



# Newsletter

October 2012

## SCLMA President's Message - Dr Rob Ingham

### SPECIALIST REFERRAL / NAMBOUR HOSPITAL REFERRALS



It has come to the attention of the SCLMA on a number of occasions that there is some angst involved with the current Hospital referral system. Discussion with AMAQ would imply that this is not only a local concern but a state wide issue.

Let me state from the outset that any Federal funding available to the state hospital system, via Medicare should be maximized. However all parties involved need to be aware of the Medicare compliance requirements.

We have organized a forum to discuss this issue and I have been pleasantly surprised by the level of interest and communication (commitment) shown by groups including LMA, local GPs, NGH administration, hospital based Specialists, Focus Health Network, Medicare Local and AMAQ.

***A summary of the meeting is published on page 5 in this edition of the newsletter.***

There are three main players in the referral process:

#### **1. General Practitioners**

I hope GPs can embrace this concept, however it is important that there are some positives for the GP i.e. quick access/specialist of choice. The GP should be pivotal in the referral.

The demanding letters received are not appropriate e.g. 'It is a requirement of Qld Health Policy for all appointments to be linked to a referral'. Is there a facility for total public care for a patient in a public hospital, and does the GP/Patient have the right to choose? Signage at Nambour General Hospital would suggest that patients have this right.

#### **2. Hospital Specialists**

Specialists are the peak group 'at risk' from a referral process which may, or may not, be

Medicare compliant. It is important that Specialists are aware of the appropriate use of their provider numbers and are aware of the item numbers and their responsibilities and consequent Medicare liability attached. It has become obvious that the procedure for new referrals has been instigated at an administrative not medical specialist level.

#### **3. Hospital Administration**

The hospital administration has a responsibility to the referrer and the provider that this process is appropriate with knowledge and respect for all parties.

I believe the system can be positive for all parties but feel we need some clarification and possibly a few changes. I look forward to moving forward on this front.

I was away for the October meeting but will be back on deck in November.

Rob Ingham

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



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#### **HIGHLIGHTS:**

- P 5: Kevin Hegarty - Health Service Link
- P 5: Summary - 'Named Referrals Meeting'
- P 6: Dr Sandra Peters - GP Liason Officer
- P 9: Dr Alex Markwell - AMA Qld President's Report
- P 11: Jayden Lowrie - Bursary recipient
- P 14-15: Dr Clive Fraser - Motoring article
- P 19: Dr Wayne Herdy - AMA report
- P 21: Insurance offer - AMA
- P 25: Membership Application Form

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

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**All contributions need to be received by the 15th day of each month for that month's newsletter.**

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

## REDUCTION!

Membership has been reduced to **half price** for 2012 with \$55 for full membership with a sliding scale including free to doctors-in-training.



## Editors Column-

Welcome to the October edition of the SCLMA newsletter.

I find October to be traditionally a fairly quiet time of the year. Year 12 students are busy beavering away towards their OPs, businesses are readying themselves for the Christmas rush and it's generally still too early to start the Christmas shopping. And so too on the foodie front things have been a bit quiet.

Many food items are often priced as \$/kg. Eye fillet commonly can cost as much as \$39.99/kg which I do find rather expensive. Smoked salmon can commonly cost up to \$59/kg.

I commonly will buy these sort of food items in bulk and in so doing you bring the price / kg down. And then you spend the whole week having smoked salmon sandwiches at work followed by a few breath mints and dinner at home becomes daily eye fillet matched with all sort of vegetables. There are only so many ways in which you can prepare eye fillet.

I recently ate something for \$108/kg and it was not black truffles or saffron. I found this food item during a recent foodie pilgrimage to Maleny.

At \$108/kg it originates from Italy, it is blue veined and goes by the name Gorgonzola Piccante. At that price I am not surprised that the Italians are struggling with high unemployment and a depressed economy.

The coup d'état this month must surely go to Qantas chief Alan Joyce. Not only is Alan Joyce a converted foodie having commissioned Neil Perry to design the Qantas first class menu but to save the falling kangaroo he has partnered with Emirates president Tim Clark and rewarded all us dedicated Qantas frequent flyers by giving us access to the biggest and most modern fleet in the world. No longer do we overnight in Singapore but in the great desert of Dubai.

On a more local front, the issue of GP-hospital referrals has been keeping many committee members busy. As you read this newsletter more information will become apparent over the coming days to assist and streamline GP referrals.

So as you read this newsletter and nibble on your Gorgonzola after dusting off your Qantas frequent flyer card I will explore some gastronomic locations while visiting Boston for the Annual American Society of Therapeutic Radiation Oncology meeting- ASTRO.

Regards

Marcel Knesl



## NOVEMBER CLINICAL MEETING THURSDAY 22 NOVEMBER 2012

### Presenters:

- **Stephanie Buckton**, Nurse Practitioner,
- **Dr Hans Seltenreich**, Gastroenterologist and Hepatologist

Cotton Tree Gastroenterology Group and NGH

### Topics:

- Stephanie will present IBD cases (Inflammatory Bowel Disease)
- Dr Hans will speak on endoscopic interventions of the biliary tract.

### Sponsors:

- Queensland Medical Laboratory and
- AMA Queensland

## ENQUIRIES:

Jo Bourke

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Email: [jobo@squirrel.com.au](mailto: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](http://www.sclma.com.au)***



# HEALTH SERVICE LINK - OCTOBER 2012

## *with Kevin Hegarty*



As I mentioned in last month's column, I am keen to share further details with you on how we are responding to the NEAT – National Emergency Access Target and NEST – National Elective Surgery Target. This month I'll focus on **NEAT**.

Firstly I wish to recognise the leadership of Dr Stephen Priestley our Director of Emergency Medicine who has taken on the role of the Clinical Champion to drive our response to the NEAT challenge. I also acknowledge Stephen's contribution to the information provided below.

The NEAT is a national performance benchmark for public hospitals. By 2015, 90% of all patients presenting to a public hospital Emergency Department (ED) will either physically leave the ED for admission to hospital, be transferred to another hospital for treatment, or be discharged, within four hours.

It is important to note that the NEAT target does not overrule clinical judgement. There are a number of patients who benefit from a longer stay in ED over 4 hours. This group includes patients undergoing active resuscitation, undifferentiated patients and patients who are likely to be able to be discharged home after a few hours of observation or therapy.

