Newsletter
November 2012

SCLMA President's Message - Dr Rob Ingham

An update on referral issues at Specialist Outpatients

We have formed a GP working party to liaise regularly with the administration staff at Nambour General Hospital.

This committee includes myself, Dr Di Minuskin, Dr Mason Stevenson and Dr Scott Phipps.

Coincidentally this ensures we also have the region geographically covered. This group will replace the GP liaison position and work with Gail Palmer of Focus Health Network to assist with administration. My hope is that this committee will be a powerful tool to facilitate meaningful communication between the local medical fraternity and the hospital. I would like to reiterate our appreciation of the high level of enthusiasm and cooperation of Mr Kevin Hegarty and the administration staff of NGH in enabling this concept to proceed.

Clinical information retrieval

I'm hoping that we have achieved a breakthrough in the ability of the referring doctor to access clinical information pertaining to their patients from medical records at NGH. After a review of the privacy laws by Nambour Hospital administration, it has been ascertained that as long as the information is requested by the referring doctor, it is no longer a requirement to obtain written patient consent prior to release. Please contact me if you find that this is not the case.

After Hours

As a former director of the now defunct Sunshine Coast After Hours Medical Service (SCAHMS) I have continued to have an interest in the provision of GP after hours care. When I commenced my career in General Practice it was considered that in order to have the right to see patients through the day it was incumbent on the doctor to provide for their patient's care after hours.

Whilst some doctors in the region still provide their own high quality after hours care, over the years a major shift has occurred in this area of medicine. The reasons are many and varied and open to individual interpretation, but may include the lowering of Medicare rebates for after hours care, vocational registration, (where after hours is an opt in, opt out option), the increasing corporate involvement in General Practice, where the emphasis is shifted to the employer rather than the individual, workforce shortage and a general change in lifestyle choices by a new generation of medicos.

With recent changes to the Practice Incentive Payment after Hours payment, the responsibility has been shifted to Medicare Locals to provide this service. I believe the best model of service will be one that provides for face to face interaction in a well equipped medical facility. This could be augmented by a visiting service. It is hoped that this could be embraced by the local medical community and supplemented by the increasing workforce and government funding.

Rob Ingham

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

Sullivan Nicolaides PATHOLOGY

HIGHLIGHTS:

CONTACTS:

President and	Dr Rob Ingham Ph: 5443 3768
Vice President:	Dr Di Minuskin Ph: 5491 2911
Secretary: & AMAQ Councillor	Dr Wayne Herdy Ph: 5476 0111
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
FHN Rep:	Dr Scott Phipps Ph: 5494 2131
Meetings	Dr Scott Masters Ph: 5491 1144
Committee:	Dr Kirsten Hoyle Dr Denise Ladwig Dr Mason Stevenson Dr Nigel Sommerfeld

For general enquiries and all editorial or advertising contributions and costs, please contact:

Jo Bourke (Secretariat)
Ph: 5479 3979
Mob: 0407 037 112
Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558
Email: jobo@squirrel.com.au
Fax: 5479 3995

Newsletter Editor:
Email: Dr Marcel Knesl
mknesl@oceaniaoncology.com.au

DECEMBER NEWSLETTER

Deadline Date for December newsletter will be Friday 7th December.

NO NEWSLETTER IN JANUARY 2013

FEBRUARY NEWSLETTER

Deadline Date for February newsletter will be Friday 8th February.

Contact Jo: 5479 3979
Mobile: 0407 037 112
Email: jobo@squirrel.com.au
Fax: 5479 3995

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

ARE YOU A MEMBER?

If you are not a member please complete the application form 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!

Current Membership subscription is $55 for full membership with a sliding scale for part-time and free membership to doctors-in-training.

Editors Corner

Welcome to November, the month of thanksgiving. In the USA Thanksgiving plays a far more important role in the life of the average American than Christmas in Australia. America is so multicultural that Christmas is celebrated by less and less people. Thanksgiving bridges the religious divide allowing Americans to celebrate one common event.

And so I found myself recently flying back from Boston, having survived Hurricane Sandy, missing my New Jersey to Boston return flight and instead renting a car from Avis Newark and driving the 500kms from New Jersey to Boston.

This road trip took me seven hours which gave me plenty of time to ponder my slight dislike of most things American and emphasized my sense of belonging to my adopted country Australia. Abroad I felt more Australian than Crocodile Dundee, proudly, informing taxi drivers that I am from Brisbane, Australia.

What brought me to Boston was the 54th annual American Society of Therapeutic Radiation Oncology conference, which by the way I missed completely.

Boston is famous for its New England clam chowder and red Lobster. So my first stop was the seafood restaurant of “Legal Seafood”, if it ain’t fresh it ain’t legal. Entrée was clam chowder with fresh clams, Yukon gold potatoes, peeled and cut into small ½ inch pieces together with two cups of heavy cream. As my American eight-year old niece would say, “delicious”.

Main was red lobster served in two ways. Steamed and stuffed. The steamed is pretty self-explanatory but the stuffed beckons one’s imagination. It arrived in all its Lobster glory stuffed with all sorts of lesser prized seafoods, clams, shrimps, etc.

Next was Capital Grill, the birth of mankind and the steak. For a city to be eligible for a Capital Grill it has to rank near the top of the socio-economic table. There are two Capital Grills in Boston, one in New York and one in LA. I knew that this was serious steak when as we pulled up in the taxi I felt that I had arrived in luxury car heaven. The Mercedes 600 SLS AMG gave the game away.

Buoyed by our strong A$ I confidently entered Capital Grill. Impeccable service, knowledgeable staff, steak knives that could commit murder and an ambience worth writing about, the evening became a very memorable event. From the Filet Mignon to the Sirloin accompanied by a couple of sides and enjoyed with a bottle of French Beaujolais we departed the Capital Grill full of wonderful memories once again singing praise to American service.

And so I began my long journey back from the East Coast aboard the most cramped airline in the world, American Airlines, savouring thoughts of Premium Economy and the flying kangaroo.

I’m back .....

Bon Appetit.

Marcel Knesl

mknesl@oceaniaoncology.com

HEALTH SERVICE LINK - NOVEMBER 2012
with Kevin Hegarty

As I pre-empted last month, this *Health Service Link* will focus on the National Elective Surgery Target **(NEST)** which is a significant element of the National Partnership Agreement between the Commonwealth, State and Territory Governments that aims to improve public hospital services.

By 2015, the NEST aims to have no patients waiting longer than the recommended time, and to achieve 100% of patients seen in time for elective surgery. Additionally, each year in the period 2012-15, there is a cohort of the 'longest waiting' patients that must be seen within that year.

There are two components to the NEST. The Part 1 target relates to the percentage of patients treated within the clinically recommended time frame and the volume of patients treated. Its Part 2 target relates to the average days that "long wait" patients waited over the clinically recommended time, and treatment of the 10% longest-waiting patients.

I am keen to acknowledge the great work already undertaken by our Surgical Service Group and particularly Dr Ratna Aseervatham, which soundly positions the SCHHS to meet this challenge.

As part of this plan we will be conducting 8 extra theatre sessions per week until 30 June 2013 to specifically address clinical hotspots in ENT, Urology and the increase in urgent CAT1 general surgery that is often seen at this time of year.

