in hospitals, especially in regional and rural Queensland?
4. Long waiting times in Queensland public hospital emergency departments, due to access block means very sick people may not be able to access an inpatient hospital bed. In October 2011 Nambour Hospital emergency department was 'busy' around two thirds of the time which meant the hospital was finding it difficult to treat incoming patients in a timely way. Caloundra Hospital Emergency Department was 'busy' around half the time. What will you and your party do to ensure patients receive treatment in a timely manner?
5. Many patients in Queensland are having their referrals for elective surgery rejected. What will you and your party do to ensure patients are treated in a timely manner?
6. Do you believe your party should commit to ensuring all Queensland medical students receive an internship after they graduate as a way of helping to alleviate the doctor shortage?
7. Smoking has huge health and economic costs. What will you and your party do to resource smoking cessation services in your region?
8. Maroochydore Health Hub was originally due to have been built by 2009 and promised to properly provide the Sunshine Coast with a modern, multi-disciplinary array of essential preventative, subacute and chronic disease, ambulatory community health services. These services are currently scattered in ageing locations with inadequate resourcing. Will you and your party commit to a delivery date for the Maroochydore Health Hub?
9. Acute Primary Care Clinics offering bulk billing services are currently being rolled out across the state by Queensland Health. There is concern within the medical community that these clinics may threaten the viability of existing general practices. In some rural areas this may mean losing local GPs altogether. Would you and your party commit to a moratorium on the roll out of these clinics?
10. In 2008/2009 111 patients died of suspected suicide after attending a Queensland Health Emergency Department. A shortfall in mental health beds, staffing and resources in Queensland's public hospitals is thought to be a major attributing factor. How will you and your party address this problem?

AMA Queensland intends to put all responses on our website so you and your patients can see what local candidates are saying.

As the election looms closer, it is up to us the main independent voice for doctors to ensure health is high on the political agenda. The time for answers is now. It is the time for AMA Queensland to pull together and be the voice for medical professionals and our patients.

Dr Richard Kidd

6 AMA Queensland President





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## Self-Managed Superannuation is a hot topic today!

Especially considering that with the right structuring and investments an SMSF can potentially double somebody's net assets in a relatively short time, thanks to the amazing "super-related" tax benefits on offer through the Australian Taxation Office.

Many people are seeing self-managed super as a "magic pill" that will solve their investment challenges and set themselves up for a wealthy retirement. Yes it can be a "magic pill" but, as with anything that has a potentially substantial upside, there is always a downside.

The wrong set-up, the wrong structuring and the wrong advice can cause a lot of legal and financial headaches. The key is to get the right advice from the outset.

As specialist SMSF advisers we often get asked to clean up some of the mistakes people have made by following the wrong advice.

We will share some of these horror stories with you so you can make sure they don't happen to you.

### Horror Story #1

Bob aged 58 and Mary aged 55 were keen to invest in property. They attended a property investment seminar where the speakers talked about how to buy property through a Super Fund. They decided to buy a property and arranged for an SMSF to be set up, through advisors recommended by the property marketers.

The advisors did not consider the objectives of the trustees of the fund, the ages of the members and how this impacted on the choice of investments they put into the fund.

The property was not a good investment for the fund, it was significantly negatively geared. The members had to increase the amount of contributions they were putting into the fund. The timing was a disaster!! Bob was planning to retire at 60 and the fund has used all its cash to acquire an unsuitable property. Bob's retirement funds were gone and he needed to continue working to fund the expenses of the property!!

A property that may seem like a good investment ie. great location, great capital growth opportunities etc. may not be right for a SMSF.

We recommended that Bob and Mary sell the property and acquire a different type of property that was in line with their SMSF goals. As a result, they saved \$10,000 a year in contributions and Bob was able to take a Pension.

### Horror Story #2

Tom aged 60 and Monica aged 54 were members of their SMSF. Although Tom was 60 he had very little in his member's account. Monica had the largest balance but she could not access it.

They had been to a property seminar in which the presenter spoke of using the SMSF in a Joint Venture with their Family Trust. They established the correct JV agreement, but their accountant erroneously recorded the Joint Venture contribution to the trust as an In-House-Asset (i.e. a loan rather than a Joint Venture contribution) which resulted in the auditor reporting a breach to the ATO.

Rectifying the breach cost Tom and Monica their home; they had to sell it to pay the SMSF back for the "loan".

If only they had sought the advice of an advisor that understands advanced strategies available to trustees of SMSFs. There were many solutions to their problem.

Unfortunately there are more horror stories like this one. The point is, getting the right advice is paramount. Select your advisors wisely and educate yourself. When you do these two things you'll find that Self Managed Super really can be a "magic pill" in escalating your wealth.

Like the doctor who used a contributions reserve strategy to claim an extra \$100,000 of concessional contributions in a year of high profits saving \$45,000 in taxes in that year!!