***A major principle of NEAT is driving clinical service redesign throughout whole hospitals, not just the ED.***

***Nambour Hospital is one of fifteen Queensland hospitals participating in a Macro-NEAT project across seven Hospital and Health Services.***

The key objectives of the Nambour Macro-NEAT project are to:

- Create a culture of clinical management and ownership of the patient journey across all units and streams within Nambour Hospital campus.
- Continue the implementation, monitoring and progressive improvement of the Hospital and Health Service Patient Flow strategies to meet Key Performance Indicators relating to patient flow for emergency patients
- Provide a forum for key staff to discuss operational issues related to bed utilisation/patient flow across the health service for emergency department patients

Examples of pilot projects that have commenced within Nambour Hospital include the MAPU Direct and Surgery Direct projects. (Medical Assessment and Planning Unit)

The MAPU Direct project allows selected non-urgent\* adult patients, requiring medical admission to be referred directly from the Emergency Triage desk or immediately following initial medical officer assessment within the ED without waiting for a series of investigations and a definitive diagnosis. The majority of MAPU Direct patient's initial care is conducted in the area where they will receive their definitive care.

*\*Medically stable and whom are unlikely to benefit from spending a prolonged period on the Emergency Department.*

Similarly, the Surgery Direct project is targeting stable adult surgical patients soon after their initial ED assessments whom have a clinical diagnosis of appendicitis, cholecystitis, diverticulitis, bowel obstruction or pancreatitis.

# HEALTH SERVICE LINK - OCTOBER /cont

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Following the commencement of supportive management (IV fluids, pain relief, and antibiotics) these patients are transferred from ED to a surgical assessment unit where they receive surgical team review, necessary imaging and planning for definitive operative or non-operative care.

Planning is also underway for similar projects within paediatrics and orthopaedics with the aim at moving selected groups of patients who do not require prolonged ED assessment and management safely and swiftly to their specific inpatient areas.

## **For further information on NEAT**

The National Health Reform Agreement – National Partnership Agreement on Improving Public Hospital Services

[http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement/\\$File/National%20Partnership%20Agreement%20on%20Improving%20Public%20Hospital%20Services.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement/$File/National%20Partnership%20Agreement%20on%20Improving%20Public%20Hospital%20Services.pdf)

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

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## **‘NAMED REFERRALS’ MEETING - 16 October 2012**

On Tuesday 16th of October a meeting was held to discuss concerns raised by GPs in regard to the requests for named referrals to specialists at Nambour Hospital. This was very well attended with representatives from the SCLMA, Nambour Hospital including executive staff, administrative staff and clinicians, AMAQ, Medicare Local and Focus Health Network. Several points were clarified on the evening and agreement was made to work toward solving ongoing issues. In summary the following topics were discussed.

1. Named referrals are allowed under Medicare guidelines. Legislation allows doctors to exercise their right of private practice while working in a public hospital. This is an important source of income to fund services at the hospital
2. There was general agreement that the wording on some previous letters from the hospital requesting named referrals was inappropriate. This will be addressed.
3. Q Health Nambour and Focus Health will continue to develop an information portal to assist GPs to access guidelines on referral processes and current specialist lists etc.
4. Requests for a specific set of investigations prior to referral to the hospital are not mandatory. Clinical judgment and individual case assessment are required.
5. Suggestions for improving the quality of referrals to the hospital with adequate information to allow appropriate triage and timely management of the patient.

The evening was extremely productive with all parties agreeing that communication needs to be improved and the concept of a “Team care” approach from the GP to the hospital and back again needs to be encouraged. To this end it is proposed that a working party of GPs and hospital staff meet regularly to review correspondence and procedures for referral.

If you are interested in contributing to this working party, please contact either Dr Rob Ingham or Dr Di Minuskin. We look forward to providing you with further information as this group works toward solving an issue that has been a source of stress for many of our members.

Di Minuskin



## October 2012 Update from Sandra Peters

### GP Liaison Officer (GPLO)

### Focus Health Network Ltd

In the current climate of redundancies and service cuts in the health arena it is great to be able to confirm that the Mental Health Services offered through Focus Health Network remain unchanged. Counselling, therapy and consultation services are available.



Appointments can be made by calling **Focus Health Network 1300 880 574.**

We are all aware that there is a significant change to the funding model for public hospitals. I would like to remind you that 50 – 55% of occasions of service at Nambour General Hospital this year will have to be “self-funded” i.e. the hospital will need to generate the funding by direct billing for services provided.

The Commonwealth not only knows about private billing but expects that the States will privately bill and reduce Federal funding accordingly. As a State, Queensland lags well behind the other States statistically for direct billing.

The GPLO will continue to investigate the funding model further over the next few weeks and endeavour to reduce the complexity of the system to the common denominators which exist between general practice and the hospital services here on the Sunshine Coast.

You will receive a document outlining the relevant parts of the system, bringing some clarity to the processes around the requests for referrals etc., which are the bane of many GPs' lives.

Hopefully if we can understand the potential benefits in outcomes for our patients, the administrative burden will become less onerous.

The document will come with an invitation to attend an information evening with key personnel from the hospital Executive, Finance and Specialist Outpatient Department Services (SOPD).

This will allow for a clear communication as to required processes and allow us to move forward in a collaborative manner in health care delivery here on the Sunshine Coast.

I urge you to make the most of this opportunity to raise any concerns and have them thoroughly discussed and processes clearly explained. I hope to see many of you at the aforementioned information evening.

There has been positive feedback on the use of the *Referral Work-Up Guide for General Practitioners* prior to sending patient referrals to SOPD.

Also, it is timely to mention to you that the *List of Procedural GPs* has been updated.

I am focussing my energies on clinical work over the next year and so I thank you for your patience in reading my communications over the past several months.

The GP liaison work will continue and any issues or comments should be directed to:

**gpalmer@fhn.org.au**

As always your comments, feedback and suggestions are welcome.

Yours in health,

Sandra

**Contact: Focus Health Network**

**P: 07 5456 8888**

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## 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.



### ***Non-surgical and surgical treatment of:***

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# AMA QUEENSLAND - PRESIDENT'S REPORT

*Dr Alex Markwell*



Dear members,

AMA Queensland continues to focus on the main themes raised by the 2012 Health Budget - privatisation, public-private-partnerships and increased efficiency with reduced FTE.

While there is some justification for the Government's arguments against waste and over-blown bureaucracy, we are still seeking a guarantee that these planned efficiency models will support ongoing teaching, training and support for doctors working in an already stretched system.

A key issue for SCLMA members is the proposed private administration of the new Sunshine Coast University Hospital which was announced via the media prior to consultation with local clinicians.

We are aware that many local doctors had lobbied hard for years to win a new hospital for the Sunshine Coast and had worked closely with the local hospital management to develop a plan for the future healthcare delivery in the region. Unsurprisingly these clinicians were devastated to have their input bypassed as the Government announced its new proposal to privatise the facility. We have been reassured by the Health Minister that the Board will be actively involved in any assessment of proposals for privatisation.

