Newsletter

September 2012

SCLMA President's Message - Dr Rob Ingham

BACK TO THE FUTURE .....

It has been eighteen years since my first term as SCLMA president in the mid nineties. Many things have changed and yet others have stayed the same. My last stint as President preceded care plans, health assessments, EPCs and the Divisions were an emerging concept. The only clinical indicators which the Private Hospitals were interested in were whether the doctors and nurses turned up to work on time!

The two major concerns during my first term were Medical coverage in rural and remote areas, and the Public Hospital waiting lists. The waiting lists are still an area that requires continued review and tweaking. Rural and remote medical cover has been somewhat addressed by the use of IMGs under what I believe is the unjust ten year moratorium.

I have not taken on the position of LMA President with any personal agenda in mind. I do believe that it is an honour to be elected to this position and I hope to fulfill my obligations to the best of my ability and to be available to address the concerns of all our members.

At a recent committee meeting some of the following recommendations were discussed. These included encouraging younger members of the Sunshine Coast medical fraternity to join the LMA with a view to taking on official roles.

It has been suggested that we shorten LMA meetings with minimal committee input to maximize the socialization aspect of the dinner.

While acknowledging Maroochydore SLSC as our central venue we may explore other options to spread the meetings across the breadth of the coast.

I need to thank Dr Mason Stevenson and Dr Wayne Herdy for their contribution to the SCLMA over the past decade however I would also like to mention the hard work of Dr Andrew Southee who served two terms as LMA President in the last three years.

Indeed the LMA has been supported by many doctors since the first President Dr Steve Kettle, the rejuvenation by Professor Peter Nash and contributions from Dr Wyn Lewis, Dr Ian Colledge, Dr Clem Nommensen and Dr Gerry Gelb to name but a few. It is my aim to assemble an honour roll of all past Presidents as part of an archive of the history of the Sunshine Coast LMA.

Briefly I would like to comment on the Qld Health Department job losses recently announced in the State budget. While I believe in this economic climate fiscal responsibility is appropriate we need to ensure that patient outcomes aren't compromised and I hope any decisions are reached after maximum consultation with medical opinion.

Looking forward to discussing issues with all into the future

Rob Ingham

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

Sullivan Nicolaides PATHOLOGY

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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**

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.

Editor's Corner .....

In the USA they upsize everything so we thought that we would upsize this month's newsletter. September is bigger and better than ever before.

A Changeover meeting on Thursday 6 September welcomed in the new SCLMA committee for the 2012/2013 year.

This allowed us to reflect back on the past few years and also to plan ahead for the coming years.

Several points were raised and debated in regards to the future direction of the SCLMA. A brief summary follows:

1. The Thursday night education evenings should be restricted to 2 speakers with each speaker restricted to 20 minutes plus 10 minutes for Q & A. This would then allow for more time to mingle and socialise with colleagues.
2. Consideration to be given to hosting the meetings at different venues across the coast. The majority of the meetings would still be held at Maroochy Surf Club but from time to time we could consider hosting the meeting at the northern end of the coast, Noosa and the southern end, Caloundra.
3. The food at Maroochy Surf Club is rather average and the portion sizes are too big. Discussions to be held with the catering staff to see if we can reduce the portion sizes and possibly stretch the meal budget to include an Entrée, Main and Dessert.
4. Encourage a younger attendance. Many retired and semi-retired doctors frequent the education evenings and this is to be encouraged but we need to draw on the next generation of doctors and encourage them to attend the evening sessions.
5. The SCLMA will stick more to its core values of social support, education and collegiality and have less of a political voice. This will be left up to the AMA and individual colleges.

We value your input so please e-mail me your comments.

The AGM was held 23 August. The outgoing President Dr Wayne Herdy reflected back on 10 years of SCLMA governance. Drawing on the god Janus, Wayne clearly reflected the years past and the years ahead.

Reviewing the Treasurer's report (Dr Peter Ruscoe) finds the SCLMA in good standing. Overall financially it has been a solid year. As an LMA we have contributed to various causes, launched the SCLMA website and halved annual subscriptions for a full year. For full details refer to the treasurer's report.

Dr Alex Markwell follows with her AMA Queensland President's report including an assessment of the QLD Health budget 2012-13 and the response tabled by the AMA Queensland branch.

Moving on from the above, a few medical bomb shells were dropped on the SC medical community this week. Talks of privatisation of the SCUH and staff cuts have dominated the press. In good time the dust will settle and further information will be available through Kevin Hegarty's hospital column.

On a theme much closer to my heart was the recent Noosa Food & Jazz festival. Saturday 1 September I found myself sitting in Berardo's Restaurant & Bar enjoying a jazz orientated degustation menu to the sounds of James Morrison & Band with Emma Pask. In typical Jim Berardo fashion the evening was splendid, the food delicious and the jazz was true testament to the glory days of Ray Charles and Co.

Seared eye fillet Carpaccio topped with horseradish cream, white anchovy & capers; comfit of Huon salmon served with pickled fennel, citrus salad; wild river Barramundi with exotic mushrooms, bok choy, dashi broth; braised Wagyu beef cheek on carrot puree and crisp bacon; ending with strawberry pannacotta with berry gel and coconut sherbet!

And on that lingering foodie thought I wish you Bon Appetite.

Marcel Knesl

mknesl@oceaniaoncology.com

PS. On the education front keep your eyes peeled for a flyer from Dr Sean O'Connor from Coastal Medical Imaging Specialist Women's Imaging Centre who has a very special world renowned breast imaging guest due to visit and host a breast imaging workshop on the Sunshine Coast in the early new year.

SCLMA MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room

6.30pm for 7pm - 9pm (finish)

THURSDAY 27 SEPTEMBER 2012

Presenter: Dr Lee Price, Pathologist
(Specialty - Clinical Chemistry,Endocrinology)

Topic: *'Haemochromatosis and other disorders of Iron 2012'*

Also presenting - Doctors from NGH

Professor Dario Sorrentino

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

Dr Rohan Grimley and Dr Rebecca Magee

- *'Contemporary acute management of stroke and TIA and carotid disease on the Sunshine Coast'.*

Sponsor: Sullivan Nicolaides Pathology

THURSDAY 11 OCTOBER 2012

CANCELLED .....