If you would like to find out more or would like to speak with us about establishing your SMSF; assisting you with advanced investment strategies; specialist asset protection or Wealth Planning please contact Barbara Page or Martienne Freeth on 1800-Wealth (932 584) for a consultation.



# University of the Sunshine Coast SCLMA June Canavan Bursary 2011 Recipient – Leonie Harvey

## Honours Project

### A brief overview:

The aim of this project is to determine the exercise intensity that elicits the maximal rate of fat oxidation in normal weight and overweight sedentary females, as well as determining what exercise intensity is the most enjoyable.

This will be achieved by looking at various blood markers in conjunction with several psychological scales to monitor affect at a selection of exercise intensities.

Fifteen normal weight females, 15 overweight females and 15 obese females that are sedentary and aged between 18-45 years of age will have their resting blood pressure taken by standard auscultation and lung function measured by spirometry.

All participants will complete a VO2MAX treadmill walking test to establish their cardiovascular fitness and assist in determining the appropriate exercise intensities at which the subsequent treadmill tests will be conducted. Participants will then perform 2 sub-maximal walking tests with four 5 minute stages. These stages will be at a pre-selected percentage of the participant's VO2max.

At the end of each stage, blood markers will be analysed via the collection of capillary blood by skin puncture, and affect will be monitored via several psychological scales. Participants will be grouped according to information gathered from anthropometric data collected at the University of the Sunshine Coast and according to World Health Organisation guidelines.

This research will provide important information to those working in the exercise, fitness and health industries with regards to appropriate exercise prescription to assist in weight management and exercise adherence.

**Leonie will be presenting her findings at the SCLMA meeting 24 November**



## “How to Bullet-Proof Your Self-managed Super Investments in this Crazy Economy”

65% of SMSF investors are terrified about the future of their investments, and rightly so given the market today. Here's how to safeguard and escalate your SMSF returns and ensure your retirement lifestyle.

Good news! With some sophisticated SMSF investment strategies, you can escalate your returns and bullet-proof your nest egg....even in today's economy. Join us at the Secure in Brisbane for the SMSF Which Properties Strategies Day on 4 December and discover:

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- How to borrow to buy property through your SMSF
- Property Investment tips to maximise your returns
- How to identify and implement the right wealth strategy for your specific SMSF... and much more

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# MEDICAL MOTORING

*with Doctor Clive Fraser*

## Fiat Ducato - Avan Ovation Motorhome

***“Take me home, country roads”***



It's that time of the year when many doctors are thinking of taking a holiday and hundreds of Senior Active Doctors who have been forced into retirement may be thinking of joining the hoards of grey nomads exploring Australia.

So the first decision medical travellers will need to make might be, “Will I buy a 4WD and a caravan or should I buy a motorhome instead?”

The caravan option promises the use of a vehicle for everyday use, but after that the arguments all stack up in favour of the motorhome.

For starters motorhomes don't need to be towed like a caravan, they are more spacious, they have more windows and a very big plus is that on many models you can see out the back when driving.

So for much less than the price of a large 4WD and an up-market caravan, what will you get for about \$110K in the motorhome market.

Well a colleague did all of the sums and placed an order for an Avan Ovation built on a Fiat Ducato chassis.

The Fiat van chassis is also sold overseas as a Peugeot Boxer and a Citroen Jumper.

It's ideal as a motorhome conversion because the rear wheels are widely spaced and there is a flat floor from the cabin all the way back to the living quarters.

Power comes from a 4 cylinder 3 litre turbo-diesel which drives the front wheels through a six speed automated manual transmission.

Economy is out-standing for such a large unit with 12.8 l/100km (22 mpg) being possible on the highway.

This compares very favourably with a turbo-diesel Landcruiser towing a large caravan which could be expected to consume 30 l/100km (9.4 mpg) over the same terrain.



The Avan fit-out is considered to be at the economy end of the scale and this does mean that many of the fittings are rather flimsy and frankly under-engineered.

The most glaring example of this is the Avan's floor which has already sagged in my colleague's vehicle.

To save weight the floor is a sandwich of plywood and polystyrene which simply wasn't strong enough to do the job.

Avan are happily repairing this defect under warranty.

It's worth noting that this rig isn't really up to the task of towing anything substantial either.

The tow-bar doesn't seem to be bolted onto anything solid at the back and I definitely wouldn't recommend towing another vehicle behind.



