



SCLMA President's Message ...

Dr Wayne Herdy

Our AGM held 25 August brought a new management committee, some old faces being recycled and a few new faces prepared to give some time back into the LMA. And this President recycled for a fifth term.

I am ambivalent about the outcome. I proudly look around my new team, fellow doctors of undoubted skills and, with all their time constraints, still able to generously give something back to the profession that has nurtured them. It is an accolade to the LMA that so many are prepared to serve the Association. But it could have been a prouder affair for the LMA if we had seen even more new faces, especially the young faces of our more recent graduates, join the ranks of volunteers who stand up to serve.



We have had an evening-long executive meeting to shape the policy that will steer the LMA through the coming year.

- *Some great ideas from the incoming President were endorsed.*
- *Some not-so-great ideas from the President were crushed by the democratic process.*
- *Some new ideas sprung from the eager new committee.*

The coming year will see better growth in our communication tools. The Newsletter will be refined and see wider distribution into non-member areas, especially the hospital resident and registrar staff. Young graduates are the future of medicine and the future of our LMA. The website will be launched in its full glory - maybe even open by the time this is published.

We are enjoying unprecedented economic success, and that success will be translated into member benefits. Subscriptions will fall, a measure rarely seen in any professional organization. We will give special recognition to long-standing members. Members will be given a stylish name badge - yet to be designed but we expect an outstanding product. We will be commissioning a new logo, and hope for keen competition for the rather modest honour of becoming part of the LMA history. Importantly, we plan to demonstrate a level of social responsibility by making a public contribution worthy of our profession.

Small but significant changes, and measures intended to convey to the community an image of LMA members that we can all happily endorse. But with those changes, the LMA will not depart from our tried and true formula of the past years - social interaction, clinical and academic enlightenment, and unbending political influence on those who dare to shape the medical future of the Sunshine Coast.

Wayne Herdy,
President, SCLMA.

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



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NEXT NEWSLETTER

OCTOBER 2011

The deadline for ALL contributions, advertisements and classifieds is:

FRIDAY 07 OCTOBER 2011

Contact Jo: 5479 3979

Email: jobo@squirrel.com.au

Fax: 5479 3995

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

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MONTHLY CLINICAL MEETINGS

Maroochydore Surf Club Function Room

Alexandra Parade, Cotton Tree.

6.30pm for 7pm

THURSDAY 27 OCTOBER 2011

Presenters: Dr Marie Burke
Dr David Schlect
Dr David Thomas

Topic: 'Technological advances on the
Sunshine Coast for the treatment of
Breast, Prostate, Anal and Brain
Cancers, including Stereotactic
Radiation'

Sponsor: Premion

THURSDAY 24 NOVEMBER 2011

**Speakers being provided from Sunshine Coast
Health District.**

Presenters: Dr James Challen
Dr Craig Maskell
Dr Mark Johnson
Dr Peter Larsen

The District is keen to show-case new and exciting
advances that are taking place at the interface of its
Radiology and Cardiology services.

Topics are likely to include:

CT Calcium scoring
CT of coronary arteries
Cardiac MRI / stress Echo
Interventional Angiography

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

Meeting attendance: Free for current members.

Non members: \$30. Applic forms available on night.

Letters to the editor

*As they say, a new broom
sweeps clean and so we see
the start of a few new faces on
the LMA committee including
my own. After having been a
local member for the past five
years I felt it was time to put
my name forward.*



*No time was wasted and after a quick heads up
phone call from Michael Donovan my fate was
sealed.*

*And so I take over the role from Michael as editor of
your newsletter. Fortunately Michael also informed
me that my role is relatively minor as Jo is really in
charge. But with Jo we look forward to adding and
enriching the newsletter.*

*Recently we have seen the introduction of the
wine and food review, adding to the already well
established and iconic motoring review. New ideas
extend to travel, sport, finance, property and the
column, "Letters to the editor"*

*Letters to the editor should be no more than 300
to 400 words and include your full name, title and
address. These details can be withheld from print
on request.*

*Please let us know what you think of the newsletter
and any topics you would like to see covered in the
newsletter.*

*So please keep those letters coming, even a few
foodie recipes would be greatly appreciated and
published.*

All letters to the editor should be sent to:

The Editor, SCLMA

PO Box 549

Cotton Tree 4558

Or emailed to: valmolives@gmail.com

Marcel Knesl





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SCLMA AGM 2011 - Outgoing President's Report

Dr Mason Stevenson

I am proud to have served the SCLMA in a management role for 10 years including 2 years as Treasurer, 4 years as Vice President and 4 years as President.