COMBINED MEETING & DEBATE

BETWEEN SC LAW SOCIETY & SCLMA

THURSDAY 25 OCTOBER 2012

Presenter: Dr Alan McKenzie

Topic: *MRI and the GP*

Sponsor: Qld Diagnostic Imaging

THURSDAY 22 NOVEMBER 2012

Gastroenterology Talks

Sponsor: QML

ENQUIRIES:

Jo 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

HEALTH SERVICE LINK - SEPTEMBER 2012
with Kevin Hegarty

Congratulations to Rob Ingham on his appointment as SCLMA President. I and the Health Service look forward to working with Rob and a continuation of the solid relationship we have with the SCLMA. The relationship has developed under the personal commitment of past Presidents, Wayne Herdy, Mason Stevenson and Andrew Southee.

HEALTH SERVICE PLAN

We are currently advancing the development of a Health Service Plan that will provide direction for the expansion of our services to 2016/17. The plan will also provide reasonable detail to 2021/22 and indications of services that may be delivered out to 2026/27.

The plan is underpinned by the move of our level of self sufficiency from 85% to 95%. This will see a significant reversal of the historical flow of patients to Brisbane. Our services currently only provide 40.4% of the hospital separations of Sunshine Coast residents. Public facilities to the south provide 6.8% of the separations, with the balance 52.8% provided by the private sector, particularly Brisbane facilities.

Analysis and associated forecasting predicts a growth in Emergency Department presentations of 30% by 2016/17 and a growth in admitted patient activity of 40%. Our ability to meet this exceptional demand is of course underpinned by the development of the Sunshine Coast University Hospital. Interestingly compared to the rest of Queensland we have a lower mortality from all cases (ie including coronary heat disease and cancer).

The completion of the Health Service Plan will include a range of consultations external to the Hospital and Health Service, prior to its submission to our Board in November.

NEAT & NEST

All States and Territories have signed up with the Commonwealth to achieve improved emergency access and elective surgery performance. The NEAT - National Emergency Access Target and NEST – National Elective Surgery Target are fundamental initiatives as part of the National Health Reform agenda.

Our local responses to the challenges of these goals include a range of initiatives. On the emergency access front, this month has seen the commencement of direct flow of clinically appropriate patients post triage in the Emergency Department to the Medical Assessment and Planning Unit. This process will facilitate the faster movement and treatment of this patient cohort. Next month's column will feature details on how we are responding to the challenge of these two targets.

Further information on these initiatives can be found at the following link:

http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-hospitals

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

August 2012 Update from Sandra Peters

GP Liaison Officer (GPLO)

Focus Health Network Ltd

The sun is shining, spring is upon us and I can hardly believe it is this time of the month again! Needless to say the days are full for all of us and I thank you for taking the time to read this brief update from the GPLO team.

There are many changes happening in the public hospital system, some of which you are aware and some which are less transparent.

With the move to activity based funding (ABF) Nambour General Hospital will be required to "self- fund" approximately 50-55% of all occasions of service. This will obviously impact on our patients and the way in which we need to refer our patients for care in the public hospital service. Part of the solution lies in the named referral system, but there is obviously more to this and I am arranging a meeting with the Sunshine Coast Hospital and Health Service, Manager ABF Services to acquire further information around the changes.

Please email any specific questions to me at: **speters@fhn.org.au** (noting the change in my email address in your contacts please). I shall respond with the answers to your questions on an individual basis but will also report back via articles in the FHN e-News Weekly and also via the SCLMA newsletter next month.

An update to the ***Referral Work-Up Guide for General Practitioners*** is that the Department of Neurology is now able to perform EEG examinations on adult patients at Nambour General Hospital. Referrals can be made through Specialist Outpatient Department, Central Referral Centre.

A second vascular surgeon will be joining the team at Nambour in October. This is great news for our patients who won't have to travel to Brisbane. The waiting time for vascular services is currently quite modest at Nambour, so perhaps we should be opportunistically reviewing any patients who are waiting for procedures in Brisbane and consider referring them to Nambour.

On 22 August I attended the pregnancy update evening at Nambour, hosted by the department of Obstetrics and Gynaecology (O&G). Dr Beng Ng presented information relating to the Maternal Assessment Unit, which is available for women with early pregnancy loss. The patients are seen in a separate area and there are appointments available each day for women presenting with early pregnancy loss. The unit is operational 7am to 7pm Monday to Friday, and can be contacted directly: Phone (07) 5370 3808 or Fax (07) 5370 3164. Outside of these hours, access to the service is via the O&G Registrar on call.

There was also discussion around the management of women found to have foetal abnormality on screening and requests for termination of these pregnancies through the public system. There are a proportion of specialists at Nambour who despite the Queensland Laws in this regard, will see women for consideration of termination where there is PROVEN FOETAL ABNORMALITY.

The policy is that less than 20 weeks gestation the woman will be assessed by two specialists and the case will then be referred to the Executive Director of Medical Services (EDMS) to determine if termination should proceed. If the decision is affirmative then timing will depend on availability of bed and anaesthetist to provide the procedure. For those whose gestational age is 20-24 weeks in addition to the O&G Specialist opinions, the woman will need formal psychiatric evaluation before referral to EDMS, and then await availability of bed etc. There is currently one psychiatrist available for this service and as you can imagine access and co-ordinating appointments can be challenging. For many women the wait will take them past 24 weeks gestation. The psychological distress incurred may be profound.

For many, the better option will be to consider private referral. This is often more acceptable to women and their families when they are made aware of the process in the public system.

It is possible to refer for a public opinion in the Brisbane hospitals where the policy is similar to Nambour General Hospital. The exception is the Mater Mother's Hospital where a termination service is not offered at all. Interstate referral was presented as another option. We are fortunate locally to have Dr Denise Ladwig offering an excellent private screening service for foetal abnormality, with appropriate parental counselling when an abnormality is revealed.

The aim of the GP Liaison Program is to strengthen the points of contact between General Practice and the public hospitals. Hence, the above information is given with the intent of trying to ensure that it is disseminated as widely as possible to the primary care community.