# MEDICAL MOTORING /cont:

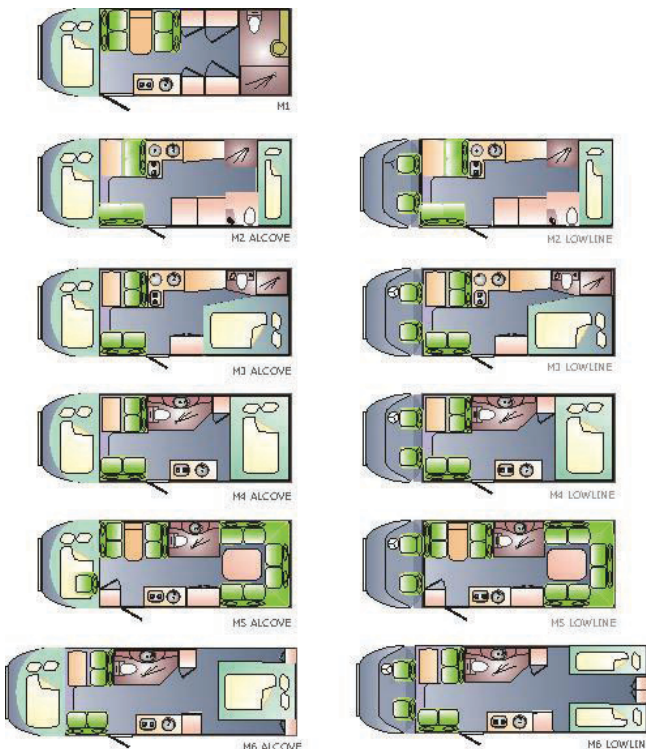


The brochure says it can tow up to 2.5 tonne with brakes, but I'd be surprised that with front wheel drive whether this is feasible.

Either way a towbar does spare the rather fragile rear end from being scraped on driveways.

A feature which was very neat were the block-out blinds that are built into the door pillars for privacy.

All up the Avan Ovation is a step up from the residents' quarters and may be just the thing for doctors on the move.



## Fiat Ducato – Avan Ovation Motorhome

For: Stylish, affordable.

Against: Variable after-sales service.

This car would suit: Senior active doctors.

### Specifications:

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116 kW power @ 3,600 rpm

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Gross vehicle mass 4000 kg

12.8 l/100 km (highway)

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\$110,000 (approx depending on options).

Safe motoring,

Doctor Clive Fraser

doctorclivefraser@hotmail.com



Have you booked a table for the Christmas Function - the SCLMA's only social event of the year.

Organise a table - phone Jo 5479 3979 or email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

**We need numbers NOW!**

Check out the menu on page 5.

Time 6.30pm for 7pm - stay as long as you wish.

Chardonnay Sippers is back to entertain us again - promising to play soft music during our dinner.

**Don't miss out BOOK NOW PLEASE!!**





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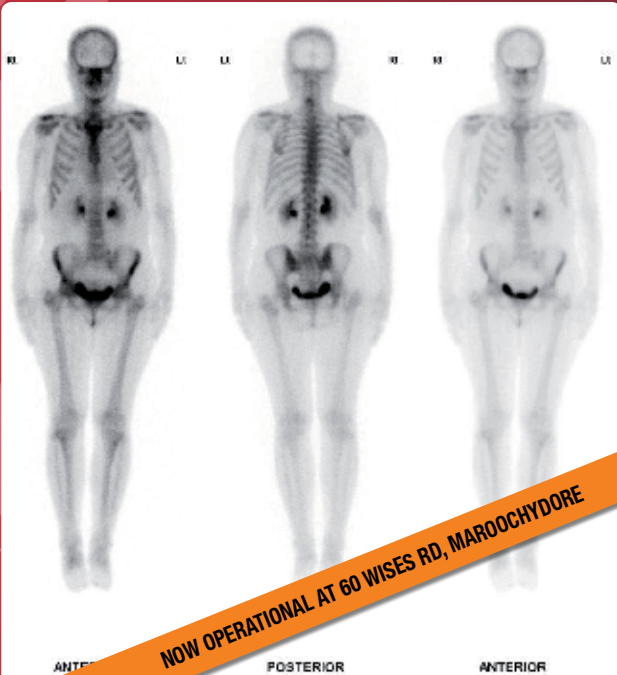
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# Avoid Building Traps...

The \$10,000 Building Boost Grant may be just the motivation you needed to explore investing in new House and Land, but how do you avoid the costly traps that catch-out younger players...



## 5 Helpful Tips To Avoiding Building Traps

### 1 Your Client... Yes, you read right, YOUR Client.

Investing is a business activity and to be successful, Clients come first.

Your Client will be paying for the right to use the property and today's tenants know what they want and have their list of expectations they're looking for.

Properties that tick all the boxes

- Rent first, with better rental yields,
- Attract quality, long-term tenants, and
- Are treated as a home, not as a house.

*"New House and Land packages offer modern, attractive and energy efficient living for tenants, with many financial benefits for investors.... The key is to find partners you can trust to build it."*

**Wes Stephen**  
**SEQ Property Planners**

**TIP 1... Build to market expectations.** Have the right inclusions, without over capitalising or pricing yourself out of reach of your target tenant-pool. Natural light, energy efficient, spacious-feel and air-flow are priorities... as is a spare room.