Meanwhile medical graduates have become the latest victims of party-politics with the Federal and State Government's reaching a stalemate over the funding of 2013 medical internship placements. The Federal Government recently agreed to one-off funding of 100 places but that still leaves a shortfall of 80 places which the States' so far refuse to pick up.

Workforce modelling by Health Workforce Australia suggests we continue to face a doctor shortage and need to keep every one of our valuable medical graduates. The AMA continues to highlight the plight of graduates who undertook their medical degrees in good faith, fully expecting that they would be able to complete their training as doctors with a funded internship position.

There has been some light at the end of the tunnel recently with the Health Minister finally agreeing to a compromise over the closure of the Queensland Tuberculosis Control Centre.

Following an unprecedented outcry from doctors and public health specialists, public health advocates have been lobbying the Government to revoke their decision to completely devolve TB services out to the HHS's. The QTBC was one of the earliest and most high profile casualties of the Government's corporate office restructure.

For the past few months AMA Queensland has been voicing the concerns of our members and protesting the closure of the QTBC. In light of this feedback Queensland Health has agreed that clinical TB services will be hosted by the Metro South HHS which will extend care to TB patients from Metro North, Gold Coast and Darling Downs HHS's. 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.

Health is a complex portfolio; it consumes huge amounts of resources and yet always struggles to keep pace with ever-growing demand. We accept that the Government is faced with making tough choices - there are no quick fixes or easy solutions. However, international experience has shown that making smart, informed decisions with long-term vision goes a long way to improving outcomes for patients accessing services and doctors working to provide quality care.

As always, your feedback is sought and appreciated.

Please feel free to contact me on **07 3872 2222** or via email at **[a.markwell@amaq.com.au](mailto:a.markwell@amaq.com.au)**.

Dr Alex Markwell  
AMA Queensland President





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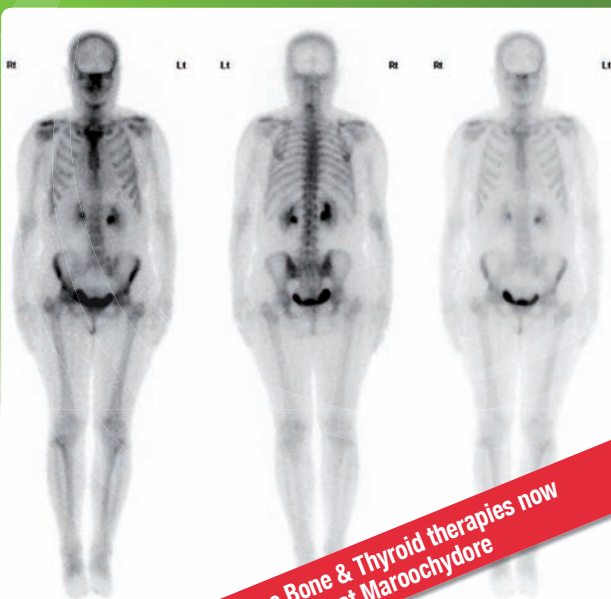
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# JUNE CANAVAN BURSARY RECIPIENT - 2012

## JAYDEN LOWRIE

Jayden Lowrie is the third recipient of the SCLMA June Canavan Bursary. The Bursary was established in memory of sports medicine specialist, Dr June Canavan who died in a plane crash in New Guinea in 2009.


Jayden was presented with his certificate at a ceremony at the University of the Sunshine Coast recently. Liaison person and past secretary of the SCLMA Dr Trish Pease (pictured) attended the ceremony. Jayden was one of 23 students presented with bursaries worth a total of \$20,000.

After graduating with a Bachelor of Sport and Exercise Science at the USC last year, Jayden is completing his Bachelor of Science (Honours) at USC. A fair amount of his studies has focused on analysing the attacking plays of the Brisbane Roar in its Hyundai A League matches. He hopes to have his findings finalised in January 2013.

Jayden presented an update of his findings at the October meeting of the SCLMA. The title of his presentation was 'Determinants of Effective Offensive Strategies for a Successful A-League Football Team'.

Jayden plans to go to England hoping to obtain some work with a football club or study a master's degree in performance analysis.


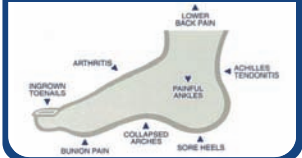



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## **Business Protection and Risk Strategies**

Every medical practice with two or more owners needs to have the right strategies in place if one of the owners leaves due to premature death, total and permanent disability or a traumatic illness.

As the practice provides its owners with regular income, capital, security, superannuation and retirement flexibility, protecting the exiting owner's needs, in addition to the remaining owner, is one of the most important risks a medical practice needs to consider. If the correct insurance and legal agreements are not put in place, some of the problems that can occur are:

- The exiting business owner (or, in the case of death, his/her estate) can make demands on the practice for it to be wound up, to be paid out for his/her interest in the business, or for the repayment of loan balances. The estate may also insist on immediate and direct involvement in the control and operation of the practice.
- In the event of total and permanent disability or one of the owners suffering a trauma event (e.g. cancer), there may be uncertainty over the likelihood of the business owner recovering or ever returning to work. The continuing business owners may then end up doing all of the work, but are still forced to legally release income and profits to the non working owner.

### **What is a business succession agreement?**

Two or more parties share the ownership of a medical practice, e.g. they (or their trust, spouse, etc) each own shares in the practice. Should one business principal die or become disabled, the continuing principals want to ensure they are able to purchase the outgoing principal's interest, and the outgoing principal wants to ensure his/her estate is paid a fair value for the interest.

### **Using Insurance to fund business succession**

The most cost effective and efficient strategy is to use insurance policies to compensate the existing business owner in the event of death or disability. Importantly, insurance is not the only way to fund a business succession strategy but, as mentioned, it is the most certain and cost effective process as the only other options are for the remaining business owners to take out sufficient loans to fund the exiting owner's share value. If loans are taken out, this can create delays in transfer, additional costs to pay interest on the loan, the business may not be able to get the full loan value and, hence, a smooth transition is not achieved.

### **How does the process work?**

A legal agreement known as a buy/sell or shareholders document ensures the shares are transferred to the remaining business owners via put and call options.

In relation to the insurance component, each business owner owns a life and disability policy on their own life for the value of their shares. As an example, there is a medical practice valued at \$2MIL with two owners that own the practice 50/50, hence each of their share/value is worth \$1MIL. If Owner 1 passes away, the life insurance policy pays the value of his/her shares (\$1MIL) directly to his/her estate or nominated beneficiary.