As always I welcome any comments, feedback and suggestions.

Yours in health,

Sandra

P: 07 5456 8888

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AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Alex Markwell

Dear members,

This month has been dominated by the 2012/13 Queensland State Budget, public service redundancies and devolution of public health programs. It has been a particularly challenging period and we're conscious that many of our members have suffered stress as a result of the uncertainty.

For months we have been awaiting details from the Health Minister on the expected total of redundancies and confirmation of the corporate office health services that would be devolved out to the districts.

The standard response of the government on these issues has been to shift responsibility to the HHS Boards. The boards have been given a target of FTE to cut, starting with vacancies and temporary contracts. Boards are already straining under immense pressure to meet targets, and in many areas these cuts are unrealistic and ill-advised.

The earlier announcement by the Minister that Queensland Health was to shed 2754 FTE positions was contradicted by the Budget which put the number at 4140 FTE. This discrepancy caused even more distress for health workers and subsequent explanations from the government have been unclear and unsatisfactory.

In the absence of consistent information, rumour, fear and anxiety are spreading throughout the state and we have been contacted by many concerned members. Some are worried for their own job security, others about the fate of colleagues and associates.

The fact is we are still in the dark about exactly which health workers will lose their jobs, and when and how, those cuts will impact the 17 hospital and health services.

Unofficial sources have indicated the most significant job and service cuts are in the areas of preventative health, health promotion and public health programs such as the Queensland Tuberculosis Control Centre which, which has been dismantled against our advice.

Another area of concern is the government's plan to outsource as many services as they can, a move that may undermine the public hospital system and its ability to train and retain doctors and health care staff.

This is particularly relevant for the Sunshine Coast community with suggestions that the long-awaited Sunshine Coast University Hospital will undergo assessment of the viability of private operator management.

The Budget did offer some small concessions. An increase of approximately seven percent in health funding has been applied although based on current population growth and CPI trends this will soon be swallowed up by increased cost and demand for services.

Pre-election promises such as increased patient travel subsidies, expanded maternal and early child health services and more hospital staff on weekends were the only bright lights in an otherwise short-sighted and uninspiring effort for a first-term government.

We will continue to push for more information and keep members and the public informed as new details come to light.

As always, your feedback and suggestions are welcomed.

Please call 07 3872 2222

Email: a.markwell@amaq.com.au

State Budget 2012-13
Service Delivery Statements
(202 pages)
Queensland Health
http://www.budget.qld.gov.au/budget-papers/2012-13/bp5-qh-2012-13.pdf

ADDRESS BY OUTGOING PRESIDENT OF SCLMA
DR WAYNE HERDY
DELIVERED AT AGM OF SCLMA 23 AUGUST 2012

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

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

The past year has been another successful year for SCLMA:

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

ADDRESS BY OUTGOING PRESIDENT OF SCLMA
DR WAYNE HERDY / cont:

The challenges that lie ahead for the Sunshine Coast medical profession focus on Federal Labor health reforms. We will be watching closely the operation of the newly formulated Local Health and Hospital Networks, and recall that Mason Stevenson has been appointed as one of the few medical practitioners to the local hospital district board.

We will be watching the transition from the old Division of General Practice to the new Medicare Local, and watch the continuing activities of Focus, the immediate successor to the Division. We will be pressing for development in the health precinct planned for Maroochydore, a plan which has been placed on the back burner for some time. We hope to continue an active role in the progress of the Sunshine Coast University Hospital.

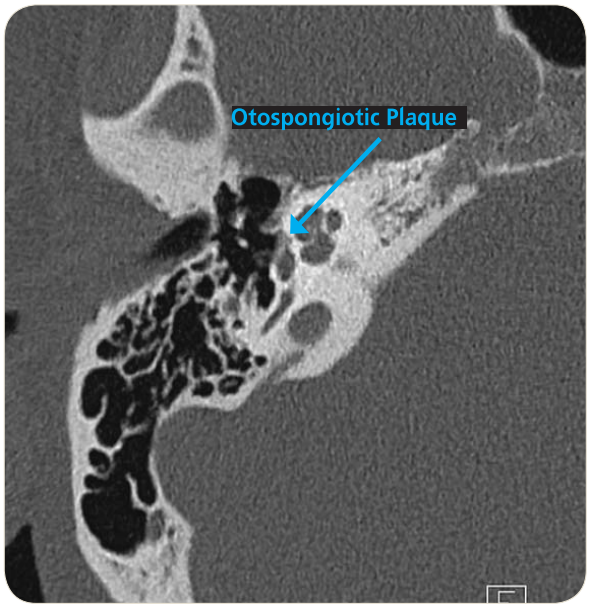
In closing, I must recognize the support of my executive committee, whose active role and interest have kept the Association a vibrant and living organism. Without naming them all, I single out the contributions of my Vice-President, Mason Stevenson, our Treasurer Peter Ruscoe, the meetings convenor Rob Ingham, our Newsletter editor Marcel Knesl, and a special thanks for the extraordinary effort contributed by Dianne Minuskin.

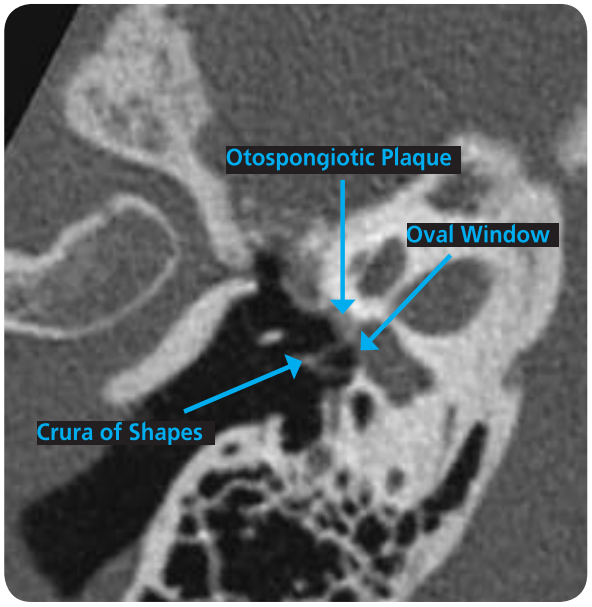
I thank you for your confidence and support over the past decade and I look forward to continuing to make a somewhat lesser contribution on the committee in the coming year or years.