### 2 Location...

Amenities and infrastructure are two key location points. Access to schools, shopping, leisure and public transport rank highly on the list of must-haves.

Location speaks as much to occupancy as it does to any potential capital growth – both of which are critical factors in a successful investment outcome.

- Research the Residential Community Master Plan.
- What is available now & what is yet to be developed, and
- Check location and ± impacts of any future development.

**TIP 2... Identify access to essential services.** Location selection will go a long way toward determining occupancy and growth outcomes. Choose wisely and reap the rewards for both.

### 3 The Block...

It may not always be possible, but putting your 'foot-print' on the block is the only real way to avoid nasty surprises that can compromise your investment build success.

- Excessive noise from roads or surroundings,
- Difficult blocks – gradient, aspect, shape, position, or
- The good old, "What is THAT doing there!" ugly surprise.

**TIP 3... Put your foot-print on the block.** There's only one way to be sure... Schedule time to visit the block. If it's right from the beginning, it's right for life.

### 4 The Contract...

1. Use of non-official HIA contracts breach copyright and can void some or all benefits, including warranties.

2. Negotiate reduced build-times and more reasonable late-completion penalties. Delays in the final stages incur unexpected interest costs & suffer opportunity-costs of lost rent – potentially a several thousand-dollar loss to you.

3. Pay close attention to finer details with inclusions.
- Detailed list of ALL inclusions – inside and out,
  - Specific details on quality, type or brands, and
  - Be sure the inclusions form part of the build contract.

**TIP 4... Contracts needn't be complicated, but must be thorough.** The most common cause for conflict is inclusions. This is generally a non-standard annexure to the HIA build contract, open to misinterpretation. Itemised list, please.

### 5 The Builder...

Regardless of who you are dealing with in the purchase process, **the Builder is your primary Partner.**

Request to inspect one of their previous projects, first hand.

**TIP 5... Be tactile.** While you're taking the time to visit the block, visit something the Builder has finished, or is near to completion and inspect the quality of work. It's a good idea to take the list of proposed inclusions with you and check it...

FYI... Show Homes are purpose-built show pieces. Keep it real.

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# “Champagne: the essence of evolution”



dr. plonk

## ***“Come Brothers, there are stars in the wine”***

These words have been replayed in many accounts describing Dom Perignon’s discovery of Champagne. This near blind Benedictine monk is credited with being the Father of this most exhilarating effervescent Beverage that is known as Champagne.

Whilst there have been many sparkling alcoholic tipples made for many centuries prior, The Dom refined the process of keeping the bubbles in by inventing the bottle cork.

He was allegedly inspired by two Spanish monks that had their water bottles sealed with bark from the cork tree. This was refined and obviously outperformed the previous wooden stoppers wrapped in hemp and olive oil.

1698 was the most likely year that Champagne as was born. His other great achievement was the ability to make white wine from black grapes by using a specialised method of pressing the grapes. Champagne is made from Chardonnay, a white grape, Pinot Menier and Pinot Noir which are black grapes.

The original Champagnes were still wines and actually “grey, “but still very much sought after. The Dom actually succeeded in making red Champagne by careful black fruit selection.

He greatly increased the wealth of the abbey by fetching four times the price for his sparkling wines and improving the quality of growing lots and cellaring capabilities.

He died in 1715 which left his community devastated as he was loved by all. A simple Champagne proverb says it all; “Dom Perignon loved the poor and he made good wine.” You can’t really find his name in the Catholic Encyclopaedia but his legacy is legendary in the vinous world.

Champagne can only be so if it is from the Appellation area known as Champagne. Three grapes are the only types allowed, but they can be in any proportion with pure Chardonnay known as Blanc de Blanc, and pure Pinot Noir known as Blanc de Noir. It can be a mixture of vintages and known as Non Vintage or in exceptional years, often only 3 or 4 per decade, as vintage Champagne.

The Methode` de Traditionale is the process where a flat wine already fermented, has residual or added yeast that converts sugars with the by product being carbon dioxide.

The left over’s of dead yeast, called the lees, is later taken off by freezing the neck of the bottle where it has settled after months of turning and inverting (riddling). Some dosage, usually a sweetened liqueur, is added to round out the wine.

There has never been a better time to buy Champagne. The high Aussie dollar and the GFC make supplies readily available. Dan Murphy’s and First Choice have excellent house non vintage Champagnes in the \$35-\$50 range such as Drappeir, Cartier, Pommery and occasionally Moet.

The \$50-\$90 range lifts in quality with Veuve Cliquot, Tattinger, Perrier Jouet and you start to get into some Vintage and Rose styles.





# Champagne : the essence of evolution / cont:

Great examples include Pol Roger 2000, Lanson Gold Vintage 2000 and Mumm Rose and Moet Rose.