The end result is Owner 1's estate/beneficiary has been paid the value of his/her shares/practice value via insurance proceeds which ensures they are properly compensated. The remaining business owner receives the exiting owner's shares/ownership via the legal agreement; hence Owner 2 is properly compensated as they can continue the practice in an efficient way without Owner 1's estate/beneficiary intervening in the operations of the practice. This strategy provides the best outcome for all parties concerned and the ongoing operations of the business.

Care needs to be taken in regards to policy ownership to ensure tax issues/liabilities are minimized in the event of a claim. A risk/insurance specialist is required in addition to a qualified solicitor and accountant to achieve the right outcome for all parties involved.

If would like to discuss please give Hayden @ Poole Group a call on **5437 9900**.

Hayden White DFP

Risk Specialist

Representative of Poole & Partners Investment Services Pty Ltd



## Dr Aymen Al-Timimi General Surgeon

Dr Aymen Al-Timimi will commence private practice at Nambour Selangor Private Hospital in November 2012.

Dr Al-Timimi undertook General Surgery training through the Royal Brisbane Hospital, and obtained his FRACS in 2006. He is currently a Consultant General Surgeon at Nambour General Hospital and a Senior Lecturer at the University of Queensland.

His sub-specialty interest is in laparoscopic and open colorectal surgery with a focus on colon and rectal cancer treatment. He is also accredited by the Gastroenterological Society of Australia in colonoscopic assessment. He has an active interest in education and was the inaugural recipient of the UQ School of Medicine Distinction in Clinical Teaching Award.

Dr Al-Timimi looks forward to providing your patients with quality care.

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# MEDICAL MOTORING

*with Doctor Clive Fraser*

## TOYOTA 86

***“Worth its weight?”***



Readers of last month's column will recall the great deal on your investment over 40 years for owners of Ford's GTHO Phase 3.

My calculator came up with an annual compound return of 10%.

Not bad I thought, particularly when shares, property and fixed interest are scratching at the moment to even stay in positive territory.

So for the second month running I'm going to suggest that buying a new car may be the best investment you can make right now!

How does a return of 20% sound?

And that's over only three months, and not a whole year.

The suggestion of buying a new car did not of course come from my financial planner, but as you might expect it came from my local car dealer.

A Toyota dealer, no less.

It all began when I started spruiking for a discount on Toyota's latest model, the Toyota 86.

"No way", he said and then he proudly Googled up the second-hand prices which seemed to suggest anything up to an eight grand mark-up over the new car price for a three month old vehicle with about five thousand kilometres on the clock.

You see it's all about the law of supply and demand.

If you want a Toyota 86 so badly and can't wait till Christmas, you might just have to shell out something extra for one.

Toyota are supplying 150 Toyota 86's each month and buyers are queuing up to drive off in one.

Subaru sell a virtually identical vehicle called the BRZ, but they are in even scarcer supply.

The Toyota dealer proudly proclaimed that the 86 was "about 80% Toyota!"



But, lifting up the bonnet, Subaru is stamped all over the body panels and a made by Fuji Heavy Industries (i.e. Subaru) sticker is mounted on the B-Pillar.

The motor is a familiar Subaru flat four, but the dealer assured me that there were plenty of other Toyota bits on the Toyota 86.

In the flesh the 86 is surprisingly small and that's where the low weight equation comes in.

With 147 kW and 1257 kgs there is a very favourable power-to-weight ratio, better than the Golf GTi and Mazda's MX5 and RX8.

Zero to 100 km/h comes up in a leisurely 7.6 seconds though due to gearing which favours twisting roads rather than drag-strips.

But the handling and fun-to-drive factors more than make up for any deficiencies in straight line performance.

The seating position is very, very low and whilst there are two seats in the back they were probably only ever intended for nephews and nieces.

The boot is a real surprise though.

With only enough room for a small doctor's bag I was pleased to see a full-sized spare wheel with a neat dish-shaped space for all those little items that roll around.



So what sort of doctors will buy a Toyota 86?

Anyone whose spouse won't let you indulge your passion for a really sporty set of wheels, but who likes the idea of buying a depreciating asset that appreciates in value, even if that's only for a very short term.

### Toyota 86 GT

**For:** At \$29,990 + ORC it's a steal.

**Against:** Not quick off the mark, PULP.

This car would suit: Young registrars without kids.

### Specifications:

2.0 litre 4 cylinder boxer  
147 kW power @ 7,700 rpm  
205 Nm torque @ 6,600 rpm  
6 speed manual  
7.6 seconds 0-100 km/h  
7.8 l/100 km combined  
\$29,990 + ORC

Safe motoring,

Doctor Clive Fraser

PS Cyber-stalkers can contact me at:  
doctorclivefraser@hotmail.com



## 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.

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(Catch-up time - we missed printing these as the Christmas in August photos won the space!).

### JULY CLINICAL MEETING - DETAILS AND PICS

Dr Dave Nicholls - *'Life in Remission - The New Age of Inflammatory Arthritis'*

Dr Ingrid Hutton - *'What you need to know about the new arthritis drugs'*

Sponsor - Abbott



Presenters - Dr Dave Nicholls  
and Dr Ingrid Hutton



Meeting Sponsors from Abbott  
Katy Lane and Monique Hart



Dr Wyn Lewis with Kelly Williams and Lenka Stratford-Smith from Nabhealth



Dr Andrew Southee, Dr Fabio Brecciaroli and Dr Bruce Goldshaft



Dr Jean Avery  
with Dr John Murray



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**Nambour**  
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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**  
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**Weronika Tobalska**  
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# Trimming the Bush



dr. plonk

Some 5000 plus species of grape vine exist in the world and about 200 have been used to make consumable wine. About 90% of wines are made from about 10% of these varieties. Wine styles can vary from region to region and what the wine maker decides to do with them. Just to throw in another permutation is how the plant itself is managed. In particular canopy management. The leaf of the plant is the energy generator and protector of the vine and its care is a top priority.

The *Vitis Vinifera* plant (botanical name for grape vine) can grow like a weed if left untrained. The thing will become a mass of twisted limbs (canes) with scant fruit as the plants focus will be on leaf growth. So if we cleverly trim this plant and limit the number of canes, the focus goes onto fruit production. The more fruit though, the less concentrated can be the flavours. So bunch thinning may apply to some planting regions. If too much canopy is left, particularly in wet climates, moisture accumulates and disease is rife. In our clever human way, we have worked out what suits most regions with respect to pruning.