There are also a range of projects that are underway that when completed will assist surgical patient flow decision making and therefore directly improve our ability to meet the required timeframes.

Activities currently planned or recently commenced include:

- Osteoarthritis Management program including implementation of the Hip and Knee questionnaire
- Pathway for managing Orthopaedic emergent surgery – session realignment
- Virtual fracture clinics
- Flexible cystoscopies conducted in the Specialist Outpatient Department
- Fracture Neck of Femur (NOF) pathway to surgery
- Weekly operating theatres session planning and review
- Acceptable session reallocation within discipline and intra-disciplines
- Second emergency theatre – Saturday AM
- Daily 7:30AM emergency board management meeting.
- Allocation of dedicated #NOF operating time on Elective Orthopaedic list 4 days per week

The certainty of ongoing increasing demand for elective surgery necessitates a continual review of how we manage surgical services. We are committed to a dynamic approach to respond to these challenges, just as we are determined to satisfy the requirements of NEST.

Kevin Hegarty, Health Service Chief Executive
Sunshine Coast Hospital and Health Service
Kevin_Hegarty@health.qld.gov.au

November 2012 Update from Gail Palmer
GP Liaison
Focus Health Network Ltd

Focus Health Network would like to convey thanks to GPs, Drs Fiona Stewart and Sandra Peters for their commitment to the GP liaison work. Their diligence with the Focus Health Network team has advanced the function of this work - to find the common ground that strengthens patient care between general practice and the public hospitals. Experience illustrates that many gains are made when we get the communication approaches right. It is with an attitude of optimism that work has continued this month towards getting it right, notably, with transfer of patient information between these health sectors.

As mentioned in the October newsletter by Drs Rob Ingham and Marcel Knesl, a group of interested parties has assembled to review patient referral processes, letter content in and correspondence out to GPs. It is pleasing and motivating to work towards agreeable solutions that will result in proper patient access and health care provider satisfaction.

GPLO is working with the Medical Department of the Nambour General Hospital to undertake a discharge summary audit in the coming months. The audit will be performed by a team of physicians, with a second arm of the audit including GPs assessing the discharge summaries using the same audit tool and then comparing the data collected. This will ensure that the hospital services are correctly informed as to requirements of general practitioners from this communication. The plan involves initial audit/analysis, followed by an education strategy planned for hospital clinicians focusing on what is learned. Then a follow-up audit is planned to measure improvements and design longer term measures that will embed improved clinical content of patient information on discharge. If you would like to be involved, please register your interest.

It is also noted by hospital clinicians, reinforced by GPs, that the format in which the discharge summary is received in general practices is less that optimal. This is a point of continued conversation.

The Persistent Pain Management Service is now located in purpose built premises at 6-8 Waterfall Road, Nambour. Dr Tania Morris, Director, leads the service offering multidisciplinary care to patients from a specialist team including medical, nursing, psychology, occupational therapy and physiotherapy disciplines. The building is on ground level being spacious and accessible with several dedicated car parks outside. We are having discussions with the Service on how best to support GPs who are supporting patients with persistent pain. Please contact me to convey your interest and suggestions.

As always your comments, feedback and suggestions are welcome.

Yours in health,

Gail Palmer (GP Liaison Project Officer)

Contact: Focus Health Network P: 07 5456 8888 gpalmer@fhn.org.au

For Lease

Emporio forms part of the wider Sunshine Cove community currently under development in the heart of Maroochydore and which will be home to some 6,000 new residents upon completion. Sunshine Cove is also set to deliver a mix of Independent and Supported Living Choice Dwellings - pre-approved to house more than 600 retirees over 6ha.

EMPORIO

live work play

- Space available from 77sqm
- Medical use permitted
- Ambulance bay available
- Ample ongrade and undercover car parking
- Close proximity to the Sunshine Coast's only Regional Shopping Centre, Sunshine Plaza
- Blue chip commercial tenants include KPMG, VDM, Parsons Brinckerhoff and Ferguson Cannon

Be part of this exciting retail opportunity

savills

Savills (QLD)
Hayley Donnelly
Sales & Leasing Executive
Direct: 07 5313 7509
Mobile: 0410 483 242

Colliers INTERNATIONAL

Colliers International
Tony Justo
Senior Executive
Commercial Sales & Leasing
Direct: 07 5478 3788
Mobile: 0401 550 161

Sunshine Coast Advanced Laparoscopic Surgery

SALS

for women's health

Non-surgical and surgical treatment of:

- Pelvic pain, endometriosis, adhesions
- Heavy, painful periods
- Urinary incontinence
- Vaginal prolapse
- Ovarian lesions

If minimally invasive surgery required / desired:

- Diagnostic laparoscopy
- Removal of endometriosis
- Total laparoscopic hysterectomy
- Mesh free incontinence surgery
- Laparoscopic removal ovarian lesions

Nucleus Medical Centre TSCPH
23 Elsa Wilson Drive
Buderim
Ph: 5441 5700

www.sals.com.au or

www.drjamesorford.com.au

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Alex Markwell

Dear Members

As you're no doubt aware the past few months have seen some major changes to the management and delivery of health care services in Queensland; a new state government, an austere budget, implementation of the national health reform agenda, restructure of Queensland Health and subsequent cuts to jobs and services.

There was some light at the end of the tunnel recently with the Health Minister agreeing to a compromise over the closure of the Queensland Tuberculosis Control Centre (QTBCC).

Following an unprecedented outcry from doctors and public health specialists, led by AMA Queensland, the Government has reversed its decision to completely devolve TB services out to the Health and Hospital Services (HHSs).

Queensland Health has now agreed that clinical TB services will be hosted by the Metro South HHS which will extend care to TB patients from South-East Queensland including Metro North, Gold Coast and Darling Downs HHSs.

Oversight of quality control will remain centralised within Queensland Health corporate office. Although this is not an ideal outcome, we are pleased to see some flexibility in the Government's attitude to this important public health issue.

Unfortunately the news has not been so positive for medical graduates and doctors in training, with an expected shortfall of positions available within Queensland Health for the upcoming year.

Recently approximately 500 Queensland Health employed RMOs received emails advising them they had not been selected for continued employment in 2013.

Following a meeting with the Director General and Deputy-Director General of Queensland Health we were informed that approximately 200 (of the initial 500) RMOs have opted-in to a pool, (effectively a waiting list), for positions that may become available over coming months due to attrition.

There is no certainty that positions will become vacant, however there may be some further opportunities via flexible work options such as job-sharing and part-time positions, as it has been clarified that Hospital and Health Service Boards are to meet FTE caps rather than head-count caps.

There are also potential positions in regional areas, such as where locums are currently appointed. Again, we have asked for HHS Boards to be made aware of the availability of doctors in training for these positions where appropriate.

Queensland Health has confirmed the selection process was based on merit but acknowledges issues have arisen due to a parallel recruitment processes for training and non-training registrars, and RMOs - those who missed out on a senior position were not considered for a more junior one.

Although the number is less than first indicated, the harsh reality is that Queensland DITs will be left without positions in Queensland next year and will be forced to look for work interstate or overseas - taking their knowledge, experience and future careers with them.