Wayne Herdy.

CASE STUDY

Conductive hearing loss right ear. Atypically vascular promontory on ENT examination.





CLINICAL: Conductive hearing loss right ear. Atypically vascular promontory on ENT examination.

FINDINGS: Lytic (otospongiotic) focus involving the anterior margin of the oval window (fissula ante fenestram). On the oblique double reformats (right image), the crura of the stapes at the oval window are demonstrated in plane.

DIAGNOSIS: Fenestral Otosclerosis

DISCUSSION: Otosclerosis (aka Otospongiosis) - classically divided into two types: Fenestral Otosclerosis (FOto) and Cochlear Otosclerosis (COto). It is characterised by the pathologic appearance of lytic spongy bone foci in the bony labyrinth. Otosclerosis typically starts perifenestral (FOto), and then progresses to surround cochlea (FOto + COto). Otosclerosis etiology is unknown.

Genetics: Sporadic or autosomal dominant gene transmission.Normal otosclerosis progression: Begins at fissula ante fenestram (FOto) - a cleft of fibrocartilaginous tissue between inner and middle ears just anterior to oval window.

Disease spreads from fissula ante fenestram posteriorly along oval window margins to the round window. Continued active disease spreads to otic capsule (both FOto & COto present).

Active FOto fixes the stapes footplate at the oval window. This “donut” of spongy bone in FOto ankyloses the stapes footplate, resulting in conductive hearing loss. COto then leads ultimately to sensorineural hearing loss.

Typical clinical presentation therefore is that of bilateral progressive conductive (FOto) or mixed (FOto + COto) hearing loss in young adult. Otoscopic examination often shows a vascular hue behind tympanic membrane = Schwartze sign.

IMAGING

Best imaging tool: Temporal bone CT. This reveals lytic (otospongiotic) foci involving bony labyrinth.

There is no role for contrast enhanced CT scanning. MRI less useful - contrast enhanced T1 MR shows enhancing foci in active phase of otosclerosis.T2 MR may miss otosclerosis.

SCLMA TREASURER'S REPORT FINANCIAL YEAR 2011 - 2012 DR PETER RUSCOE

The 2012 SCLMA showed a reduction in the total monies by some $6,435.80. This reduction was due to a number of important factors which are as listed:

1. A reduction in the SCLMA yearly subscriptions by $13,682.73 that was due to halving the yearly membership subscription. The 2011 - 2012 committee in view of the healthy surplus the SCLMA had accumulated over the years made this decision. At present the current $55 yearly subscription will remain in place.
2. Increased donations of $4,200, up from $1,000 in 2011. These donations were made up of the June Canavan bursary for $2,000 (this will cease as of 2013 and the $2,000 will be awarded to a student in the medical field as discussed in the President's report), a bed for Cittamani for $2,500, and the new SCLMA logo award for $500 and a donation of $200 to Dove Cottage.
3. Expense of $1,005 for the new web site, which is a more comprehensive one.
4. Increased newsletter expenses of $5,142.08 which was as a result of two factors – firstly increasing the number of pages from 20 to 28 pages and secondly the decision to print the newsletter in full colour, albeit with a lighter cover.
5. On the positive side there was an increase of $8.753.53 from advertising from the newsletter.

When the reductions in the SCLMA yearly subscriptions are excluded from the financial statement there was an overall profit of $7,246.93 for the 2012 financial year. So overall, the SCLMA is in a strong financial position for the upcoming 2012-2012 year.

I am continuing in the role of Treasurer for 2013 financial year. I would like to thank all the 2012 committee members and the President, Wayne Herdy, for their help throughout the past year. I wish the new committee members and President, Rob Ingham, well for the 2013 year. I would like to thank very much, Jo Bourke for the wonderful help she has given me over the past year. This has made my job much easier and a pleasure to do.

Peter Ruscoe
SCLMA Treasurer 2011-2012.

SCLMA Treasurer, Dr Peter Ruscoe with former Secretary, Dr Trish Pease (left) and former Meetings Convenor and In-coming Vice President, Dr Di Minuskin

MEDICAL MOTORING

with Doctor Clive Fraser

FALCON XR6 TURBO

"Who needs a V8?vocative!"

On Sunday 9 October an army of motoring enthusiasts will once again make a pilgrimage to the sleepy hamlet of Bathurst for another round in the Holden Vs Falcon V8 Supercar series.

You see whilst Australia can rightly claim to be a secular society, we still do have some religious rituals.

The Australia Day long weekend, Anzac Day, Show Day, AFL/NRL Grand Final football and of course Melbourne Cup Day are in every Australian's calendar, even those of the non-believers.

But if Australian motorists have a Mecca, it would be at Bathurst.

Since 1963 this was the place that ordinary Australian cars raced on ordinary Australian roads.

Logically, a rivalry would eventually develop between the two main tribes i.e. Holden Vs Falcon.

In the early years the rules stipulated that the cars had to be identical to vehicles that were sold to the public.

With this in mind the Ford Cortina dominated the first three years, then the Mini Cooper in 1966.

But when the rules changed in 1967 allowing pit-stops, muscle cars viz V8s took over the lead and the advantage of going fast in a straight line was the key to success at Bathurst for ever more.

In 1969 a young 24 year old driver named Peter Brock raced for the first time at Bathurst and he would go on to be named the "King of the Mountain", winning the Bathurst race nine times.

His legacy still lives on as the winner's trophy carries his name.

A little known fact about Peter Brock was that he was conscripted into the Australian Army in 1964 and un-be-known to him was that another private named Dick Johnson was also stationed at the same Wagga Army Base.

They would of course go on to be heroic rivals in the gladiatorial battles at Bathurst.

But for the purposes of this article Peter Brock was racing for the wrong side, the "Holden Dealer Team" and I'm reviewing a Ford in this column, a Falcon XR6 Turbo no less.

Instead of taking the Ford XR6 Turbo up "The Mountain" my road test would take me around the Adelaide Hills.