Technically speaking there is spur pruning and cane pruning. The spur pruning limits the new growths to two major canes each New Year whilst the cane pruning allows for a longer arm of bunches to form with the canes being two years old when pruned. Spur pruning is used for moderate to highly vigorous species like Cabernet, Merlot and Shiraz. The Cane pruning is often used in cool climates and in particular for Pinot Noir.

The concept of wild growth without trellising is called Gobelet style or "Bush Vine Growth." The plant is trimmed to resemble a shrub. This can suit hot dry climates with poor soil. The canopy protects the plant from too much sun, but it is not moist enough to encourage moulds. Often the fruit is very concentrated and some great Barossa Shiraz and Grenache have been grown like this. There can be other variations such as single trellising and double trellising etc. It's all about air movement and sun exposure.

Google is good for the images of these techniques.

The wine industry is adept at recycling and one of the great uses for the discarded pruned canes of the vine is to be used for smoking meats especially duck. The flavour is less pungent and more elegant. Otherwise you just burn them and have a big BBQ and drink last year's vintage for good luck.

## *Dr Plonk is Drinking*

- **Champagne** -2002 Dom Perignon - lively 10 year old champagne that burst with the balance of some lemon notes with complex bready bouquets. The palate is overwhelmingly satisfying with each part of the tongue tasting the wine. Drink with anything, anywhere anytime.
- **White**-2011 Toolangi Yarra Valley Chardonnay-oodles of white peach, lemon and complex yeast and oak characteristics abound in the bouquet. The palate is upfront with a lingering structure. This is the cheapest in the Toolangi range at \$25. The reserve is made by Giaconda and costs \$75.
- **Red**- 2009 Eldridge Estate Mornington Peninsula Pinot Noir. This is a medium garnet colour. The nose is of dark cherries, savoury notes and mild spices. The wine flows over the palate and finishes with balanced tannin. Overall a big pinot with the iron fist in the velvet glove scenario. Have with Peking duck pancakes.



# LIFE INSURANCE OPPORTUNITY ....

---

AMA MEMBERS are invited to look at the life insurance opportunity on the following pages.

It is unusual, indeed unprecedented, for me to promote any commercial product, but this is a unique product.

AMAA has negotiated a group life insurance which offers (to AMA members only) an extremely cost-effective life insurance.

- Because it is the group of doctors that is being insured, not individuals, there is no medical examination – one of the biggest barriers to private professionals taking out new life insurance.
- Because it requires only a tick in the box on next year's AMA membership renewal, it is administratively as simple as could ever be.
- And because it is a wholesale product, the premiums are far less than the market rate for comparable cover – it is an attractive rate for younger doctors but for over-55's the savings in premiums more than recovers the annual AMA membership fee.

This is an exclusive AMA offer, and I strongly encourage all members to carefully consider the opportunity. To non-members, this is an incentive to join the AMA, with an unequalled opportunity for just one member benefit to recover a significant amount of the annual membership cost.

(Dr) Wayne HERDY,  
AMAA Branch Councillor.

## AMA COUNCILLOR'S REPORT

### *Dr Wayne Herdy*

---

The annual AMAA conference in Madrid this year focussed on preventive medicine.

Not surprisingly, in view of the location and the contribution by Prof David Colquhoun, there was an emphasis on the Mediterranean diet and its associated longevity among [some] Mediterranean populations. David proved as entertaining as always, with a convincing grasp of the old and new research.

On the lightest side, two teams debated the correlation between tattoos and intelligence – not a lot of science but considerable levity.

However, the conference had a darker side:

Doctors' health had a considerable airing.

There were hot discussions over the "reform" of after-hours services, with some debate about the transfer of Federal funding from individual GP's to the Medicare Locals. The future of Medicare Locals is far from guaranteed, and the future for after-hours services will remain in the balance until well after the next Federal election.

The lack of planning for future training places for the expanded numbers of medical graduates has finally reached crisis point – training places are now saturated and graduates no longer have confidence that they will even have a job next year, let alone a job that will lead them along their chosen career paths.

During our stay, the Spanish Parliament was forced to debate austerity measures proposed by the Germans (well, by the EU, but really by the Germans).

The hot-blooded Spanish put on a protest the likes of which is unknown in Australia – and right outside our hotel.

1300 police, many in full riot gear, faced up to 15,000 unhappy Spaniards in the square next to our conference venue.

It was quite riveting to watch from the 5<sup>th</sup> floor of the hotel but I was happy not to be at ground level when the barricades were pulled down by the chanting thousands.

When the fuss had settled, the conference organizers claimed that they had sent out an invitation which somehow had gone viral on the internet. They were hoping to top this performance by arranging a coup for next year's conference in Chile.

A more serious view is that Spain is undeniably a poor country, a sad remnant of an empire that ruled most of the known world only a few centuries ago, and our hearts went out to the further pain that must be imposed on the people if they are to stay economically viable.

Wayne Herdy







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<b>Noosa</b>	Noosa Private Hospital, Pavillion A, 111 Goodchap St	<b>Ph: 07 5430 5200</b>

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# Members Life Insurance Scheme

## What is the exclusive AMA Queensland Members Life Insurance Scheme?

The scheme allows the Association to act collectively to obtain Life and Total Disability Insurance for members, providing:

- Superior terms and conditions - eg, \$250,000 cover in the event of death or total permanent disablement
- Significantly reduced premiums
- No questions asked, no application forms - just accept as part of your AMA Queensland membership renewal form or first time member application form
- A once only opportunity to join the scheme - from 1st January 2013, cut off date 31 March 2013.



“We have developed this scheme, uniquely for our members.

We believe it provides the best balance of low premiums and quality cover without the need for application forms.”

Dr Alex Markwell, President AMA Queensland

## Great benefits available to you

### Join instantly

Join instantly by renewing your AMA Queensland membership, or as a first time AMA Queensland member.

- No questions asked
- Easy to apply - no application forms, no health questionnaire, no medical examinations
- There is no disclosure obligation
- It is irrelevant that a member has been declined insurance, has a pre-existing medical condition, is a smoker, drinks more than he or she should, engages in risky leisure activities.

### The superior cover provided

- \$250,000 payable:
  - To you on diagnosis of a **terminal illness**, or
  - To your Estate or Spouse/Partner in the event of your **Death**, or
  - To you on being assessed as **Totally and Permanently Disabled**

### Affordable premiums

Generally these premiums are less than **50% off the retail insurance rates** (refer to table on the reverse).

For example, a 40 year old female will pay \$177.59 per year which is only \$14.80 per month. This is a great saving compared to the retail rate of \$31.29 per month



“We are proud to introduce this insurance product to AMA Queensland members and have partnered with Suncorp due to their solid reputation in providing quality insurance offerings and have an outstanding claims payment history.”