This of course goes against the recruitment campaign that has attempted to bring doctors to Queensland to meet the long term medical workforce demand, especially in regional and rural areas.

AMA Queensland understands this is an extremely stressful and disappointing time for many of our DIT members and encourages any affected members to contact us for individual support and workplace relations advice.

Throughout all of the challenges this year, AMA Queensland has been at the forefront of discussions and will continue to ensure the voice of our members is heard at the highest levels of government and the community.

Yours sincerely,

Dr Alex Markwell President AMA Queensland

Hydrotherapy (Aquatic Physiotherapy)

The ideal way to painlessly exercise arthritic joints and joint replacements

Classes now also available at Coolum Pool

Several class times available each week at Cotton Tree, Nambour, Buderim and now, Coolum Pools!

Classes conducted by fully qualified, and experienced Physiotherapists

Fully funded by Veteran Affairs & Workcover Qld

Health Fund rebates available for private patients

Maroochydore
Cnr Memorial & Sixth Avenues
p - 5479 1777

Buderim
120 King St
p - 5476 9068

Nambour
16 Daniel St
p - 5441 2744

Coolum
'Matlow Place'
19 Birtwill St
p - 5351 1733

Caloundra
'Trinity House'
Cnr Minchinton St & Ormuz Ave
p - 5476 9068

Simon Burley
Shoulder Pain & Sports Injuries

Sean Campbell
Low Back Pain

Fiona Rogers
Pregnancy & Incontinence

Briony McSwan
Neck Pain & Headaches

Danielle Keogh
Low Back & Hip Pain

Louise Meek
Shoulder Pain & Spinal Rehab

Tim Garrett
Neck Pain & Headaches

Andrew Duff
Knee Pain

Alex Rachcoff
Musculoskeletal Physio

Kelly Walsh
Neck Pain & Headaches

Anna Salkeld
Back & Neck Pain

Joakim Wisting
Shoulder Pain

Sophie Stewart
Pre-employment Assessments

Kandice Bengtsson
Paediatric Physiotherapy

Koren West
Neurological Physiotherapy

Weronika Tobalska
Hips, Pelvic & Feet Pain

medibank PRIVATE | Australian Physiotherapy Association Member | Accredited Physiotherapy Practice

sports & spinal PHYSIOTHERAPY

Nuclear Medicine is our commitment.

Andrew and his team have performed over 20,000 stress tests and are dedicated to providing you and your patients with a caring, professional service.

Tests performed:
- **Myocardial Perfusion Imaging**
- **Bone Scans**
- **Thyroid Scans**
- **Lung Scans**

Plain stress ECG tests also performed for assessment of lower risk patients.

Phone for an appointment at
Warana: 5493 1649
Gympie: 5483 7988

BULK BILLING

Warana: Suite 1, 30 Main Drive Warana (Suncorp Building)

Gympie: Gympie Specialist and Diagnostic Centre 74-76 Channon Street Gympie

Lakeview imaging

Visit our web site for physician and patient information. **www.lakeviewimaging.com.au**

NEW MEMBERS ..... OCTOBER & NOVEMBER

- *Dr Michelle Cronk (Medical Oncology, NGH)*
- *Dr Bernd Kraus (General Medicine, NGH)*
- *Dr Michelle Lien (Psychiatry)*
- *Dr Moses Mutiah (General Medicine, Caloundra Hosp)*
- *Dr Patricia Nugent (General, Women's Imaging, Caboolture Hospital)*
- *Dr Logan Stuckey (Emergency Medicine, NGH)*
- *Dr Ajay Verma (General Physician, NGH)*

The SCLMA invites members (old and new) to introduce themselves to the membership via the newsletter.

- Where have you come from?
- Why the Sunshine Coast?
- What are your specialities and interests?
- What has prompted you to join the SCLMA?
- Please include a photo

Send to mknesl@oceaniaoncology.com or jobo@squirrel.com.au

Please Note: Dan Everson Podiatry Bulk Bills all EPC Consultations with No-Gap payment for Standard Consultations

Buderim Gastroenterology Centre

Patients seen faster. Same day reports.

Buderim Gastroenterology is the largest single specialty Gastroenterology Centre on the Sunshine Coast.

Our size and technologically advanced facilities ensure referred patients are seen faster, and referring doctors receive same day reports.

- **Consultation**
- **Gastroenterology and Colonoscopy**
- **Capsule Endoscopy**
- **Bowel and Colon Cancer screening**

Dr Andrew McIntyre – Gastroenterologist
Dr Keith Mitchell – Gastroenterologist
Dr Graham Pinn – Physician




Suite 5, 102 Wises Road, Maroochydore Q 4558
post: P.O. Box 5048 Maroochydore B.C. Q 4558

P 07 5475 4464 F 07 5430 0444
E enquire@buderimgastro.com.au

www.buderimgastro.com.au

Two Specialist Imaging Centres

One Convenient Location

Ask your doctor for a referral today

State-of-the-art equipment

Hands-on radiologist

At Coastal Medical Imaging we provide a comprehensive radiology practice with state-of-the-art True Digital, low dose imaging equipment for all your general imaging needs.

We also provide a full-time, hands-on local radiologist on site that referrers can speak to anytime.

- **Thoughtful relevant reports**
- **Lowest dose 16 slice CT scans**
- **Urgent referrals accepted**
- **Accurate image guided interventions**
- **No unsupervised ultrasound**
- **No off site or overseas reporting**

Bulk Billing CT, X-Rays & General Ultrasound

COASTAL MEDICAL IMAGING CENTRE

The Coasts only Comprehensive Advanced Women's Imaging Centre

The Specialist Women's Imaging Centre is the Sunshine Coasts only comprehensive Advanced Women's Imaging Centre. We have a highly experienced team of doctors and technologists. We offer the highest level 3-D diagnostic ultrasound in Obstetrics & Gynaecology, the only 3-D Diagnostic Breast Ultrasound available on the Sunshine Coast and the lowest dose Full Field True Digital Mammography.

Services include:

- **HyCoSy and HSG** for fertility investigations
- **Hysterosonography** for endometrial assessment
- **Advanced Obstetric Ultrasound,** including amniocentesis
- **Breast Biopsy,** including Vacuum Assisted core biopsy, Digital Stereotactic core biopsy and FNA.