Bolting on the Turbo option does add $8,000 to the price of a naturally aspirated XR6, but for the extra money you do end up with an off-the-shelf car which easily out-performs the 1971 GTHO Phase III (see below).

Performance is out-standing and so is fuel economy (on the highway).

I had no trouble achieving the stated 9.0 l/100km quoted in the specs on the open road.

I even made a pit-stop after 500 kilometres as I thought the fuel gauge wasn't working properly, but all was in order and the trip computer was completely accurate after all.

If you are spending most of your time around town you might still take a look at Ford's EcoBoost 2.0 litre motor which returns fuel economy which is about 30% better over-all.

At the moment Ford are offering a Limited Edition XR6 model with leather seats, 19 inch wheels and a reversing camera for a cost saving of $3,824.

And as Ford sales are in a slump I'd say that pricing would be very negotiable.

MEDICAL MOTORING /cont:

On a final note the 50th anniversary of racing at Bathurst in 2013 will see the entrance of a third player as Nissan will enter the V8 Altima.

Ford Falcon XR6 Turbo Vs (GTHO Phase III)

For: Great performance, great value.

Against: Will it still be around after 2016?

This car would suit: Dermatologists because they have speedy consultations.

Specifications:

- 4.0 litre in-line 6 cylinder turbo (351 cu in V8)
- 270 kW power @ 5,250 rpm (291 kW @ 5400 rpm)
- 533 Nm torque @ 2,000 rpm (520 Nm @ 3400 rpm)
- 6 speed manual (4 speed manual)
- 6.0 seconds (6.6 seconds) 0-100 km/h
- 12.0 l/100 km combined
- $45,990 + ORC ($5,302 + ORC in 1971).

PS. A 1971 XY Falcon GTHO Phase III in good condition is now worth $271,000 which is a compounded interest rate greater than 10% per annum over 41 years.

In 2007 an un-restored GTHO Phase III sold for $683,650! Who said that cars are a bad investment?

Safe motoring,

Doctor Clive Fraser

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

THE STATE BUDGET is upon us.

A copy of the AMAQ media release is printed in this Newsletter.

The big issue is job cuts. The cruel reality is that the new government had to reign in spending, or Queensland was facing inevitable bankruptcy. Spending cuts had to mean job cuts. Job cuts might or might not mean reduced services, depending on how efficient the department was running. Big cuts do not necessarily translate into proportionately big cuts in service delivery, especially when we are talking about an incredibly large and cumbersome public bureaucracy.

The important issue economically was how far to cut the size of the public service. I recall that when Gordon Nuttall was Minister for Health we applauded his announcement of some millions of new dollars to increase QHealth by 90-something staff, yet a year later were moaning that not one of those 90-odd new faces was a doctor or nurse.

The important issue politically was how quickly to do it and – since Campbell Newman chose to make cuts very quickly – how to sell it to the voters so that they will remember the pleasure and not the pain when the next election comes around.

Queensland Health is bearing its share of the manpower losses. What we do not know yet is how much the losses will be confined to the corporate office and how much will be trimmed from front-line clinicians (nurses and allied health as well as doctors). Doctors are genetically programmed to be outcomes-focussed.

The outcome as measured by patient benefits will be what determines whether the medical profession will be happy with the outcome when the next Budget comes around.

The raw figures as we see them today are vague and (remembering that Newman had a military background) neatly camouflaged. Many of the jobs lost from the public sector will be compensated by outsourcing .

Hospitals will still need cleaners and gardeners, whether they are employed directly by the government (with the bureaucracy that supports them in turn) or whether they are employed indirectly via contracts.

One aspect that has received barely a whisper is the unhappy fact that there are hundreds of QHealth employees on the payroll who are paid to sit at home all day – a doctor who has been stood down on full pay would cost the taxpayer a half a million dollars a year, and there are possibly a dozen of our colleagues sitting in that uncomfortable armchair.

And my closing point on this for today is to remind my readers that public health systems sometimes have big staff numbers for good reasons, because they perform roles that the private sector cannot perform (or at least not to the same scale). Severe acute trauma and major life-threatening illnesses are found in public hospitals far more frequently than in private hospitals. Research and teaching are not the primary domain of the private sector (OK, I know that there is some research and training in the private sector, but really, where is most of it done?). Governments monitor population health best, and manage interventions best in scenarios such as epidemics and natural disasters (hey, I didn't say they always do it well, just that they do it better than anybody else could).

Wayne Herdy

Fault Lines

dr. plonk

"There are no great wines, only great bottles of wine."

This quote underlines the remarkable individuality of wines and how some wines dazzle us. It certainly can be influenced by our wine drinking environment. The bottle at the vineyard will always trump the bottle that arrived two weeks later in a big cardboard box. Another deeper interpretation is the fact that some bottles of wine can just taste bloody awful. The inexperienced wine palate is befuddled as to how this wine exploded with stars last week, and this week the wine is dull, flabby and frankly undrinkable.

Welcome to the world of pain associated with wine faults!

Whilst we elevate wine to be a living entity, often poetically creating it a soul, it is formed by chemical reactions and is matured by chemistry and can be ruined by this process. Apart from the wine maker interfering too much, fruit picked at the wrong time and other creative maladies, there are 4 main areas of faults. These include the wine being corked, oxidized, over sulphured or tainted by Brettanomyces.

Corked wine is said to occur between 0.5-5% of wines with the French claiming the low numbers (of course). It has the characteristics of wet cardboard, dog or strong mushrooms. Corked wine can only occur with wine sealed by corks and it is the result of a fungus causing 2, 4, 6-trichloroanisole (TCA). I suppose with screw caps, the fault would have a more than obvious connotation. "Waiter, this wine is screwed!" Once smelt it is never forgotten.

A little oxidisation is part of the maturing process, but once it overwhelms the wine it literally is vinegar. The wine is fruitless and often has the smell of old sherry. In Madeira where sherry is king, this process is welcomed in their fortified wines. The French can pass this off as a natural development of premature oxidation and it is often called the "POX" in Burgundy.

Heavily sulphured wines can smell like burnt rubber. This is a winemaking fault and truly is a stinker. Northern Rhone wines may develop this characteristic and is said to be part of its charm. Brettanomyces is a fungus that produces funky forest floor notes.