My fourth term as President from August 2010 until now has been eventful. We have witnessed the commissioning of the new \$150 million, 96-bed building at Nambour General Hospital incorporating the new Outpatients Department and Cardiology Service. Ramsey Health won the tender to build the new 200-bed private hospital at Kawana to open in December 2013 incorporating a 5 year deal to provide up to 110 public beds.

The Rudd-Gillard health reforms led to a tender process for a Sunshine Coast GP Super Clinic with a budget of \$25 million resulting in controversy, many proposals but no decision by the Department of Health thus far. These reforms also call for the creation of a Medicare Local organisation on the Sunshine Coast with only the Sunshine Coast Division of General Practice tendering to perform this role a second time for a potential 1 January 2012 start.

Other significant media interest has revolved around ambulance ramping, emergency departments on bypass, waiting times for emergency care including deaths of patients while waiting, the whooping cough epidemic extending into a third year and the low rate of childhood immunisation in the Sunshine Coast hinterland.

The community responded positively to the proposed plans for the new \$1.97 billion Sunshine Coast University Hospital and associated \$60.8 million Skills, Academic and Research Centre.



The SCLMA continues to thrive with approximately 300 members and a SCLMA Newsletter now in full colour distributed to 600 recipients. This high calibre communication tool is provided in-house by Jo Bourke, our primary secretariat, and continues to be highly regarded as well as generating a significant non-subscription profit for the association which helps to keep subscriptions unchanged for a decade. A more modern SCLMA website is to be finalised and go live next month.

The SCLMA Management Committee continues to be well supported with all 12 positions filled and most attending the monthly meetings. We are joined by 50-60 other regular members for our monthly clinical meetings, which attracts good quality speakers and sponsors.

I am proud to have been an office bearer in the most successful LMA in Queensland for the past decade and relinquish the Presidency with the full confidence that the SCLMA will continue to be supported by dedicated fellow local medical professionals.

Mason Stevenson.



What's going on with Yellow Fever and South Africa?

It's easy to be confused as the situation has changed multiple times recently .

A Requirement Vaccination, of which the immunisation against Yellow Fever is the main one, is one needed to cross international borders and is there to protect foremost the destination country NOT [necessarily] THE TRAVELLER.

Often however, the vaccination is also recommended as the traveller might catch the disease. Unfortunately this isn't really the case in this situation.

South Africa has made the decision to require ALL travellers arriving in South Africa from Zambia to have a valid Yellow Fever certificate.

Over the last few months this decision was made, revoked then reintroduced.

From 01 October, either a valid certificate or waiver [for those with medical problems preventing the vaccination] needs to be produced.



This will INCLUDE THOSE TRANSITING JOHANNESBURG / CAPETOWN AIRPORTS from at risk areas including Zambia.

The South African Government is serious about this, stating those without the vaccination will be sent back to the country of origin or quarantined. Hence a traveller must be very careful to comply with the regulations or face the consequences .

**Dr John Kenafake
Sunshine Coast Dive
and Travel Medicine
150 Horton Parade,
Maroochydore, 4558
07 5443 2122**



COAST GPs comment on CITTIMANI HOSPICE SERVICE

Since Cittamani Hospice Service was established 15 years ago, staff have collaborated closely with local GPs to enhance the quality of palliative care available at home for the Coast community.

Palliative care resources available to people on the Coast have increased dramatically over recent years. However the role of the GP and the availability of effective support in the community is still pivotal to people's experience as is indicated by a recent study. (The Australian Family Physician Vol39, Oct 10)

Around 30% of referrals to Cittamani come from GPs and the Director, Alex Moore, was very pleased with the response to a recent survey to gauge how Coast GPs rate the Service.

'Our relationship with local GPs is very important to us.' Alex said. 'We sent surveys to all 65 GPs we have worked with in the past 6 months and we were very pleased with the response. About 65% of the surveys were returned and I would like to thank everyone who responded'.