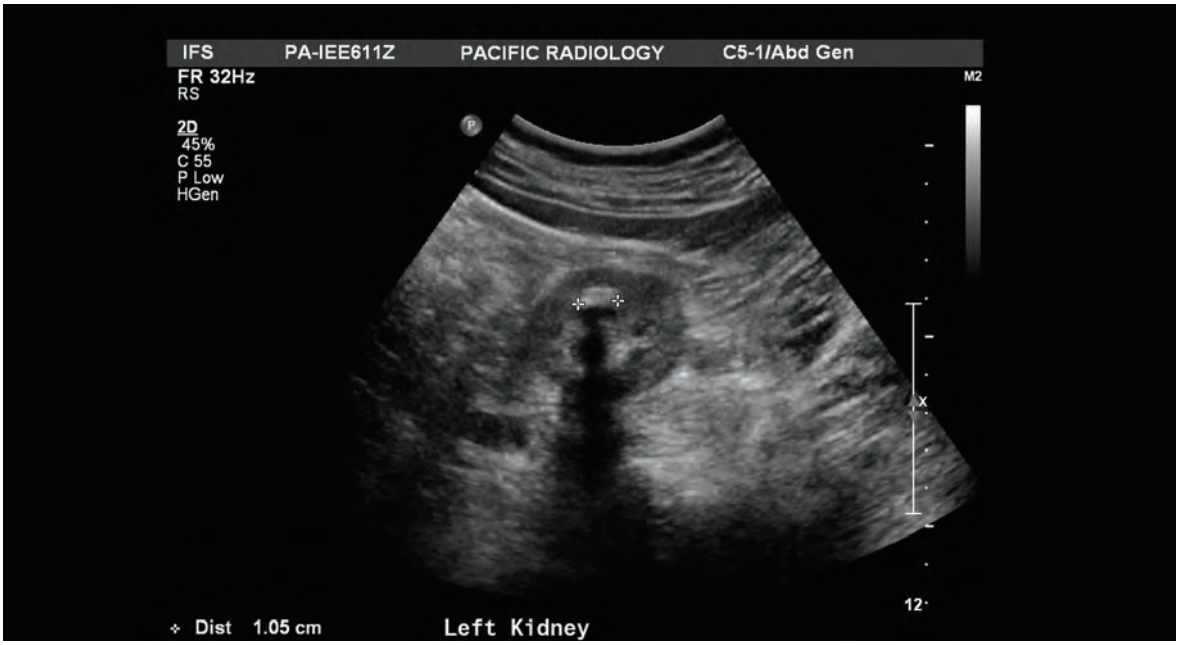
Specialist Women's Imaging Centre

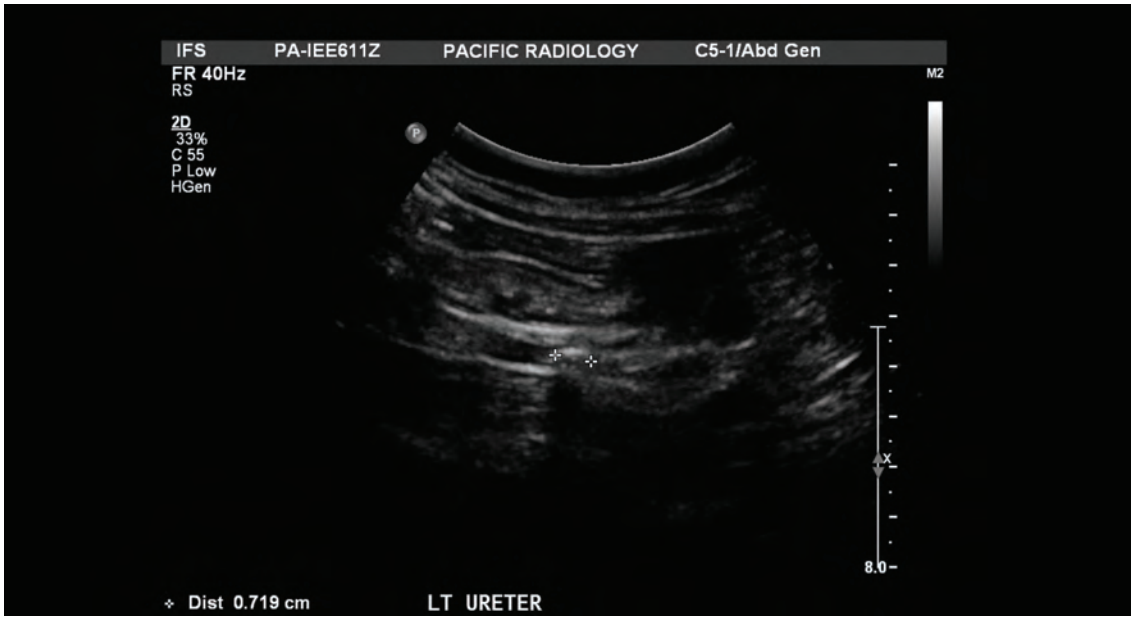

07 5413 5000
coastalxray.com.au

724 Nicklin Way
Currimundi QLD 4551

ADFX 11378

CASE STUDY - PACIFIC RADIOLOGY





HISTORY:
Patient D presents with left flank pain and a history of 'recovering diverticulitis'.

FINDINGS:
Initial Ultrasound reveals two echogenic foci which demonstrate strong posterior acoustic shadowing (measured between the calipers on the 2 images above). One of the foci is seen in the lower pole of the left kidney, the second in the region of the mid left ureter. There is mild left sided hydronephrosis and proximal ureteric dilatation down to the level of the ureteric echogenic focus. Sonographic features are consistent with renal calculi (Urolithiasis).

A CT-KUB was performed to confirm size and nature of the calculi. Mild left sided hydronephrosis and proximal ureteric dilatation is confirmed. However, the CT-KUB demonstrates no evidence of calculi at the lower pole of the left kidney or within the left ureter (see images in Part 2).

ADDITIONAL HISTORY PROVIDED: The patient has a 15 year history of HIV.

What is the differential diagnosis? ***Answer: Page 23***

MEDICAL MOTORING

with Doctor Clive Fraser

1992 Toyota Cressida Grande

"Timeless Toyota?"

I recall twenty years ago that doctors at the peak of their profession life were just as likely as ever to buy a car that might reflect their ambition and confidence.

After all if you've worked hard, why not buy yourself a nice car to get to and from the surgery.

A Toyota Supra with a 3.0 litre double overhead cam 24 valve engine would probably get you to your rooms quickly.

But by this stage in your career you've probably acquired some rear seat passengers and your partner's spondylolysthesis from child-bearing might not squeeze into a two door coupe.

Seeing a marketing opportunity, Toyota engineers decided to put the 1986 Mark III Supra's engine in a sedan body, and in 1988 the fourth generation Toyota Cressida was born.

Devoted followers of Doctor Who may remember that Cressida was a character who fell in love with the son of the King of Troy.

The Doctor Who story-line was very loosely based on a Shakespearean play, "Troilus and Cressida".

You would have to be a very devout fan of Doctor Who to know about Cressida though as she appeared alongside the first doctor (William Hartnell) in 1965.

For those of us less versed in Shakespeare and Doctor Who we will all know that Cressida was a large rear wheel drive car from Toyota which first appeared in 1976.

Its conventional rear wheel drive-train meant that it would appeal to conservative buyers.

It was the fourth variant though which finally ticked all the boxes. It had handling to match its abundant power with the Supra's double wish-bone rear end.

The final Grande version came with ABS, climate controlled air-conditioning, electric leather seats and a CD player.

Sadly, I was never able to afford the $43,990 + ORC that a Cressida Grande cost in 1992. So I was always a little envious of those procedural specialists that had acquired the Toyota Limo.

Twenty years on there are a surprising number of Cressida's still on the road and I even have a colleague who still drives one.

And finally within my price-range at $3,300 it is now possible to buy a 1992 Grande in good working order.

In a sign of the Toyota's durability after twenty years all of the buttons still work in my colleague's vehicle, well almost all of them anyway.

The car still starts and stops and the only recent break-down was caused by a loose battery terminal.

The leather seats haven't cracked and the paintwork would scrub up fairly well if the dirt was hosed off occasionally.