Jane Schmitt, Chief Executive Officer AMA Queensland

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 23 AUGUST 2012  
MAROOCHYDORE SURF CLUB FUNCTION ROOM**

**MINUTES (confirmed & amended at Committee meeting 27 September 2012)**

**Attendance:** Drs Wayne Herdy, Mason Stevenson, Peter Ruscoe, Rob Ingham, Scott Phipps, Nigel Sommerfeld, Di Minuskin, Debbie Pfeiffer and Kirsten Hoyle.

**Apologies:** Drs Andrew Foster & Denise Ladwig.

**Minutes of meeting – 26 July 2012 (Draft).**

The minutes were accepted as a true record of the meeting. Moved: Wayne Herdy.

Seconded: Peter Ruscoe. Carried.

**Business arising from Minutes:** Nil

**President's Report:** Apology. (Report published in SCLMA August newsletter.

**Vice President's Report :**

- Mason reported there have been three meetings of the HHS Board to date for induction and ratification of 2012-13 Service Agreement and Budget;
- Further meetings to receive reports from eight Clinical Department Leaders;
- September Board meeting at Gympie Hospital to include tour of hospital and meeting of staff;
- Names of original and additional two Board members to be provided.

**Secretary's Report:**

**Correspondence In:** Nil

**Correspondence Out:** Nil

**Business arising from Correspondence:** Nil

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

**a) Accounts to be paid:**

- Australia Post – July 2012 account
- Office National – July 2012 account
- Jo Bourke – July 2012 secretariat
- Snap Printing – August 2012 invites
- Snap Printing - August 2012 newsletter
- Jo Bourke – August 2012 newsletter
- Athol Matcham – Roy Orbison Band
- June Canavan Bursary

**(b) Membership Report.**

- Dr Edward Wims (Psychiatry)
- Dr Frieder Lehmann-Waldau (Psychiatry)
- Dr John Walters (Hand Surgery)
- Dr Mike Haines (Re-join)
- Dr Andrew Langley
- Dr Helen Weston

Peter Ruscoe moved that his Treasurer's Report and Membership Applications be accepted.

Seconded: Wayne Herdy. Carried.

**Meetings Convenor Report: Dr Rob Ingham**

- 'Christmas in July in August' was successful with 140 attendees, Roy Orbison Tribute Band, much dancing and frivolity;
- Clinical meetings organised until end of the year.
- Motion of acclamation for Committee organising Christmas Function.

**SCDGP Report: Dr Scott Phipps:**

Now FHN (Focus Health Network)

No report this month.

**Hospital Report (HHS): Dr Jeremy Long**

- Jeremy is Chair of the Clinician Leadership Group. Focus on budget cuts and increased efficiency.
- Activity based funding is potentially punitive rather than revenue raising.
- Outpatients' patients to be increasingly returned to GPs.
- Increased outpatient usage of named referrals to increase own-sourced revenue.

**General Business:**

- Discussion re change in SCLMA representative from SCDGP to Focus Health Network (FHN). Representative to continue to report to the Management Committee.
- Motion to appoint Dr Mason Stevenson as acting Secretary (after resignation of previous Secretary, Dr John Eckersley due to ill health). Proposed Wayne Herdy. Seconded: Kirsten Holye. Carried.

Meeting Close 7.10pm

Next meeting: 6.00pm 27 September 2012

Mason Stevenson, Secretary.

# Annual Premium Rates

Age based premium for \$250,000 insured benefit

Age Next	Death and TPD AMA	
	Male	Female
20	\$127.12	\$42.54
21	\$135.81	\$42.54
22	\$141.34	\$42.54
23	\$143.71	\$39.50
24	\$141.98	\$39.50
25	\$138.70	\$42.54
26	\$135.11	\$42.54
27	\$125.79	\$42.54
28	\$122.11	\$48.61
29	\$117.13	\$51.65
30	\$119.04	\$57.73
31	\$122.14	\$63.81
32	\$124.63	\$69.88
33	\$131.41	\$72.92
34	\$138.55	\$85.07
35	\$146.39	\$94.19
36	\$160.42	\$104.52
37	\$169.81	\$116.49
38	\$184.12	\$131.50
39	\$197.89	\$144.93
40	\$218.03	\$162.70
41	\$234.98	\$177.59
42	\$255.13	\$201.44
43	\$275.27	\$225.14
44	\$298.61	\$248.99
45	\$329.87	\$278.77
46	\$364.33	\$308.54
47	\$397.11	\$341.54
48	\$438.00	\$377.54
49	\$477.08	\$413.64
50	\$531.71	\$461.82
51	\$600.98	\$504.36
52	\$681.19	\$552.97
53	\$754.81	\$604.62
54	\$841.40	\$668.43
55	\$954.24	\$741.35
56	\$1,056.42	\$829.46
57	\$1,198.49	\$932.76
58	\$1,337.34	\$1,051.26
59	\$1,517.70	\$1,155.29
60	\$1,729.10	\$1,284.45
61	\$1,977.52	\$1,392.40
62	\$2,264.21	\$1,533.95
63	\$2,537.08	\$1,693.07
64	\$2,910.52	\$1,873.79
65	\$3,337.37	\$2,082.61
66	\$1,768.66	\$867.01
67	\$2,003.89	\$959.53
68	\$2,268.89	\$1,059.98
69	\$2,560.69	\$1,171.00
70	\$2,891.20	\$1,287.30

## Compare our rates

Age Next	Yearly Premium: Male		Yearly premium: Female	
	AMA Queensland group policy	Suncorp - non-smoker retail policy	AMA Queensland group policy	Suncorp - non-smoker retail policy
26	\$135.11	\$406.69	\$42.54	\$324.69
31	\$122.14	\$378.69	\$63.81	\$326.69
36	\$160.42	\$406.63	\$104.52	\$358.63
41	\$234.98	\$495.92	\$177.59	\$375.52
46	\$364.33	\$745.79	\$308.54	\$659.54
51	\$600.98	\$1,330.00	\$504.36	\$1,159.37
56	\$1,056.42	\$2,684.65	\$829.46	\$2,311.52
61	\$1,977.52	\$5,195.11	\$1,392.40	\$4,454.48

## Did you know some key facts?

**1. Our TPD cover** - The TPD cover applies to 'own occupation'. This means, if a member is unable to continue work as a medical practitioner, the insurer will pay on the policy even though the member may be capable of performing some other work.

**2. No medicals required** - Quick and simple to be covered, and it doesn't rely on you or your families past medical history. This has been negotiated exclusively for our members.