The doctors surveyed were asked to rate Cittamani's performance in relation to the following criteria:

- Staff provide holistic care to my patient and their family- 100% agree
- Staff ensure that care is well coordinated- 100% agree
- I have confidence in their clinical skills- 100% agree
- Staff collaboration and communication with me- 98% agree



'Some respondents had questions about the referral process' Alex stated. 'We are happy to accept referrals by phone, fax or email and are always happy to discuss whether our service is appropriate for a particular person and what we could provide.'

Cittamani's admission criteria are that the patient should have a life expectancy of less than 3 months, have a carer if they are not well enough to be alone, live within the area covered (Landsborough, Caloundra in the south and Yandina, Peregian in the north) and a GP willing to be involved in home care.

Contact details: ph 54450822; fax 54450688;

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DISTRICT LINK - SEPTEMBER 2011

with Kevin Hegarty



I would like to take this opportunity to record my appreciation for the support of your President, Mason Stevenson throughout the past year. The relationship between the SCLMA and the District is a strong and positive one and built on the common goal of enhancing health services for the Sunshine Coast community and beyond. I welcome Wayne Herdy to the role of President and again look forward to working with him over the next twelve months.

Many of you will be aware by the recent media coverage that works have commenced on the building of the new private hospital with the official sod turning marking the beginning of construction held on Thursday 1 September 2011. The combined magnet of the SCUH together with the sizable private hospital will be central to the success of our recruitment program.

This construction work on the university hospital site, together with the issuing of the formal bidding documents to the three shortlisted consortia for the development of the Sunshine Coast University Hospital (SCUH) itself last week, are further milestones in the development of District services. As Wayne highlighted at the private hospital sod turning ceremony, not only will Kawana be the site of high quality health care, it will also be the centre for significant medical research and teaching.

There is an increasing interest in what these developments in healthcare will mean in an economic perspective. It is important to appreciate that health is already big business, with the District spending over \$1.3 million per day providing health care services to the local community. With an annual budget of \$530 million, the District presently employs 4,553 staff.

- In the last 12 months, 93,000 people were treated in the District Emergency Departments, 20,498 surgical procedures and more than 2,550 babies were born.
- From almost 20,500 surgical procedures to over 5.6 million pairs of disposable gloves, 210,494 needles, 145,000 packets of paper towels, over 61,000 rolls of toilet paper – all the numbers for the District are big.
- Not surprisingly drugs were a big-ticket item with 97,597 prescriptions dispensed by the Nambour Hospital Pharmacy alone. The overall value of the pharmaceuticals supplied was well over \$18 million.
- District linen used amounted to 210,901 blankets 458,769, 348,353 pillow slips and 552,050 towels.
- All patients need feeding and the Nambour Hospital's well-regarded kitchen used more than 273,312 bread rolls, 208,000 litres of milk, 62,400 eggs, 10,920 kilograms of fresh vegetables and 149,760 fruit juice cups.



All of this adds up to one of the Sunshine Coast's biggest and most important industries providing essential health services 24 hours a day, seven days a week, every week of the year.

Kevin Hegarty
District CEO
Sunshine Coast Health Service District
kevin_hegarty@health.qld.gov.au

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Richard Kidd



Latest news from the AMA Queensland President

This month there has been a number of issues affecting members and Queensland patients including a new nurse practitioner-led clinic set to open in Brisbane in September.

I have been quite vocal on this issue stating clearly there is a role for nurse practitioners to play but they should always be working in collaboration with doctors in safe supported teams.

To become a GP requires at least 15 years of training to deal safely with undifferentiated presentations in patients. A stand alone nurse practitioner clinic does not give the nurse practitioner the safety and support of sharing a problem at any time with the patient's GP.

While these clinics may be convenient for patients, they don't aim to offer the same continuity of care that allows knowledge of a particular patient's medical history to be built up over time.

A thorough understanding of a patient's medical past is what often leads to an important diagnosis and stand alone nurse practitioner clinics threaten to disrupt that relationship. A clear example of this is the risk to immunisation rates falling due to this fragmentation of care.

Another issue that has caused concern amongst members over the last few months is the billing arrangements in rural and remote communities, in particular in Queensland Health hospitals.

Interest groups and I attended a Queensland Health stakeholder meeting to discuss this issue. While the meeting provided an excellent forum for stakeholders to relay their concerns about these arrangements I was very clear that this 'consultation process' should have occurred before these clinics were established, not after.