My colleague doesn't wash his cars much and so there isn't any rust at all in his Cressida.

With so many great cars on the market in 2012, it is worth considering which ones will still be on the road in 2032.

I know I won't be!

1992 Toyota Cressida Grande

For: Twenty years old and still going strong.

Against: No air-bags.

This car would suit: Respiratory physicians who like the easy-breathing DOHC.

Specifications:

3.0 litre 6 cylinder DOHC
142 kW power @ 5,600 rpm
254 Nm torque @ 4,400 rpm
4 speed automatic with LSD
$43,990 + ORC

Safe motoring,
Doctor Clive Fraser
Email: doctorclivefraser@hotmail.com

SCLMA CLINICAL MEETINGS

THURSDAY 28 FEBRUARY 2013

Sponsor: AMA Queensland

- President Dr Alex Markwell will speak at this meeting and answer questions.
- Other speaker - TBA
- Details December newsletter.

ENQUIRIES:

Jo Bourke
Ph: 5479 3979
(M) 0407 037 112
Email: jobo@squirrel.com.au

Meeting attendance:

- ***Free for current members.***
- ***Non members: $30.***
- ***Application forms available on night.***
- ***Membership forms also available on SCLMA website:***

www.sclma.com.au

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

CONSTITUTIONAL REVIEW.

AMA members should be interested to know that there is an ongoing constitutional review at both State and Federal levels. Your Association is having another close look at the way we run our organization.

A few years ago, AMAQ introduced a new Constitution. The main change was to create a small compact and efficient Board of Directors. Previously every one of the 24 Branch Councillors had been a Director and the Branch Council had been a large and cumbersome Board.

Since that change, the Branch Council has not been burdened with pondering the financial dealings of the Association and has focussed more on policy development and implementation. This is a model that Federal Council is also considering, to create a small central Board and let Council focus on policy.

An archaic aspect of AMAQ is the way we elect our President. At present, the candidate is elected a year ahead of taking office and spends a year (unremunerated) as what is effectively a Vice President in an apprenticeship model. Our "Vice-Presidents" are respected but elderly AMA members who hold an honorific title with no real power and certainly no significant role in daily functioning of AMAQ. This quaint structure is a central aspect of the current review of AMAQ.

HOSPITAL REFERRALS.

There is an emerging tendency for some public hospital departments to send to GPs a letter requesting supplementary history. We know that many GP referrals are imperfect, either despite or because of the computer-generated referral letters. However, the requests being sent back from pain clinics are over five pages long and include questions which the GPs are unable to answer.

Knee clinics are now sending similar, albeit shorter, letters. I recently had a request for additional information about a new plastic surgery referral – the information requested was patient's height and weight. Ultimately, the patient received a letter stating that the service requested was not available at that hospital. When I enquired, the limiting factor was that the patient's BMI was over 30! What is important is the additional context that the request for additional information did not arrive until three years after the initial referral, a referral which had been supplemented by annual re-referrals.

I am concerned that these supplementary questionnaires are no more than a tactic to reduce the size of audited waiting lists – now that the Newman government has undertaken to disclose the size of the Clayton's waiting list to get on the real waiting list, there is now a strategy to further delay the time from the initial referral until the time that the patient even gets onto the Clayton's waiting list.

Wayne Herdy.

Queen of the Vines

dr. plonk

It is with great admiration that I call one of the most respected and revered wine writers the Queen of the vines. Jancis Robinson is one of the most influential wine writers of our time and deserves the many accolades bestowed upon her. Adding to this remarkable career has been the ability to break into the boys club that has dominated the world of wine for centuries.

Jancis, born in Cumbria in the North of England, was originally a reader in Philosophy and Maths at Oxford.

She ended up working in the travel industry and was inspired by a year spent in Provence to take up a career in food and wine. Her first writing foray was with the trade magazine Wine and Spirit. She became the first person outside the wine trade to receive her Masters of Wine. There are some 260 Masters of Wine worldwide.

As time proceeded she became a prolific writer and has had many books published. The most recent is an awe inspiring collaboration on the DNA origins of commercial wine called “Vines, Grapes and Wines”. The old school style of identification known as ampelography was based on leaf structure. Due to DNA advances, identification has become more accurate with an astounding number of previously identified and named grapes being identical to others grown elsewhere under a different name.

Jancis typifies these discoveries by claiming that Cabernet Sauvignon is a hybrid of Cabernet Franc and Sauvignon Blanc with the name being quite coincidental. She and her partners Swiss Botanist Jose Vouillamoz and Web editor Julia Harding MW have collated and described 1,368 wine grape varieties. Apparently there are over 10,000 vine varieties, but only the commercial varieties are described.

Jancis’ love for Riesling is well known and it is reinforced by the fact that she has a tattoo on her right forearm with the word Riesling. She recently listed 10 varieties that astounded her in ways such as quality or historical variance. I will mention a few of these and it is worth searching out more information. Alvarinho/Albarino- Spanish and Portuguese origins, Assyrtiko- Greek origin, Koshu- Japan, Mtsvane – Georgia (often made in clay pots), Vermintino/Pigato/Favorita- Corsica,Sardinia, Italy, Cabernet Franc- known in France but probably from Spain’s Basque region, Mazuelo/Carignan- France and Spain, Okuzgozu- Turkish, Sankt Laurent – Austrian and Tribidrag/Zinfandel/ Primitivo/Crljenak Kastelanski- Croatian/ American/Italian.

The book is worth a look and can help settle those arguments on origins and names of grape varieties.

Dr Plonk is drinking for Christmas

Every year I get asked about my Christmas day and since the Altar wine is a little acidic in our parish, I feel a need for greater refinement, but not without reverence. Champagne is always a winner to sooth any paper cuts. John Richcourt NV at $26 (yes that’s right at First Choice) is a cheeky little French number with lively citrus and yeasty notes with a great palate. A little upmarket as I have my Spanner Crab Omelette is the Laurent Perrier Rose ($120).

I have some Mud crabs ordered from” mud crabs direct” as they fly them in fresh and alive. The sacrifice is avoided by my wife and child but they certainly can’t keep their hands off the end product. I think I will do a Singapore Chilli mud crab dish. I need a vibrant Riesling such as Grosset Springvale Watervale Riesling 2012 ($40).

I need a baked ham and some duck for the main. A Sparkling Shiraz like David Franz late disgorged Nicole NV ($40) is a cracker and so is the Brochenchack Sparkling Shiraz ($20). A wine a little more refined will suit my wife’s palate and she will probably tuck into a 2009 Vali Gibston Valley Pinot Noir Central Otago.

Desert might go the way of Hestons Hidden Orange pudding. Man this is excellent and I will dig out a De Bertolli Noble One dessert wine , vintage around 2002-2004,($30) with uplifted notes of apricots and honey with balanced sweetness and acid. Then as I don’t want to go overboard, I think I will have a little chilled Moet Hennessey XO Cognac (and a sleep). Have a great Christmas and all the best for 2013.

Sunshine Coast Orthopaedic Clinic

The Acute Knee Clinic

The first few days can make all the difference in recovery from a sporting injury.