**3. \$250,000** - in cover upon death or TPD or diagnosis of a terminal illness - indexed each year.

**4. If you have existing cover** - This is a cheap top-up payable in addition to all your other cover.

**5. This scheme** - is supported by Suncorp who have a great reputation in paying claims and treating clients with care in your time of need.

### TPD definitions - exclusive for our members

Our TPD cover applies an 'own occupation' definition:

- This means if a member is unable to continue work as a medical practitioner, the insurer will pay a benefit even though the Member may be capable of performing some other work.
- The 'own occupation' definition is available for Members working as few as 10 hours a week.

For more information:

Contact AMA Queensland

**Phone:** 07 3872 2222

**Email:** memberinsurance@amaq.com.au



Supported and underwritten by





**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 27 SEPTEMBER 2012  
MAROOCHYDORE SURF CLUB FUNCTION ROOM  
MINUTES (confirmed at Committee meeting 25 October 2012)**

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**Attendees:** Drs Rob Ingham, Di Minuskin, Mason Stevenson, Peter Ruscoe, Jeremy Long and Nigel Sommerfeld. Also Dr Trish Pease and Jo Bourke.

**Apologies:** Drs Wayne Herdy, Kirsten Hoyle, Marcel Knesl and Scott Phipps.

**Minutes of last meeting: 23 August 2012**

The Minutes were amended with the following (Mason Stevenson)

**Hospital Report (HHS):**

- Activity based funding is potentially punitive rather than revenue raising.
- Outpatients' patients to be increasingly returned to GPs.
- Increased outpatient usage of named referrals to increase own-sourced revenue.

Moved: Nigel Sommerfeld.

Seconded: Jeremy Long. Carried.

**Business arising from Minutes.**

- Action: Jeremy Long to contact Marcel Knesl re article to be published in the newsletter re named referrals and demand letters.

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

- Dr Scott Masters has agreed to be the new Meetings Convenor. Dr Scott Masters.
- Rob had attended the 'Turning of the sod' for the SCUH. Premier Campbell Newman in attendance.

**Discussion re new hospital:**

- Mason reported that they are into a three month decision making process having been approached by a significant private operator with a view to SCUH being operated by a private hospital operator including the provision of all clinical services. The decision is deemed to be urgent because the sod has been turned and any private operator would need to be involved in building process as well as operating process.
- Mason also reported that two new members have been added to the HHS – Dr Ted Weaver, Director O&G and Mr Peter Sullivan, current Financial Current Chief Financial Officer for the University of the Sunshine Coast.
- The Board is to meet Tuesday 2 October for ratification of template to meet this year's and next year's budgetary targets and two year schedule. The good news is a multiple pronged plan to achieve the budget target with minimal impact on employee redundancy. Workforce redesign occurring at more rapid rate than usual with cooperation from all concerned.

**Vice President's Report : Dr Di Minuskin**

- Bouquet to NGH re ease of obtaining information re patient. Substantial change from old Qld Health department. The openness and clarity of patient information enhances the care of patients via their GP.

**Secretary's Report: Dr Wayne Herdy – Apology.**

**Correspondence In: Tabled.**

- USC – re June Canavan Bursary for 2012
- USC – Draft Bursary Agreement 2013-2015 (inclusive)

- Dr Peter Cohn – letter of resignation
- Alex Moore, Cittamani – thanks for donation for bed
- Correspondence Out: Tabled.  
Trish Pease to USC re SCLMA Bursary 2012 and 2013-2015.

**Business arising from Correspondence:**

**June Canavan Bursary:**

- Trish Pease spoke to this – happy to be representative at Bursary presentation to be held at USC Friday 12 October 2012.
- Draft Proposal for Bursary for next three years perused and suggestions made. Trish Pease happy to be the liaison person between SCLMA and USC.

**Resignation – Dr Peter Cohn:**

- Accepted with regret. President to write letter of acceptance of resignation.

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

**a) Accounts to be paid:**

- Australia Post – August 2012 account
- Jo Bourke – August 2012 secretariat
- Snap Printing – September 2012 invites
- Snap Printing - September 2012 newsletter
- Jo Bourke – September 2012 newsletter

The accounts were accepted for payment.

Moved: Peter Ruscoe.

Seconded: Mason Stevenson. Carried.

**(b) Membership Report.**

- Dr Richard Pope (GP)
- Dr Vera Ivovic (Re-join)
- Dr Rebecca Barnes (Re-join)

The membership applications were accepted.

Moved: Peter Ruscoe.

Seconded: Nigel Sommerfeld. Carried.

**Meetings Convenor Report: Dr Scott Masters - Apology**

**FHN Report: Dr Scott Phipps - Apology.**

**Hospital Liaison Report: Dr Jeremy Long**

Discussed previously in meeting.

**General Business:**

**Newsletter:**

- Peter Ruscoe pointed out an error in September newsletter. In the outgoing President's report (item 10) the amount of the annual grant to a USC student in a health related field is \$2,000 not \$3,000 as stated.

**Health and Hospital Service Board (HHS):**

- Mason Stevenson reported that he has been seconded to three of the four sub-committees: Finance, Audit and Patient Quality and Safety Committees.

Meeting Close: 7.15pm

**Next Meeting: 6.00pm Thursday 25 October 2012**

Jo Bourke, Acting Secretary.

**MEMBERSHIP APPLICATION**

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

<b>NAME</b>	Surname:	First Name:
<b>EMAIL:</b>		
<b>PRACTICE ADDRESS:</b> This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.		
	Practice/Building	
	Street:	
	Suburb:	Postcode:
	Phone:	Fax:
<b>ALTERNATE ADDRESS:</b> (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
<b>PRACTITIONER DETAILS:</b>		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
<b>PLEASE NOTE:</b> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>		
<b>PROPOSERS:</b> (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).		
<b>1. NAME:</b>	<b>Signature:</b>	
<b>2. NAME:</b>	<b>Signature:</b>	
<b>ANNUAL SUBSCRIPTION (GST included):</b>	<b>(Please tick)</b>	<b>DELIVERY OPTIONS</b>
Full-time ordinary members - GP and Specialist	\$ 55.00	<b>Your Monthly Invitation</b>
Doctor spouse of full-time ordinary member	\$ 22.00	By Email?
Absentee or non-resident doctors	\$ 22.00	By Courier?
Part-time ordinary members (less than 10 hours per week)	\$ 22.00	By Post?
Non-practising ordinary members, under 60 years old	\$ 22.00	<b>Your Monthly Newsletter</b>
Residents & Doctors in Training	Free	By Email?
Non-practising ordinary members, over 60 years old	Free	By Courier?
Patron and honorary members	Free	By Post?
Payment can be made by cheque payable to SCLMA or by direct debit to the <b>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</b> A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.		
Please return this form with your cheque OR details of your E.F.T. to: <b>SCLMA PO BOX 549 COTTON TREE 4558</b>		
<b>Please note:</b> <i>Membership applications will be considered at the next Management Committee meeting.</i>		





# SMILE TIME!



## Legal but NOT Logical ....

A young Law student, having failed his Law exam, goes up to his crusty old professor, who is renowned for his razor-sharp legal mind.