The GP Alliance, of which AMA Queensland is a member, is attempting to develop a more complete, evidence-based picture of these billing arrangements. Currently a survey is being prepared and will be distributed to all GP members in an attempt to collate as much information about these arrangements as possible.

I encourage all members to complete this survey once it has been distributed.

Over the past three years, the AMA Queensland Visiting Medical Officers (VMO) Committee, chaired by Dr Ross Cartmill, has been negotiating with Queensland Health in order to achieve a new agreement to replace the now long-expired previous agreement.

More recently, terms for an agreement have been negotiated between the parties and are now subject to whole of government approval.

In the meantime, the listing of this matter for hearing before the Queensland Industrial Relations Commission has been adjourned to allow the proposed terms of agreement between the parties to be either formally signed off by government or rejected and returned to the Commission for determination.

The presence of VMOs in the system is absolutely critical. AMA Queensland and the VMO Committee have worked very closely together to make every effort to see that VMOs are supported and encouraged to continue to provide their services within the public sector, particularly throughout rural and regional Queensland.

We are hopeful that we are close to reaching an agreement however in the meantime, if you have any queries please contact the Workplace Relations Department on (07) 3872 2207.

Access to healthcare on the Sunshine Coast

The announcement this month that the 200-bed Private Hospital at Kawana has begun construction is a positive step forward to improving access to health care and services available in and around the Sunshine Coast.

In a statement released by the Minister for Health Hon Geoff Wilson this month he indicated "Under the agreement, the Private Hospital will provide up to 110 beds at a time for public patients while we get on with the job of building the \$2 billion Sunshine Coast University Hospital".

Despite the Minister's assurances, AMA Queensland is committed to ensuring Queensland Health are accountable when it comes to appropriate workforce planning for the public hospital and will continue to flag with the Minister the importance of building the Sunshine Coast University Hospital as quickly as possible.

As most would recall the public hospital was originally supposed to open in 2014 however an announcement by the Queensland government in 2009 pushed the timeframe back two years to 2016.

Dr Richard Kidd

AMA Queensland President



TURNING OF THE SOD CEREMONY

1st SEPTEMBER 2011



Cathy Barratt, Medical Liaison Manager,
Nambour Selangor Private
Honourable Geoff Wilson,
Qld Health Minister
Dr Wayne Herdy, SCLMA President

Private hospital to provide a vital boost in Coast health services

Cancer treatment services for public and private patients will be boosted when Ramsay Health opens its new hospital at Kawana in two years.

This will mean shorter waiting times and less trips to Brisbane for seriously ill residents.

The 200-bed private hospital be co-located with the future 450-bed Sunshine Coast University public hospital on the corner of Lake Kawana Blvd and Kawana Way.

Queensland Health will purchase the equivalent of 70 beds from Ramsay Health for public patients when the private hospital opens in late 2013. This will increase to 110 bed equivalents from 2014.

Medical services on offer, in addition to oncology and day chemotherapy, will be orthopaedics, urology, ENT, pathology, radiology and general surgery.

The multi-storey private hospital will have six operating theatres, a procedural suite and a day surgery centre. A medical consulting suite complex will be built on the campus. About 300 jobs will be on offer during the construction phase which begins in October.

When the doors of the private hospital open, about 700 people will be employed to run the facility. Work on the Sunshine Coast University Hospital will begin in 2013 and doors will open 2016.

Dr Wayne Herdy, SCLMA President
with Mr Lloyd Hill
State Operations Manager
Ramsay Health.



MEDICAL MOTORING

with Doctor Clive Fraser

Rolls-Royce Silver Seraph “The Spirit of Ecstasy”

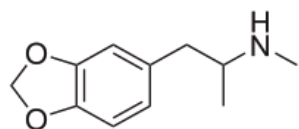


21st Century party-goers know that Ecstasy is a potent stimulant which induces a state of euphoria and a sense of intimacy with others.

In a recent disturbing trend the pharmacologists amongst “E” users have now worked out that taking moclobemide (Aurorix) with their MDMA gives them an even greater hit.

As an inhibitor of monoamine oxidase A, moclobemide reduces the oxidation of 3,4-Methylenedioxymethamphetamine and increases the likelihood of death either by cardiac arrhythmia or hyperthermia which leads to organ failure.