Dr Steve Lawrie at the Sunshine Coast Orthopaedic Clinic provides an Acute Knee Clinic each Monday and Tuesday which is specifically designed for, but not limited to, sports injuries of the knee with a view to rapid assessment, investigation and adoption of a management plan within the first few days of the initial injury.

The Acute Knee Clinic has now been running for eight years. We have treated many professional and semi-professional athletes as well as the "weekend warriors", including a special interest in paediatric sporting injuries. Dr Lawrie has a close association with many sporting teams on the Sunshine Coast, including the Sunshine Coast Sea Eagles and the Sunshine Coast Stingrays.

Individual treatment plans are developed for each patient encompassing pre-operative care, surgery and non-operative treatment and a post operative plan leading up to and including a return to sport assessment.

Dr Lawrie works hand in hand with the patient's physiotherapist, coaching staff etc as needed to get the best possible outcome. Communication with allied health professionals is the key in this regard.

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques or an appropriate non-operative treatment programme.

Some examples of these injuries include:

- A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied within the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.
- Paediatric meniscal tears may be repairable early after an injury, but a delay typically means meniscal resection becomes necessary.
- Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.
- Early ACL surgery in the young active patient/sportsman.

To access the Acute Knee Clinic, a patient needs to have a current referral to Dr Steven Lawrie and plain x-rays of the knee should also be arranged before the initial consultation.

A plain x-ray is very important in the initial assessment to exclude fractures, loose bodies, and to show the alignment of the knee joint and the patellofemoral joint, which cannot be seen on other investigations, such as an MRI scan.

Splints and orthotics can be organized directly with Leonie Walton on 5473 5858. Leonie attends our clinic on a Thursday afternoon, but she is available throughout the week as needed.

The Acute Knee Clinic is intended to complement Dr Lawrie's other interests, including hip and knee replacement, revision arthroplasty, computer assisted joint replacement, cartilage surgery, as well as hip, knee and ankle arthroscopy.

For appointments contact
Dr Steven Lawrie
Suite 17, Kawana Private Hospital
5 Innovation Parkway, Birtinya QLD 4575
p: 07 5493 3994
f: 07 5493 3897
e: info@sunshineortho.com.au
www.sunshineortho.com.au

Medicare indications slide from presentation by Dr Allan McKenzie.

SCLMA CLINICAL MEETING
25 OCTOBER 2012

Members who were present heard a consise and comprehensive presentation by Dr Allan McKenzie, Managing Radiologist, Sunshine Coast Private Hospital

Allan's topic was 'MRI in GENERAL PRACTICE'
Outlining the new Medicare rulings
which came into effect
1st November 2012

The SCLMA thanks QDI for sponsoring the October meeting.

From left: Claire Ellem, Sharmaine Garwood and Kaye Swallow

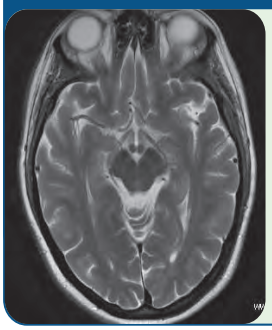
Queensland Diagnostic Imaging

MRI MEDICARE CHANGES FOR GENERAL PRACTITIONERS

From 1st November the Department of Health and Ageing has expanded access for MRI services to General Practitioners. MRI eligibility will now extend to General Practitioners for paediatric requests (< 16 years) with the following criteria

QDI offers BULK BILLING for the newly expanded MRI services for GPs

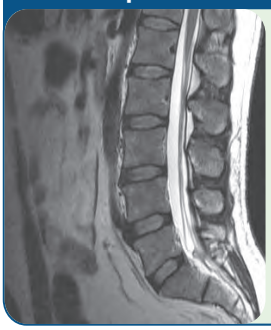
MRI of Head



The patient must present with any of the following:

- Unexplained seizure
- Unexplained headache where significant pathology is suspected
- Paranasal sinus pathology which has not responded to conservative therapy

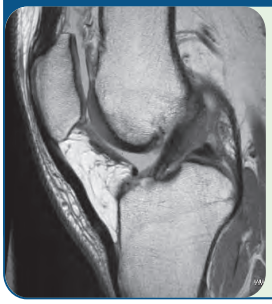
MRI of Spine



The patient must have had a radiographic examination for any or the following:

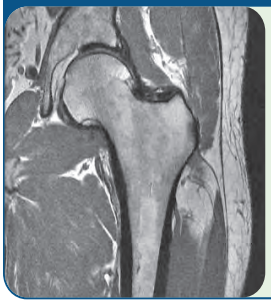
- Significant trauma
- Unexplained neck or back pain with associated neurological signs
- Unexplained back pain where significant pathology is suspected

MRI of Knee



The patient must have had a radiographic examination for internal joint derangement.

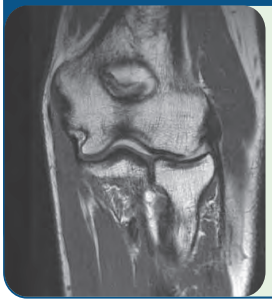
MRI of Hip



The patient must have had a radiographic examination for any of the following:

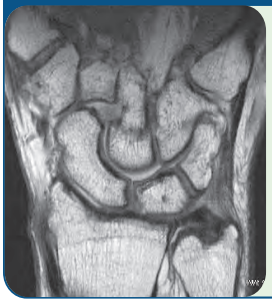
- Suspected septic arthritis
- Suspected slipped capital femoral epiphysis
- Suspected Perthes disease

MRI of Elbow



The patient must have had a radiographic examination where a significant fracture or avulsion injury is suspected that will change management.

MRI of Wrist



The patient must have had a radiographic examination where scaphoid fracture is suspected.

Should you have any queries please don't hesitate to contact our Business Development Manager Claire Ellem on 0413 602 843.

www.qdi.com.au

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084

MEMBERSHIP APPLICATION

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

NAME	**Surname:**	**First Name:**
	EMAIL:	
PRACTICE ADDRESS: This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
PLEASE NOTE:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
2. NAME:	**Signature:**	

ANNUAL SUBSCRIPTION (GST included):	**(Please tick)**	**DELIVERY OPTIONS**
Full-time ordinary members - GP and Specialist	$ 55.00	**Your Monthly Invitation**
Doctor spouse of full-time ordinary member	$ 22.00	By Email?
Absentee or non-resident doctors	$ 22.00	By Courier?
Part-time ordinary members (less than 10 hours per week)	$ 22.00	By Post?
Non-practising ordinary members, under 60 years old	$ 22.00	**Your Monthly Newsletter**
Residents & Doctors in Training	Free	By Email?
Non-practising ordinary members, over 60 years old	Free	By Courier?
Patron and honorary members	Free	By Post?