As Christmas approaches, its time to get the moths out and have a crack at such great wines as Krug Grand Cuvee or even the Krug Clos du Mensil. This later wine will set you back \$450 or so but is from enclosed 17<sup>th</sup> century vineyards and is considered along with Salon S and Louis Roederer to be the pinnacles of sublime Champagne seduction.

Bernadette O'Shea is the Queen of bubbles in Australia and regularly holds education courses in Brisbane at the Wine Emporium. Her book, "Champagne and Chandeliers" chronicles and highlights the most elegant and often most influential dinners that were built around Champagne.

When it comes to Champagne reviews, her writing is some of the most elegant in the wine world. The book and her classes, available on her web site, would make great gift ideas.

## *Dr Plonk has been drinking*

- Champagne- Franck Pascal NV (no dosage, organic) 93 (through buy fine wines)
- White- Pooles Rock Hunter Valley Semillon 2007 92 pts
- Red- Exile Barossa Shiraz 2009 94 pts (available at get wines direct)



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## RESTAURANT REVIEW

**Le Baroque**  
**French Restaurant**  
**Gloucester Centre, 2 Main St**  
**Buderim Ph: 5445 3388**

**Crown Complex, Southbank, Melbourne, 8679 1888**



This month I headed to the lofty heights of Buderim on Top to the French restaurant of chef/ proprietor Mikael Palardis, of Le Baroque.

For something a bit different I had organised an interview with Mikael. It was set for Monday 4pm. With several pre planned questions to hand I arrived to be greeted by Mikael, a charming Frenchman from the region of Cognac.

The town gives its name to one of the world's best known types of brandy, Cognac. Francis 1 (king of France between 1515 and 1547) was born in the towns castle in 1494.

Mikael grew up in Cognac, moving to Australia in 1991. Initially settling in Brisbane and opening the successful restaurant Rhubarb Rhubarb. His life then took an unexpected turn and he sought the more relaxed lifestyle of the Sunshine Coast. And so Le Baroque was born.

Le Baroque is open for evening meals only 3 days a week, Thursday to Saturday. Dinner is served in the elegant dining room.

Next door is the Teahouse which Mikael opens 7 days a week from 8am to 4pm serving morning teas and lighter lunch time French fare.

After brief and polite exchanges we turned to the questions at hand.

**SCLMA:** When one thinks of Italian cuisine we automatically think of pasta and pizza, Thai cuisine we think of pad thai and chicken cashew nuts but with French cuisine we are a bit lost?

**Mikael Palardis (MP):** French cuisine involves slow cooking. Daube de Bœuf à l'ancienne du Baroque ( Wagyu beef slowly cooked in red wine served with homemade gnocchi, golden shallot and smoked bacon); Confit de Canard aux choux Rouges braisés (Confit duck leg on a sticky Port Red Cabbage with orange glaze sauce and caramelised peas).

**SCLMA:** What is Le Baroque's signature dish?

**MP:** The slow cooked wagyu beef cheek in red wine served with homemade gnocchi, golden shallots and smoked bacon.

**SCLMA:** Your favourite ingredient?

**MP:** Extra virgin olive oil. Because of the slow cooking nature of French cuisine the main ingredients like the beef and duck are typical rubbed down with olive oil and then gently seared before been braised.

**SCLMA:** The kitchen utensil that you cannot live without?

**MP:** My grandfather's kitchen knife.

**SCLMA:** What are your thoughts on Celebrity chefs and the Master chef TV reality show?

**MP:** Overrated, creating impossible demands on day to day chefs. No decent sauce can be prepared in 20 to 30 minutes. A good red wine reduction sauce will take 48 hours to infuse with flavour.

**SCLMA:** What meal would you choose as your last supper?

**MP:** Baguette, cheese, grapes and French champagne.

**SCLMA:** Have people lost the art of fine dining?

**MP:** Yes. Have a look at George Colombaris and his table manners. The romance is gone. We have to win it back.

And so it was time to bid Mikael and his French cuisine farewell. We exchanged a few culinary tips. He gave me a bottle of French Syrah and I promised him a bottle of Mateus. (Rose wine from Portugal). Note to myself. Must ask Dr Plonk to do a review on Mateus.

**Le Baroque, Romantic French Cuisine.**

- Entrées, \$19.50
- Le Souffle aux trois fromages... Le Baroque specialite (Twice baked three cheeses soufflé with creamy Waldorf salad)
- Main Courses, \$36
- Les Desserts, \$16
- Crepes Suzette with toasted almonds and ice cream

Bon Appetite

Marcel Knesl





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# Birthing Kits for Donations In Kind

Dear GPs and Specialists of the Sunshine Coast, I am helping the Inner Wheel Club of the Sunshine Coast collect donations of basic medical supplies for Birthing Kits for Papua New Guinea. The kits are shipped by Donations In Kind and distributed to Village Birth Attendants in PNG for use with their expectant Mums. Both organisations involved are associated with Rotary and are run purely by volunteers.