At a core temperature of 42 degrees Celsius the human body simply begins to cook and there is very little that intensivists can do to reverse that process.



I’m ashamed to admit that my youth was simply spent tinkering with cars (and motor-bikes) and that “ecstasy” had more to do with romance than psychopharmacology.

This year Rolls-Royce owners will be celebrating the centenary of the marque’s decision to place a flying lady on the bonnet, the so-called “Spirit of Ecstasy”.

In 1911 Charles Robinson Sykes was commissioned by John Walter Edward Douglas-Scott-Montagu, (Lord Montagu of Beaulieu) to design a radiator mascot for his Rolls-Royce.



The public weren’t widely aware that the model for his mascot was M’lud’s secretary, Ms Eleanor Velasco Thornton.

Whilst Victorian sensitivities would not have allowed Lord Montagu to have openly had a relationship with the lower-class Ms Thornton, he must have loved driving through the local village with a scantily-clad girl-friend adorning his bonnet.

Doctors who want to drive into the hospital car-park with their practice manager as their radiator mascot might like to take a closer look at the

second-hand Rolls-Royce market.

For about the same price as a new Lexus GS460 you can pick up a low-kilometre 2001 Rolls-Royce Silver Seraph.

Back in its day it came with all the modern safety features we expect in a new car like air-bags, ABS and traction control and there was even real walnut on the dash-board.

The only problem for die-hard Brits is that the Silver Seraph was the Rolls-Royce made by Germany’s Volkswagen.

And in a poetic twist of fate historians note that Lord Montagu’s flying lady mistress was killed in 1915 when the ship that she had boarded was torpedoed and sunk by a German submarine.

2001 Rolls-Royce Silver Seraph

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Doctor Clive Fraser

doctorclivefraser@hotmail.com.



Nurses aren’t supposed o laugh...

‘Of course I won’t laugh, said the nurse. I’m a professional. In over twenty years I’ve never laughed at a patient.’

‘Okay then,’ said Fred, and he proceeded to drop his trousers, revealing the tiniest ‘man thingy’ the nurse had ever seen. Length and width, it couldn’t have been bigger than the a AAA battery.

Unable to control herself, the nurse started giggling, then fell to the floor laughing.

Ten minutes later she was able to struggle to her feet and regain her composure.

‘I am so sorry,’ she said. ‘I don’t know what came over me.

On my honor as a nurse and a lady, I promise it won’t happen again.

Now, tell me, what seems to be the problem?’

...‘It’s swollen,’ Fred replied.

She ran out of the room.....

The Hypnotist

It was entertainment night at the Senior Citizens Centre.

Claude the hypnotist explained: “I’m here to put you into a trance; I intend to hypnotize each and every member of the audience.”

The excitement was almost electric as Claude withdrew a beautiful antique pocket watch from his coat. “I want each of you to keep your eyes on this antique watch. It’s a very special watch. It’s been in my family for six generations.”

He began to swing the watch gently back and forth while quietly chanting, “Watch the watch, watch the watch, watch the watch...” The crowd became mesmerized as the watch swayed back and forth, light gleaming off its polished surface.

A hundred pairs of eyes followed the swaying watch until, suddenly, the chain broke; it slipped from the hypnotist’s fingers and fell to the floor, breaking into a hundred pieces.

“SHIT!” said the hypnotist.

It took three days to clean up the Senior Citizens Centre.

Claude was never invited back.





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Property forecast... Sunny.

Much has been said about the Sunshine Coast University Hospital project, however, actions speak louder than all words...

"Today's first sod turning is the start of the most important infrastructure project for the Sunshine Coast." - Jarrod Bleijie
Member Kawana - 1 September 2011

"One can't over-estimate the significance of a tertiary hospital for this region. It's a \$2b investment, a massive undertaking that will generate more than 12,000 visits a day and it will create significant demand for the property market." Deputy Premier Paul Lucas

"This is the biggest infrastructure project ever on the Coast and it will be a major stimulus to the regional economy including residential and commercial property," says SCU Professor of Property and Development Mike Hefferan.

Debra Robinson - Property Council of Australia Sunshine Coast, says property owners and investors across the Coast can take heart that the new hospitals will underpin future capital growth. She says, "History has shown that investment in infrastructure such as hospitals delivers real increases in property values and local economic development opportunities."