In small amounts it can lift a wine much like a few drops of fish sauce makes a Thai Curry. It can be an issue with poor hygiene and can overwhelm the wine. The Hunter Valley reds used to exude this and Margaret River to a lesser degree. Sometimes it's a case of don't smell the cheese; just enjoy the amalgam of tastes.

Dr Plonk is drinking ...

- ***Champagne-*** Andre Beaufort 2004 Organic Champagne. This is a light straw colour and has an upfront nose of lemon florals. The wine opens up to reveal smokey yeasty notes that reflect 6 years of lees contact. The palate is at first angular and clean, but as it warms up the wine start to flow with a more silky finish.
- ***White-*** 2006 Tyrrell's Single Vineyard HVD Semillon. Slight deepening of its pale yellow colour is the only hint of age. The nose is classic lemon zest and grass. The palate is still very lively with only hints of the suppleness that will come with age.
- ***Red-*** 2007 David Franz Alternate View Barossa Shiraz. This is a super premium wine and the man is a genius. Dark almost black in colour. The nose has the classic rich plums but also has the complex notes balancing chocolate, tobacco leaf and faint herbal traits. The palate is generous with long surging structured tannins.

Catching the wave By Kirk Jarrott

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

As most of our clients are direct investors, the following table from the ATO illustrates that the majority of investments invested in SMSF's are in direct assets such as Australian shares, cash, term deposits and property both commercial and residential.

Assets	March-2012 ($m)	%
Cash, term deposits, fixed interest	$119,909	28.8
Property – commercial	$45,644	11
Property – residential	$15,006	3.6
Australian Shares – direct (listed, unlisted)	$137,347	33
International Shares – direct	$1,095	0.3
Managed investments	$21,131	5.1
Trusts – listed, unlisted	$58,453	14
Other assets	$17,771	4.3
Total	**$416,356**	

Direct investment accounts for over 75% of the total assets of SMSFs. Only 5% of the total assets are invested in managed funds. Managed funds have lost their appeal as the high costs of their managed expense ratios plus a platform fee can be as high as 3.85% so this is expensive when returns have been negative.

On the resource front, since the 10th July the iron ore price has collapsed from an average price this year of US$143 to US$90 per tonne. The resource companies with higher operating costs, Fortescue (-30%), Atlas Iron (-27%) and RIO (-17%) have followed the iron ore price trend whilst BHP is up 2.5%. Whilst BHP's (on board) iron ore production price is approximately $45 tonne they are still making money, however their Chinese counterparts who don't have the quality of iron ore, their costs are approximately $115 tonne. Lower cost producers like BHP and RIO are well positioned for the long term. Just because prices have dropped, the longer term outlook hasn't changed with urbanisation and industrialisation of the developing world is still expected to remain the primary driver of economic growth. The fall in commodity prices normally has the effect of pushing the Aussie dollar downwards. However, the much publicised offshore sovereign buying of Australian bonds and currency has supported our currency and I wouldn't be surprised to see the $A collapse back to around 90 cents. So if you are thinking about going overseas it may pay to get your US dollar notes sooner rather than later.

In Europe it is reported that it is near odds that the Euro will not survive in its current form. This is primarily due to Germany spending 6% of its GDP per month to keep the Euro together, which is obviously unsustainable. German Chancellor Angela Merkel may now be able to wash her hands of this issue as she leaves it to the German Supreme Court to deliver its ruling on the European Stability Mechanism on the 12th September. This could be one of the catalysts for our market to pull back in the seasonally weaker September and October months. Others could be China slowing, US Presidential elections (6th November) and Iranian issues over their nuclear objectives. These issues can make it interesting for markets as we ride the wave in very interesting times.

Poole Group has Investment, General and Personal Insurance divisions to professionally look after your requirements. Feel free to call me if you have any questions on **07 5437 9900.**

Good investing Kirk Jarrott

Briefing Note
13 September 2012
Queensland Health Budget 2012-13

Summary

On 1 July 2012 a new structure for Queensland Health was introduced. 17 Hospital and Health Services (HHSs) (formerly Health Service Districts) commenced operation under the governance of Boards and Queensland Health's corporate office transitioned to the role of System Manager.

Under the new scheme, HHSs will provide care to patients – their budget will come from the System Manager and they will be required to sign agreements with the system manager about what services they provide and the quality of these services. If HHSs fail to meet targets set out in the agreement, the System Manager can step in to provide more supervision or change the Board or management.

The 2012-13 Budget is the first budget under the new system.

Small increase in overall budget –

There is an increase in budgeted spending from $11,046,410,000 in 2011-12 to $11,862,132,000 in 2012-13 representing and increase of $7.8%.

However, the actual health spend in 2011-12 was $11,236,855,000. This means that, if the 2012-13 budgeted spend is not exceeded, the actual increase will only be 5.5%.

Health CPI increased by 3.6% from June 2011 to June 2012[1]. Population growth in Queensland was 1.7% in the year ending 30 September 2011.[2] If these trends continue, around 5.1% of the increase in budget will be swallowed by increased prices and population growth.

Election Promises and other special projects –

The following projects will be funded to fulfil the LNP's election promises:

- increase the subsidies provided for patients accessing the Patient Travel Subsidy Scheme ($97.7 million over four years);
- expand Maternal and Child Health Service to give all mums and bubs the best start by providing home visits at 2 and 4 weeks of age, and free consultations at community centres at 2, 4, 6 to 8 and 12 months old ($28.9 million over four years);
- increase medical, nursing and allied health staff on weekends to ensure patients can be treated and discharged without unnecessary delays;

[1] http://www.abs.gov.au/ausstats/abs@.nsf/mf/6401.0
[2] http://www.oesr.qld.gov.au/products/publications/pop-growth-highlights-trends-qld/pop-growth-highlights-trends-qld-2012.pdf

Kim Caffery with Kevin Hegarty, CEO HHS.

The SCLMA Management Committee thanks Kim for filling in for Carol Hawkins while she was on leave.

Kim took all the 'Christmas in August' photos and helped with the organisation and photograpy for the August Clinical Meeting.

Dr Mason Stevenson,
Jo Bourke and
Dr Wayne Herdy

Longevity Trio?