Payment can be made by cheque payable to SCLMA or by direct debit to the

SCLMA Westpac Account. **BSB: 034-243 ACCOUNT NUMBER: 11-9298**

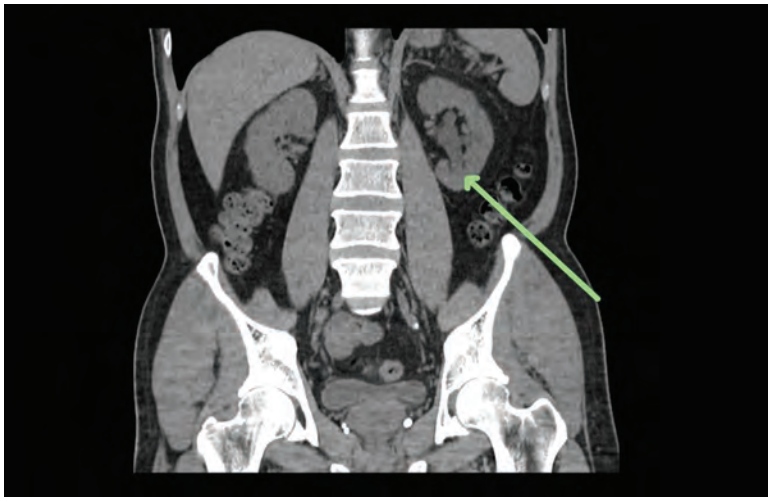
A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

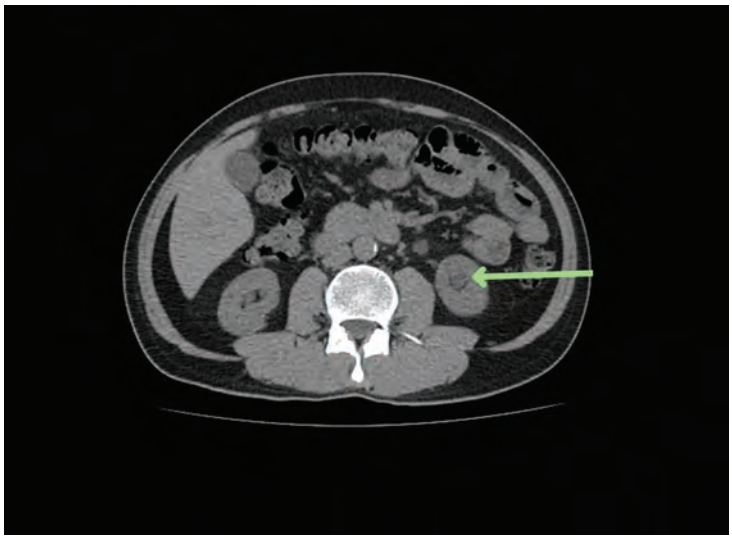
Please return this form with your cheque OR details of your E.F.T. to:

SCLMA PO BOX 549 COTTON TREE 4558

Please note*: Membership applications will be considered at the next Management Committee meeting.*

CASE OF THE MONTH - PACIFIC RADIOLOGY - Answer.





CT images shown above show no evidence of the calculi seen on the Ultrasound study.

DISCUSSION: Urolithiasis and Indinavir Stones.

CT scanning is an exquisitely sensitive examination for the detection of nearly all renal calculi.

Pre-CT there was the belief that plain radiographs detected 90% of calcium stones and some struvite, but 'misses' uric acid stones.

When studies with CT correlation were performed, it was discovered that Radiography actually misses the vast majority of renal calculi.

Types of stones:

- Calcium stones (75-80%): Oxalate &/or phosphate.
- Struvite stones (15-20%: Magnesium ammonium phosphate (struvite), magnesium ammonium phosphate and calcium phosphate (triple phosphate).
- Uric acid stones (5-10%).
- Cystine stones (1-3%).
- Matrix stones (rare): Mucoproteins.
- Xanthine stones (extremely rare).
- Protease inhibitor stones: Indinavir induced.
- Milk of Calcium: Calcium carbonate + calcium phosphate (carbonate apatite).

On CT scanning all stones are uniformly dense except matrix and Indinavir stones...

IMAGING PEARL:

In HIV or AIDS patient with flank pain and obstructed ureter without visible stone, consider Indinavir calculus.

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Christmas Celebrations, FBT and Tax Deductions

With Christmas here in a few weeks time many of you are getting busy planning Christmas parties. Unfortunately the ATO rules may spoil your party with potential FBT or non deductible expense.
So below is some information to help you understand.

The cost of Christmas parties and gifts is only deductible to the extent that it is subject to FBT. So if the cost is subject to FBT it will be deductible, if it is exempt from FBT then it is not tax deductible.

If you do not use the 50-50 split method for meal entertainment and are not a not for profit organisation, the following information many help you determine if there are FBT implications arising from your Christmas party or gifts.

50-50 Split Method:

The 50-50 split method takes the total taxable value of meal entertainment to be 50% of the expense you incur in providing meal entertainment to all people during the FBT year. This includes expenses that might otherwise be exempt from FBT or not normally subject to FBT. The 50-50 split method applies to all people whether they are employees, clients or any other individuals.

Exempt Benefits & Minor Benefits:

Christmas gifts and parties may be considered minor benefits and exempt from FBT if the cost for each is less than $300. This applies even if the party and gifts are provided at the same time.

The cost of the benefit provided can be calculated as either the exact cost for each individual, or by per head apportionment where the exact cost is not clear (for example where a band is hired and the cost averaged for all attendees).

Entertainment

Entertaining on your business premises on a work day:

Providing	To	Cost	Tax Implication
Food & Drink	Employees, Clients & Suppliers	Any cost	No FBT, No Deduction
	Family Members	< $300	No FBT, No Deduction
	Family Members	> $300	FBT, Tax Deduction
Recreation (band, etc)	Employees & Family Members	< $300	No FBT, No Deduction
	Employees & Family Members	> $300	FBT, Tax Deduction
	Clients & Suppliers	Any cost	No FBT, No Deduction

Entertaining at a restaurant or other venue:

Providing	To	Cost	Tax Implication
Food & Drink	Employees & Family Members	< $300	No FBT, No Deduction
	Employees & Family Members	> $300	FBT, Tax Deduction
	Clients & Suppliers	Any cost	No FBT, No Deduction
Recreation (band, etc)	Employees & Family Members	< $300	No FBT, No Deduction
	Employees & Family Members	> $300	FBT, Tax Deduction
	Clients & Suppliers	Any cost	No FBT, No Deduction

Gifts

Gifts can fall into either of two categories: gifts that are entertainment, or gifts that are not entertainment. Items such as tickets to moves, events or travel attractions constitute entertainment, where as items such as pen sets, flowers, wine or gift vouchers do not constitute entertainment.

Providing	To	Cost	Tax Implications
Entertainment Gifts	Employees & Family Members	< $300	No FBT, No Deduction
	Employees & Family Members	> $300	FBT, Tax Deduction
	Clients & Suppliers	Any cost	No FBT, No Deduction
Non-entertainment Gifts	Employees & Family Members	< $300	No FBT, No Deduction
	Employees & Family Members	> $300	FBT, Tax Deduction
	Clients & Suppliers	Any cost	No FBT, No Deduction

Staff Christmas Bonuses

Staff Christmas bonuses are taxable as ordinary income to your employees. You need to withhold tax on these payments but you do not need to pay superannuation on the bonus amount as they are not Ordinary Times Earnings. To work out the tax to be withheld from the bonus refer to the ATO website, there is a very clear factsheet on this calculation.

If you need any help in relation to these issues please call us on **07 5437 9900.**

Poole Group would like to Wish you all a very Merry Christmas and Happy & Safe New Year.

Sourced from: www.ato.gov.au

SMILE TIME!

Geiing old could be worse ....