"The business and development opportunities relating to this project will have a major impact on the Coast." Councillor Debbie Blumel



Investment, in any code, is a choice based on understanding long-term drivers and market dynamics. We are often exposed to selective headline commentary in the media, yet we rarely see higher-level perspectives that allow us to better understand what our community, as a whole, will look like over the coming 15 – 20 years.

"When we consider all the investment in local infrastructure, private development and our lifestyle appeal the Sunshine Coast represents an attractive investment option."
Wes Stephen - Principal
SEQ Property Planners

- Sunshine Coast University Hospital
- MMTC – Multi Modal Transport Corridor
- SC University to double capacity in 10 years.
- Caloundra South ±30,000 homes
- Palmview ±8,000 homes
- Maroochydore CBD redevelopment
- Airport expansion – Direct international
- Kawana and Sippy Downs Town Centres
- Population estimates exceeding 500,000

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CHILDREN'S MENTAL HEALTH NETWORK

- gaining momentum

The 'Children's Mental Health' Network is gaining momentum after its latest meeting on Tuesday 30 August, with 53 professionals from a variety of fields; including GPs, psychologists, paediatricians, social workers, child psychiatrists and guidance officers.

Professor Brett McDermott from the Mater Children's Hospital led a stimulating discussion about the effect of trauma on children's emotional development.

A case presentation by local paediatrician Dr Tom Hurley then led to wider discussion of the practicalities involved in helping children who have been traumatised.

It was a great opportunity to network and put faces to the names of the people who are working in this field on the Sunshine Coast.

The group is a result of the Federal Government's MHPN initiative (ie. Mental Health Professionals Network) and is facilitated by Dr Brenda Heyworth, Child Psychiatrist.

If you would like to become involved in this network or for more information, contact:
Emma Tunstall on 5476 3477
Email Lydia Venetis: l.venetis@mhpn.org.au



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“THE GRAPE DOESN'T FALL FAR FROM THE VINE”

Who is David Franz?



dr. plonk

The Grape Doesn't Fall Far from the Vine.

Who is David Franz? A designer, raconteur, wordsmith, artist, prestidigitator? Yes to all of these. Perhaps he is the alter ego of David Franz Lehman. Maybe it's akin to a Jekyll and Hyde scenario. No he is just one crazy energetic artisan that has a blue blood pedigree being the son of the masterful Peter Lehman from the Barossa. He chooses to fly under his own banner as David Franz.

There is a fire in the eyes of this larrikin that streams from a heart as generous and true to his cause. The production of hand crafted wines expressing the vineyards gifts with kid glove guidance has always been the aim. He now handles every process from grape growing to the production of artful screen printed labels that adorn each of his babies.

This journey has seen him work as a farm hand, hotel cleaner and roust about. He has worked vintages in South Africa and as a wine hand with Oddbins in England. He really wanted to be a cartoonist and Uni was never his bag.

His first vintage was in 98, whilst he was still working for Lehman's and was a Shiraz Cabernet Blend. Over the ensuing vintages he has gleaned knowledge from the experienced heads around him and combined this with his instinctual belief in what he does. Convention doesn't sail on the ship of David Franz. Just have a look at the labels of his "POP" series. Seriously a great Barossa Cabernet, Shiraz, Grenache blend and a straight Grenache.

A recent tasting and dinner was held at La Baroque restaurant in Buderim. The Eden Valley Riesling 2010 was poured first. It has a citrus, grassy nose with a full palate balanced by peaking acidity that rolls around the mouth in a satisfying manner.

His left side brain was in full flight when he named his Merlot, Cabernet, Petit Verdot blend "Plane turning Right" 2010. For all those cryptic freaks, this is a reference to the right bank of Bordeaux, which has a predominately Merlot influence. The wine was alluring with mild pluminess and distant violets and dried herbs. It waltzed across the palate delivering mid palate fruit, and tannins with a lingering finish. I really like this wine. It displays Dave's ability to use fruit from Adelaide hills, to create a ponderous wine which shows his maturation as a wine maker who appreciates balance with structure.