Combined total of 30+ years continuous involvement in the management of the SCLMA and continuing .....

MHPN Children's Mental Health Network, Sunshine Coast

Facilitated by Dr Brenda Heyworth

"Bringing health providers together to discuss Children's Mental Health (ages 4-13) using a biopsychosocial framework."

The previous meeting of this network was attended by an enthusiastic mix of paediatricians, psychiatrists, psychologists, speech therapists, social workers, guidance officers and GPs. We are pleased to announce the next meeting of the Sunshine Coast Children's Mental Health Network.

Date: **Tuesday, 16 October 2012**

6:00-6:30pm Light supper and networking

6:30-7:30pm **Origins of Self Injury – Implications for Prevention**
by Professor Graham Martin
Professor, Child & Adolescent Psychiatry, University Of Queensland
Clinical Director, Royal Children's Hospital & Brisbane North CYMHS
Centre for Psychiatry & Clinical Neuroscience Research (Suicide Prevention Studies)
Editor in Chief, Advances in Mental Health

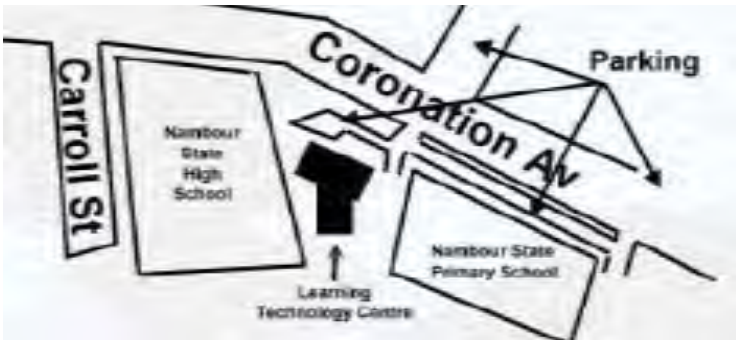
7:30-8:45pm **Case Presentation and Group Discussion**
by Dr Penny Cruickshank
Paediatrician, Nambour General Hospital

Venue: Nambour State High School Auditorium (Learning Technology Centre)
(located along Coronation Avenue between Nambour High and Nambour Primary Schools)

RSVP by email: Lydia Venetis, Project Officer, MHPN at L.Venetis@mhpn.org.au

If you would like to be included in all communications relating to the **Sunshine Coast Children's Mental Health Network (MHPN)**, please email your name, profession, practice address and phone number to the email address below.

Email: L.Venetis@mhpn.org.au
Phone: 03 8662 6616
Fax: 03 9639 8936
Website: www.mhpn.org.au



Cash-flow Killers

Good ideas gone bad...

It's hard to know, when you're writing a regular feature, if many (or even any) subscribers are indeed following your articles, but if you have been reading this column, you'll know I often bang-on about cash-flow...

I do so because it is the best way to minimize risk for my Clients. If your cash-flow is right, then you're unlikely to ever n-e-e-d to sell and be at the mercy of the market on the day, which is when most less-fortunate investors lose money or, for some, their shirt.

Too often I see the results of those who were advised they could "easily afford to purchase" ie get finance, yet little or no thought was given to whether they could afford to maintain it through the years to come, or how they could structure their investment so that they c-o-u-l-d afford to keep it.

Here are some mistakes I have remedied (where possible) recently, some of-which are that "good idea" whilst others are the result of plain bad advice – from those who should know better.

The following article outlines real examples and the consequences in taking advice that was, shall we say, lacking.

It is not, in any way, intended to be or serve as financial advice.

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

Trusts...

It is commonly believed that putting an investment property into a Trust is a great way to protect the asset, with tax-efficiency advantages in years to come.

And, much of that belief is true...

However, there is one critical factor, overlooked far too often that has the potential to put the asset at risk...

This strategy works successfully for those who are self employed and whose Business is in the same Trust as the investment asset.

Otherwise, the Trust has no income on-which any tax benefits can be off-set.

The tax benefits accumulate in a Trust with no income and the operating cash-flow of the investment is left short and must now be supported by the investor.

"Remedy can be expensive...

Our service is free."

Wes Stephen

SEQ Property Planners

Such was the case for a couple who had followed the advice of their Accountant and were referred to me, in the hope of being able to find a remedy and stem a $6,000pa cash-flow bleed.

Tax variations v Lump Sum EOFY...

Lump-sum EOFY refunds of tax benefits are possibly the most common means of claiming tax benefits, usually by default or out of ignorance...

Even though, at the end-of-the-day (year), you still get your money, the challenge for many is having to cash-flow the ±$120pw throughout the year.

Whereas, putting a tax variation in-place adjusts your PAYG commitments and makes the cash available to support the investment on a weekly/monthly basis.

Making principal payments...

Whilst you have a home mortgage, making principal payments off your investment mortgage is WRONG!

Any money you have available should be paid-off your home mortgage first, as such debt is non-tax-deductible.

Another couple I recently dealt with had made the decision to sell their investment property, probably at a loss in today's market... but they were prepared to take the anticipated $20,000-$30,000 capital hit to rid themselves of the ±$600pw cash-flow bleed.

"$600 a week negative!!!... We better take a look..."

Their bleed came down to 3 errors-of-thinking...

- EOFY lump-sum tax refunds,
- Making principal payments - **Accountant's idea**
- A very high fixed interest rate.

The first remedy was a simple phone call to their Accountant... a tax variation inline with their pay period quickly cleared $120pw of bleed.

Introducing them to a new Bank fixed problems 2 and 3. An interest-only loan, at a more competitive *rate cleared a further $410pw of bleed and made holding the property viable – actually it was now easy.

* NOTE – An exit fee applied... It was well worth the relatively minimal cost.

Buy it in your SMSF...

A Client recently grabbed/stole a bargain block at a clearance auction at Hope Island. He was advised to put it in his SMSF and build on it down the track...

Strict ATO rules on "improvements" in an SMSF, where borrowings are involved, meant he would have been stuck with the block in his SMSF and not able to build on it at all!... Because the house would have been classed as an improvement. *Stopped that one just in time!*

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

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

SMILE TIME!