These very basic kits contain a small zip top plastic bag with:

- 5 gauze squares
- 5 Alco wipes
- 1 razor blade (to cut umbilical cord)
- 1 piece of soap
- 1 pair of gloves
- 2 pieces of string (to tie off the cord)

within a larger zip top bag also containing

- 1 Garbag with the bottom cut off
- 1 piece of linen about 1 m square
- 1 small piece of towelling
- 1 pair of gloves
- 1 label

I am helping to source donations of medical supplies.

Specifically, I am asking for donations of:

- Packets of non sterile gauze squares - 7.5 cm x 7.5cm (100) - cost approx \$1.10 each
- Boxes of Alco wipes (200) - cost approx \$2.60 each

The Inner Wheel Club has undertaken to assemble 200 Birthing kits a month so therefore need 10 packets of gauze and 5 boxes of Alco wipes per month (the total would be approx \$24.00).

My practice, Maroochy Waters Medical Practice, has generously donated a month's supply of both for October, but medical supplies are needed for November and beyond.

**If you can help, please email me:**

**dr.jodie.bryce@gmail.com or call me on 5479 1177 and I can arrange collection.**

Thanks for your generosity,

Dr Jodie Bryce

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# INVITATION

## SCLMA CHRISTMAS CELEBRATION SATURDAY 3<sup>rd</sup> DECEMBER 2010 HEADLAND PARK GOLF CLUB



**TIME:** 6.30pm for 7.00pm  
**DRESS:** Smart Casual  
**MUSIC:** CHARDONNAY SIPPERS  
Check out the website for a demo!  
[www.chardonnaysippers.com](http://www.chardonnaysippers.com)

From the past two years' bookings we KNOW ...

- The food will be superb
- The band is toe-tapping and will play softly while we dine!

Plan a table with your friends for a great night!

NO LIMIT ON NUMBERS - THE MORE THE MERRIER!

**COST: CURRENT & NEW MEMBERS FREE. PARTNERS \$55.00**

Member's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Amt Encl: \_\_\_\_\_

Email: \_\_\_\_\_ Table? \_\_\_\_\_

Dietary Requirement? \_\_\_\_\_

**RSVP: ASAP or NO LATER THAN MONDAY 21 NOVEMBER**

**HOW: Return this form with cheque to: SCLMA PO Box 549 Cotton Tree 4558**

**OR EFT: BSB 034-243 ACCOUNT NUMBER 11-9298 (identify payment please)**

**PLEASE FAX YOUR RESPONSE IF PAYING ON-LINE TO 5479 3995**



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*National Australia Bank - nabhealth*

*Noosa Hospital, Caloundra Private Hospital*

*Sunshine Coast Private Hospital*

*Sports & Spinal Physiotherapy Centres,*

*Medfin and others to be confirmed.*

***Don't miss out - book now!!***



# AMA COUNCILLOR'S REPORT

***Dr Wayne Herdy***

***Two public documents have attracted considerable media attention over the past month – the AMA's Public Hospital report Card, and the Newspoll survey on public opinion on health matters.***



## AMA PUBLIC HOSPITAL REPORT CARD.

The AMA Public Hospital Report Card 2011 has very little joy for any government.

Hospital bed numbers per capita continue to fall. In 2008 the then Prime Minister, Kevin Rudd, promised an additional \$4.8 billion, to create 3750 new beds and growing to 7800 additional beds by 2012-13. By June 2010, we counted only 433 new beds Australia wide.

Median waiting times for elective surgery have continued to show a slight decline. Only 78% of Queensland's category 2 elective surgery patients were seen within the clinically indicated time. In Queensland, the Surgery Connect programme has diverted long-wait public patients into the private sector, and now accounts for about 4% of elective surgery patients.

Hidden waiting lists are well known to Queensland doctors, and are highlighted in the report card. Queensland Health continues to deny that there is a waiting list to get on the waiting list.

In emergency departments – category 1 and 2 performance times are quite good, but only in WA are category 3 waiting times anywhere near target. The report card cites expert opinion that there is a 20-30% excess mortality attributable to exit block. In Queensland, only 59% of category 3 patients are seen within the recommended time. Media reports are commonplace of ambulances being put on bypass, or capacity alert, or ramping (choose your own term, the process and outcome are the same).

Bed occupancy remains above the AMA recommended level of 85%. Above that figure, there is no capacity to accommodate surges and epidemics and mass emergencies. Caloundra and Cairns Base Hospitals operated at over 100% capacity!

The AMA was gratified that the Public Hospital Report card attracted more media and public attention than any other single AMA event this year.