Student: "Sir, do you really understand everything about this subject?"

Professor: "Actually, I probably do. Otherwise I wouldn't be a professor, would I?"

Student: "OK. So I'd like to ask you a question. If you can give me the correct answer, I will accept my marks as it is. If you can't give me the correct answer, however, you'll have to give me an "A"

Professor: "Hmmm, alright. So what is the question?"

Student: ***"What is legal but not logical, logical but not legal, and neither logical nor legal?"***

The professor wracks his famous brain, but just can't crack the answer. Finally he gives up and changes the student's failing mark into an "A" as agreed, and the student goes away, very pleased. The professor continues to wrack his brain over the question all afternoon, but still cannot get the answer.

Finally he calls in a group of his brightest students and tells them he has a really, really tough question to answer: "What is legal but not logical, logical but not legal, and neither logical nor legal?"

To the professor's surprise (and embarrassment), all the students immediately raise their hands. "All right" says the professor and asks his favorite student to answer "It's quite easy, sir" says the student "You see, you are 75 years old and married to a 30 year old woman, which is legal, but not logical. Your wife has a 17 year old lover, which is logical, but not legal. And your wife's lover failed his exam but you've just given him an "A", which is neither legal, nor logical.

## Clever newspaper reporter:

A car was involved in an accident in a street. As expected a large crowd gathered. A newspaper reporter, anxious to get his story could not get near the car.

Being a clever sort, he started shouting loudly, "Let me through! Let me through! I am the son of the victim."

The crowd made way for him.

Lying in front of the car was a donkey!

## Perks of reaching 50 or being over 60 and heading towards 70 ....

- Kidnappers are not very interested in you.
- In a hostage situation you are likely to be released first.
- No one expects you to run--anywhere.
- People call at 9 pm and ask, did I wake you?
- People no longer view you as a hypochondriac.
- There is nothing left to learn the hard way..
- Things you buy now won't wear out.
- You can eat supper at 4 pm..
- You can live without sex but not your glasses..
- You get into heated arguments about pension plans.
- You no longer think of speed limits as a challenge.
- You quit trying to hold your stomach in no matter who walks into the room.
- You sing along with elevator music.
- Your eyes won't get much worse.
- Your investment in health insurance is finally beginning to pay off.
- Your joints are more accurate meteorologists than the national weather service.
- Your secrets are safe with your friends because they can't remember them either.



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

***Email [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au) for others to enjoy ....***

*Quote ....*

*Speak when you are angry and you will make the best speech you will ever regret ....*

*Ambrose Bierce (1842 - 1913)*

# CLASSIFIEDS

## 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.

## 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.
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- 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](mailto:christine@noosamcs.com.au)

Visit NMCS website today

<http://www.noosamcs.com.au>

September 2012

## DR MELISSA WHITE – Gastroenterologist – New Practice Location

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

- Suite 2/52 Burnett Street BUDERIM QLD 4556 (next door to the Old Buderim Post Office)
- **PHONE: 5456 4278 FAX: 5450 1045**
- **EMAIL: [melissa@melissawhitegastro.com.au](mailto:melissa@melissawhitegastro.com.au)**
- Conducting Procedures now at The Sunshine Coast Private Hospital Buderim & Selangor Private Hospital, Nambour

Dr Melissa White is no longer associated with the Buderim Gastroenterology Centre, Wisers Rd, Maroochydore.

- **Welcoming New Patients**

August 2012

## SUNSHINE COAST QLD

### Better health on Buderim wants you !!!!!!!

But it's not just what you can do for our patients but what we can do for you; provide an exciting supportive workplace with a vibrant enthusiastic team.

- Doctors Rebecca Barnes, Neil Cradick, Judy Hesse and Don Thackwray are looking for a VR GP with a good work ethic & a sense of humour to join their team of caring health professionals on the beautiful Sunshine Coast.
- We are an independent, non corporate, doctor owned and managed mixed billing practice, fully computerised with qualified ancillary staff.
- We would love to hear from you so please email **pm@betterhealthonbuderim.com.au** or give any of the doctors a call on **07 5456 1600**.

August 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 250 531 or 5409 2800**
  - **Trevor.gourlay@pacificradiology.com.au**
- October 2012

## DR EDWARD WIMS, Consultant Psychiatrist and Cognitive Behaviour Therapist

- Dr Wims has commenced practice at the Eugarie Centre, Noosa Junction. For appointments please phone **07 5455 4688** or fax: **07 5455 4533**,
  - **Email: [adapt@adaptmentalhealth.com.au](mailto:adapt@adaptmentalhealth.com.au)**
- August 2012

## GPs - VR FT/PT REQUIRED - CALOUNDRA – SUNSHINE COAST

- Join our team of 5 doctors - long established practice, located on busy road near shopping complex, close to beach.
- Large modern premises, fully equipped treatment room, accredited & fully computerized. Fulltime nursing & reception support.
- Good working hours 8am to 5pm Monday to Friday. Saturday mornings only on rotation. No after hours. Mixed billing practice with chemist, pathology & allied health on site.

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**Email: [currimundi@cmcnet.com.au](mailto:currimundi@cmcnet.com.au)** July 2012

## SKIN PRICK TESTING

Now available by appointment with Dr Peter  
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**Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)**

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



**WELL-ATTENDED SCLMA SEPTEMBER 2012 CLINICAL MEETING**

**DR LEE PRICE**

***'Haemochromatosis & other disorders of iron 2012'***

**PROFESSOR DARIO SORRENTINO**

***'Long term prevention of postoperative recurrence of Crohn's disease'***

**DR ROHAN GRIMLEY**

***'Contemporary acute management of stroke & TIA & carotid disease on the Sunshine Coast'***

**THE SCLMA THANKS OUR SPONSOR - SULLIVAN NICOLAIDES PATHOLOGY**



Professor Dario Sorrentino with Dr Peter Nash



Dr Andrew Southee with Dr Stephen Phillips



Dr Ian Markwell with Dr Peter Zwoerner



Dr Chris Lonergan, Dr Trish Pease  
with new member Dr Patricia Nugent

**MONTHLY CLINICAL MEETINGS - 2013**

***Are you interested in presenting or sponsoring?***

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