The Hunter, the Pessimist and the Dog

An avid duck hunter was in the market for a new bird dog. His search ended when he found a dog that could actually walk on water to retrieve a duck. Shocked by his find, he was sure none of his friends would ever believe him.

He decided to try to break the news to a friend of his, the eternal pessimist who refused to be impressed with anything. This, surely, would impress him. He invited him to hunt with him and his new dog.

As they waited by the shore, a flock of ducks flew by. they fired, and a duck fell. The dog responded and jumped into the water. The dog, however, did not sink but instead walked across the water to retrieve the bird, never getting more than his paws wet. This continued all day long; each time a duck fell, the dog walked across the surface of the water to retrieve it.

The pessimist watched carefully, saw everything, but did not say a single word. v On the drive home the hunter asked his friend, “Did you notice anything unusual about my new dog?”

“I sure did,” responded the pessimist. “He can’t swim.”

Getting old can be embarrassing …..

The older I get, the better I was.

Several days ago as I left a meeting at our church, I desperately gave myself a personal TSA pat down. I was looking for my keys.

They were not in my pockets. A quick search in the meeting room revealed nothing.

Suddenly I realized, I must have left them in the car. Frantically, I headed for the parking lot. My wife has scolded me many times for leaving the keys in the ignition. My theory is the ignition is the best place not to lose them. Her theory is that the car will be stolen. As I burst through the doors of the church, I came to a terrifying conclusion. Her theory was right. The parking lot was empty.

I immediately called the police. I gave them my location, confessed that I had left my keys in the car, and that it had been stolen.

Then I made the most difficult call of all, “Honey,” I stammered.

I always call her “honey” in times like these. “I left my keys in the car, and it has been stolen.”

There was a period of silence. I thought the call had been dropped, but then I heard her voice. “Idiot”, she barked, “I dropped you off!”

Now it was my time to be silent. Embarrassed, I said, “Well, come and get me.” She retorted, “I will, as soon as I convince this policeman I have not stolen your car.”

Yep it’s getting like that. The golden years!

Natural Laws

1. Law of Mechanical Repair - After your hands become coated with grease, your nose will begin to itch.
2. Law of Gravity - Any tool, nut, bolt, screw, when dropped, will roll to the least accessible place in the universe.
3. Law of Probability - The probability of being watched is directly proportional to the stupidity of your act.
4. Law of Random Numbers - If you dial a wrong number, you never get a busy signal; someone always answers.
5. Variation Law - If you change lines (or traffic lanes), the one you were in will always move faster than the one you are in now.
6. Law of the Bath - When the body is fully immersed in water, the telephone rings.
7. Law of Close Encounters - The probability of meeting someone you know INCREASES dramatically when you are with someone you don’t want to be seen with.
8. Law of the Result - When you try to prove to someone that a machine won’t work, IT WILL!!!
9. Law of Biomechanics - The severity of the itch is inversely proportional to the reach.
10. Law of the Theater & Hockey Arena - At any event, the people whose seats are furthest from the aisle, always arrive last. The folks in the aisle seats come early, never move once, don’t have long gangly legs or big bellies, and stay to the bitter end of the performance. The aisle people also are very surly folk.
11. The Coffee Law - As soon as you sit down to a cup of hot coffee, your boss will ask you to do something which will last until the coffee is cold.
12. Murphy’s Law of Lockers - If there are only 2 people in a locker room, they will have adjacent lockers.
13. Law of Physical Surfaces - The chances of an open-faced jelly sandwich landing face down on a floor, are directly correlated to the newness and cost of the carpet or rug.
14. Law of Logical Argument - Anything is possible IF you don’t know what you are talking about.
15. Oliver’s Law of Public Speaking -- A CLOSED MOUTH GATHERS NO FEET!!!
16. Wilson’s Law of Commercial Marketing Strategy - As soon as you find a product that you really like, they will stop making it, OR the store will stop selling it!!
17. Doctors’ Law - If you don’t feel well, make an appointment to go to the doctor, by the time you get there you’ll feel better.. But don’t make an appointment, and you’ll stay sick.
18. Al’s Sink law. The stopper in the kitchen sink will ALWAYS end up in the opposite position desired.

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- **Email:** christine@noosamcs.com.au

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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**
- 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, Wises 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

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**

August 2012

URGENT SKIN CANCER APPOINTMENTS

- A reminder that Dr McGovern offers an urgent appointment service.
- If you need any melanoma or other skin cancer patient seen urgently, simply call our rooms on **5479 2922** and ask for an urgent appointment.
- We guarantee to see your patient within a week, unless Dr McGovern is on leave.

Vie Institute, 3rd Floor, cnr Esplanade & Second Avenue, Maroochydore. Ph:5479 2922. *July 2012*

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

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- Large modern premises, fully equipped treatment room, accredited & fully computerized. Fulltime nursing & reception support.
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Ph: 07 5491 9044
Email: currimundi@cmcnet.com.au *July 2012*

SHOULDER CLINIC - EVERY MONDAY MORNING

- Acute first time shoulder dislocation patients can be seen urgently.
- The Clinic has also reserved spots with local Radiology practices so that urgent MRIs can be done to assess the extent of the injury.

Contact 5492 0280
Dr Mark Welsh, Orthopaedic Surgeon
July 2012

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Classifieds remain FREE for current SCLMA members. $110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112. Email: jobo@squirrel.com.au Classifieds will remain on the list for three months unless notified.

SCLMA AUGUST 2012 CLINICAL MEETING
PRESENTERS - DR DAVID COLLEDGE & DR PETER HIGGS
UPDATE SCUH - PROFESSOR PAUL HIGGS & KEVIN HEGARTY

Professor Paul Thomas, Chair, Hospital & Health Service Board with Kevin Hegarty, HHS CEO

Medtronic sponsor, Lorraine Pledger with presenter Dr Peta Higgs

Dr Fabio Brecciaroli, Dr Marlene Clout and Dr Robyn Hewland

Dr Richard Pearson, Dr Raewyn James and Dr Bruce Goldshaft

Dr Bruce Moore, Dr Vince Flynn and Dr Noel Cassels

Dr Graeme Heap and Dr Siavash Es'hagi