## HEALTH OF THE NATION.

The Weekend Australian of 5-6 November featured a liftout entitled "Health of the Nation", including an analysis of a recent Newspoll survey on health. One journalist wrote that "the era of universal healthcare is effectively over". The crisis of medical manpower looms high in the poll, and the bottom line is that Australia's supposedly classless society has a two-tiered system.

Those who can/will pay can get first-class treatment, those who cant/wont pay are relegated to an inferior service. The author wrote "it is a disgrace that a significant proportion of the population are not able to access healthcare because of cost barriers".



# AMA COUNCILLOR'S REPORT

*Dr Wayne Herdy*

## ***A few highlights:***

- only about half of responders are happy to register with just one GP or GP clinic
- 77% believe that waiting times for GP's is very reasonable or quite reasonable
- somewhat worrying for continuity and the highest quality of care, 72% were prepared to attend a clinic staffed only by nurses [there is a case here for the AMA to run a public awareness campaign to explain why we believe that nurses alone are not enough]
- only 47% were "very confident" that they would receive high quality and safe medical care in the event of a serious illness, and a further 42% were "somewhat confident"
- despite what we perceive to be a plethora of corporate practices, only 14% attended a GP on a walk-in basis and a whopping 85% made an appointment
- only 39% were "very confident" that they would be able to afford the care they need, and another 38% were "somewhat confident"
- a total of 45% had deferred or avoided medical treatment to save money.

Now what the article misses is a distinction between GP and specialist, elective and emergency. Because GP's see many disadvantaged patients, our bulk-billing rate remains very high, typically around 80%. The bulk-billing rate for specialists is much lower. The existence of cost barriers does not preclude any patient from accessing urgent and life-saving treatment.

Although it did not attract the wide media attention enjoyed by my first two topics, review of the PSR has attracted the attention of the medical media.

## **PROFESSIONAL SERVICES REVIEW.**

The PSR has been the subject of a new Memorandum of Understanding, has had a new head appointed, and is still the subject of a Senate enquiry. All this amounts to an AMA win.

Despite the trend to include lawyers in the adjudication process, the profession is still entrusted to judge itself.

Some cases have been dropped entirely, some are still being judged. The outcomes do not reflect the merits of each case but are based on the finding that the process was faulty.

The process will now be more transparent and accountable. The Person Under Review (PUR) will now be given full information about the case – a fundamental of quasi-criminal proceedings in any other jurisdiction. The PUR will be able to object to inclusion of specific members of a tribunal, and in the event of dispute the PSR will defer to the views of the College to determine whether a tribunal member is reasonably considered to be a true peer of the PUR.

As always, any opinions expressed herein remain those of your correspondent,

Wayne Herdy.



# SMILE TIME .....



## NON-DEEP THOUGHTS

- I planted some birdseed. A bird came up. Now I don't know what to feed it.
  - I had amnesia once... or twice. - I went to San Francisco. I found someone's heart. Now what?
  - Protons have mass? I didn't even know they were Catholic.
  - All I ask is a chance to prove that money can't make me happy.
- If the world were a logical place, men would ride horses sidesaddle.
  - What is a "free" gift? Aren't all gifts free?
  - They told me I was gullible... and I believed them.
  - Teach a child to be polite and courteous in the home and, when he grows up, he'll never be able to merge his car onto a freeway.
  - Two can live as cheaply as one, for half as long. Is there another word for synonym?
  - Where do forest rangers go to 'get away from it all'?
  - The speed of time is one second per second.
  - Is it possible to be totally partial?
  - What's another word for thesaurus?
  - Is Marx's tomb a communist plot?
  - If swimming is so good for your figure, how do you explain whales?
  - Show me a man with both feet firmly on the ground, and I'll show you a man who can't get his pants off.
  - It's not an optical illusion. It just looks like one.
  - Is it my imagination, or do Buffalo wings taste like chicken?
  - Experience is the thing you have left when everything else is gone.
  - What if there were no hypothetical questions?
  - One nice thing about egotists: They don't talk about other people.
  - When the only tool you own is a hammer, every problem begins to look like a nail.
  - A flashlight is a case for holding dead batteries.
  - What was the greatest thing before sliced bread? My weight is perfect for my height --which varies.
  - I used to be indecisive. Now I'm not sure.
  - The cost of living hasn't affected its popularity.
  - How can there be self-help 'groups'?

## 9 Months Later...

Jack decided to go skiing with his buddy, Bob. So they loaded up Jack's minivan and headed north.

After driving for a few hours, they got caught in a terrible blizzard. So they pulled into a nearby farm and asked the attractive lady who answered the door if they could spend the night. "I realize it's terrible weather out there and I have this huge house all to myself, but I'm recently widowed," she

explained. "I'm afraid the neighbors will talk if I let you stay in my house."

"Don't worry," Jack said. "We'll be happy to sleep in the barn. And if the weather breaks, we'll be gone at first light."