At a nursing home in Florida, a group of senior citizens were sitting around talking about their aches and pains.

“My arms are so weak I can hardly lift this cup of coffee,” said one.

“I know what you mean. My cataracts are so bad I can’t even see my coffee,” replied another.

“I can’t turn my head because of the arthritis in my neck,” said a third, to which several nodded weakly in agreement.

“My blood pressure pills make me dizzy,” another contributed.

“I guess that’s the price we pay for getting old,” winced an old man as he slowly shook his head.

Then there was a short moment of silence.

“Well, it’s not that bad,” said one woman cheerfully. “Thank God we can all still drive.”

Snippets ....

I was in the six item express lane at the store quietly fuming. Completely ignoring the sign, the woman ahead of me had slipped into the check-out line pushing a cart piled high with groceries.

Imagine my delight when the cashier beckoned the woman to come forward looked into the cart and asked sweetly, ‘So which six items would you like to buy?’ Wouldn’t it be great if that happened more often?

Because they had no reservations at a busy restaurant, my elderly neighbor and his wife were told there would be a 45-minute wait for a table. ‘Young man, we’re both 90 years old, ‘ the husband said ..’We may not have 45 minutes.’ They were seated immediately.

All eyes were on the radiant bride as her father escorted her down the aisle. They reached the altar and the waiting groom; the bride kissed her father and placed something in his hand. The guests in the front pews responded with ripples of laughter. Even the priest smiled broadly. As her father gave her away in marriage, the bride gave him back his credit card.

Women and cats will do as they please, and men and dogs should relax and get used to the idea.

Finished and Complete ??

No English dictionary has been able to explain adequately the difference between the two words.

In a recently held linguistic competition held in London attended by the best in the world, Samsundar Balgobin, a Guyanese man from Bachelors Adventure, was the clear winner with a standing ovation lasting over 5 minutes.

Here is his answer whihc made him receive an invitation to dine with the Queen who decided to cll him after the contest. He won a trip to travel the world in style and a case of 23 year old Eldorago rum for his answer.

His final question was this .... How to explain the difference between COMPLETE and FINISHED in a way that is easy to understand. Some people say there is no difference between the two words.

Here is his astute answer:

- When you marry the right woman, you are ***COMPLETE.***
- And when you marry the wrong woman, you are ***FINISHED.***
- And when the right one catches you with the wrong one, you are ***COMPLETELY FINISHED!***

A FEW FACTS ....

- In ancient times strangers shook hands to show they were unarmed.
- Peanut oil is used for cooking in submarines because it doesn’t smoke unless it is heated above 450F.
- Strawberries are the only fruits whose seeds grow on the outside;
- Drinking water after eating reduces the acid in your mouth by 61%

Do you know any good clean, funny, clever jokes?

Email jobo@squirrel.com.au for others to enjoy ....

Quote ....

“When someone tells you that you can’t do something, perhaps you should consider that they are only telling you what they can’t do.”

Sheldon Cahoon
Co-Author of Complete Child Development

CLASSIFIEDS

GP/VR /PT REQUIRED – CALOUNDRA

- Female GP required for well established, privately owned family practice.
- Needed for 2 days per week with flexibility to cover for holiday relief.
- Become part of a very harmonious team of 3 other doctors, 2 registered nurses, a practice manager, bookkeeper and a very efficient team of receptionists.
- Accredited/Computerised/Mixed billing. Medical Director/PracSoft used.

Please direct all CVs to : S Regazzoli: – admin@trinityclinic.com.au or contact our clinic - Ph: (07) 5491 9888 or fax (07) 5491 8001

November 2012

DR PETER J LARSEN – CLINICAL & INTERVENTIONAL CARDIOLOGIST

NEW PRACTICE LOCATION

Dr Larsen would like to inform all Medical Practitioners on the Sunshine Coast of his new practice contact details:

- Suite 12 Medical Centre, Sunshine Coast Private Hospital, 12 Elsa Wilson Drive, BUDERIM, QLD 4556
- Phone: 07 5444 2951 Fax: 07 5444 3516
- Conducting procedures now at the Sunshine Coast Private Hospital Buderim
- Referrals received via medical objects and fax
- Dr Peter Larsen is no longer associated with Sunshine Coast Cardiology, Nucleus Medical Suites
- Welcoming new patients

November 2012

SPECIALIST ROOMS AVAILABLE FOR LEASE IN CALOUNDRA

- Seeking expressions of interest from Specialists currently or intending to work out of Caloundra.
- All consulting rooms and procedure room generously proportioned and undergoing new renovation to a high standard.
- Co-located with Caloundra's newest comprehensive Radiology practice. Pharmacy on site.
- Please direct enquiries to Mr Trevor Gourlay
- **Ph: 0434 250 531or 5409 2800**
- **Trevor.gourlay@pacificradiology.com.au**

October 2012

BUSINESS OPPORTUNITY NOOSAVILLE

- Noosa Medical Cosmetic & Specialist Rooms are modern, spacious and have views. Located in Noosaville Business Centre. Modern, well equipped consulting/treatment rooms and theatre room.
- Ideal for Specialists or GPs. Latest technology equipment. Administration services available. Under
- cover parking and lift. Versatile practice.
- Rent, lease or make an appointment to discuss other options with Dr Vera Ivovic.
- Contact: Christine, Business Development Manager **0488 231 555**
- **Email:** christine@noosamcs.com.au

Visit NMCS website today
http://www.noosamcs.com.au

September 2012

COTTON TREE ROOMS FOR HIRE

- Well positioned medical rooms in Cotton Tree are available for hire on a per session basis.
- Would suit Medical Specialist or Allied Health Professional. Receptionist provided.
- Please call Daniel on **0419 837 990** for more information.

October 2012

SKIN PRICK TESTING
Now available by appointment with Dr Peter Zwoerner
Buderim Laboratory • Nucleus Medical Suites
23 Elsa Wilson Drive
T: (07) 5459 1400 F: (07) 5478 4240
(Referral can be faxed).
For a full list of special tests available at this site refer to
www.snp.com.au

Classifieds remain FREE for current SCLMA members.

$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

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

SCLMA OCTOBER 2012 CLINICAL MEETING

DR ALLAN McKENZIE

'MRI in General Practice - outlining new Medicare rulings in effect from 1 November 2012"

JAYDEN LOWRIE, 2012 recipient of the June Canavan Bursary.

'Determinants of Effective Offensive Strategies for a Successful A_League Football Team'

SPONSOR - QUEENSLAND DIAGNOSTIC IMAGING

Dr Peter Lee with
Dr Madeliene Werner

Jayden Lowrie, 2012 June Canavan recipient with fellow student Zac Goodchild

Dr Lisa Knesl with Dr Ian Colledge, Patron with
Dr Clem Nommensen, Life Member

Dr Siavash Es'hagi, Dr Bruce Goldshaft with
Dr Peter Jacobs

Left: Sue - one of the friendly
staff at Maroochydore Surf Club.

MONTHLY CLINICAL MEETINGS - 2013

Are you interested in presenting or sponsoring?

Please contact Jo : email jobo@squirrel.com.au or 0407 037 112
and your interest will be forwarded
to the new Meetings Convenor - Dr Scott Masters.