The lady agreed, and the two men found their way to the barn and settled in for the night. Come morning, the weather had cleared, and they got on their way. They enjoyed a great weekend of skiing.

But about nine months later, Jack got an unexpected letter from an attorney. It took him a few minutes to figure it out, but he finally determined that it was from the attorney of that attractive widow he had met on the ski weekend.

He dropped in on his friend Bob and asked, "Bob, do you remember that good-looking widow from the farm we stayed at on our ski holiday up north about 9 months ago?" "Yes, I do." Said Bob.

"Did you, er, happen to get up in the middle of the night, go up to the house and pay her a visit?" "Well, um, yes!," Bob said, a little embarrassed about being found out, "I have to admit that I did." "And did you happen to give her my name instead of telling her your name?"

Bob's face turned beet red and he said, "Yeah, look, I'm sorry, buddy. I'm afraid I did." "Why do you ask?" "She just died and left me everything."

(And you thought the ending would be different, didn't you?... you know you smiled...now keep that smile for the rest of the day!)

## PATRICK ...

Patrick was a youthful and hardworking Irishman at a Coastal village in Ireland.

Daily he would pole a heavy old punt out to sea then work a heavy iron grapple to bring up the sand oysters which he sold to the local ice works.

He was a man of regular habits he always arrived home each day at a certain time. Sadly, Patrick did not realise that the heavy grappling was taking a toll on a faulty heart.

One day he failed to come home so his wife contacted the Police to investigate him being missing. They rowed out and found Patrick dead in the punt beside him a huge grapple full of oysters he'd tried to hoist aboard.

Headlines next day in the 'Irish Times Newspaper' Said.....  
Wait for it!

Wait for it!

Wait for it!

**OYSTERS KILPATRICK !!!!**



**QUOTATION BY SHAKESPEARE .....**

***'They do not love that do not show their love'***

# CLASSIFIEDS

## CONSULTING ROOMS AT ALEXANDRA HEADLAND

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Always kept in enclosed garage and serviced by Toyota. Rear view reversing camera. Never off-road. Towbar (but has never been towed).

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November 2011

## GP REQUIRED - MOFFAT BEACH

GP required for well-established family practice at Moffat Beach. Close to beach and cafes. Privately owned. DWS available. Friendly environment with full-time RN support. Computerised, accredited, well-equipped practice. Monday to Friday - no after hours.

**Contact Practice Manager Ph: 5438 2333 or email: [practicemanager@moffatbeachmedical.com.au](mailto:practicemanager@moffatbeachmedical.com.au)**

September 2011

## SEARCHING FOR A FEMALE DOCTOR

Are there any female doctors out there who would like to work with us two days per week to replace our nice young GP now on lengthy maternity leave?

We are a long established family practice. Hours are negotiable. **Phone Trish 5492 1144.**

September 2011

## VR GP - COOLUM BEACH

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

**Contact Practice Manager, Sharon:**

**Ph: 0402 807 559**

**Email: [sharon.richards21@bigpond.com](mailto:sharon.richards21@bigpond.com)**

October 2011

*Classifieds remain FREE  
for current SCLMA members.  
\$110 for non-members Ph: 5479 3979.  
Mobile: 0407 037 112.  
Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)  
Classifieds will remain on the list  
for three months unless  
you request a longer placement.*

*Welcome to new SCLMA members  
- accepted at the October 2011  
Management Committee Meeting -*

- Dr Emily Hales (NGH)
- Dr Jonathan Last (NGH)
- Dr Gerard Olive (NGH)
- Dr Melissa Yeoh (NGH)

*Applications to be tabled at the  
November Management Committee  
meeting include:*

- Dr Sagar Ramani. Radiation Oncologist, Premion
- Dr Todd Malone, Radiologist, Noosa Radiology
- Dr Fred Bittar (re-joining)



**Have you checked out our website?**

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

*Application form available  
Are you listed on the Members' Directory?  
Click on the Member's Form and complete  
Option to send a query also available.*



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

Presenters: Radiation Oncologists from Premion

**Dr Marie Burke, Dr David Schlect and Dr David Thomas**

Topic: 'Technological Advances by Premion in Radiation Oncology  
on the Sunshine Coast.'

The SCLMA extends its appreciation to the meeting sponsor: Premion

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Premion Radiologists

Presenters:

Dr David Thomas

Dr Marie Burke

Dr David Schlect

with new

SCLMA member,

Dr Sagar Ramani,

Premion Radiologist



Lenka Stratford-Smith, nabhealth  
with Dr Denise Ladwig



SCLMA Committee Members, Dr Debbie  
Pfeiffer with Dr Kirsten Hoyle



Dr Colin Dicks & Marinya van der Westhuizen

Right:  
Past  
President,  
Dr Andrew  
Southee  
with current  
Meetings  
Convenor, Dr  
Rob Ingham.