The big guns were out next which included the Alexander's Reward Cabernet Shiraz 2006 and Georgie's Walk 2006. All these wines exhibit aspects of their warm environment with rich fruit and high alcohol, but amazingly balance out by their acid and tannin structure. These will cellar for 15 plus years. The Lehman generosity was in full swing with more than ample pours and the privilege of tasting 2003 back vintages in the previously listed wines and the Benjamin's Promise 03. They are great examples of "you get what the vintage gives you" wines. Blended wines are considered the 'wine makers wine' and an outstanding example of this is the non vintage Larrikin 3 that is blended from 03, 04, 05, 06, 07 vintages of Grenache Shiraz Cabernet and Mataro. Rich is the best description, but not obscene with preserved spicy fruits and generous mouth feel.

I asked him where he sees himself in 10-20 years. "Doing this, only better. The Time you don't want to be better at something is the time to give it away." Wise words from a vinous troubadour whose wine notes will dance on and delight the palates of generations to come. Special thanks to the Purple Palate in Maroochydore who stock his wines.

The Plonk List

- Sparkling: Croser Valley Vintage sparkling Piccadilly Valley 2006 (91 pts)
- Whites: Michael Hall Adelaide Hills Chardonnay 2009 (93 pts)
- House of Morande Chile Pinot Gris 2009 (89pts)
- Reds: Bream Creek Southern Tasmania Pinot Noir 2009 (93pts)
- Cape Mentelle Margaret River Shiraz 2008 (93 pts)

More next month ... Dr Plonk

www.drplonk.com.au





RESTAURANT REVIEW

Thai Canteen Hospital Hill Nambour



We all have fond memories of hospital canteens. Places where you caught up with colleagues from different departments, shared interesting cases and had time for a bit of catch up over lunch. Well my fellow LMA members the canteen is back.

Where on the coast will you find lunch time tables surrounded by an eclectic mix of patients, interns, registrars, senior medical officers, nurses, pharmacists and many other allied health workers? "Thai Canteen" shop 6/2 Nambour-Mapleton Road, Nambour.

Open 7 days, Lunch Special 10.00am – 4.00pm and Dinner 4.00pm – 9.00pm

The Lunch Special is obviously very popular. For \$9 cash you can choose off the menu the most mouth watering Thai dish your taste buds can imagine. Favourites include Tom Yum (traditional hot and sour soup flavoured with lemon grass, lime leaf, lemon juice and mushroom), Panang Curry (mild) and my favourite the Pad Thai (stir fried noodles with egg, tofu, crushed nuts, shallot and bean sprouts).

The décor is nothing to get excited about but the main ingredients which are required to create a lasting dish are all there. Efficient service, fresh produce, good presentation and flavoursome ingredients.

Meals arrive hot and steamy presented in a white china shallow bowl which does not distract from the colorful ingredients. The yellow of the curries, the deep green of the lime leaf, the orange of the saffron. Next the aroma. Steam carries the spice of lemon grass, the hint of ginger. The taste lingers on as you try and recognize the complexity and marriage of flavours.

Samples from the menu include: Po Tak (spicy hot and sour soup flavoured with lemon grass, galangal, lemon juice, mushroom and fresh Thai basil), Roasted Duck Salad (roasted duck fillet with lemon juice, chilli, Spanish onion, cucumber, tomato and mint), Pad See Eiw (stir fried thick rice noodles fried in soya sauce, egg and vegetables), Choo Chee (prawns or deep fried fish fillet cooked in choo chee curry paste, Thai herbs and coconut cream).

So next time you visit the Hill, make time for a lunch special.

Masterchef Score:

Panang Curry 8/10 \$9.

Pad Thai 7/10 \$9

Bon Appetite

Marcel Knesl



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Property, Medical Profession and Self Managed Super

What do Property and the Medical Profession have in common? RISK!!

As a member of the Medical Profession we assume that your practices are structured effectively to include companies and discretionary trusts holding certain practice assets, while the operation of the practice is through a separate company trust structure. We trust most of you are familiar this scenario.

The intention with asset protection is to isolate the risk of the Medical Practice activities from any property it may own. Generally discretionary trusts are established to achieve this objective.

Have you considered though, another excellent asset protection vehicle? Yes, the Self Managed Super Fund (SMSF) for holding property?

With the benefits of asset protection, any income generated from the property is taxed in a concessional environment. During the accumulation phase the tax rate is only 15% and any capital gains are effectively taxed at 10%.

When a member turns 60 the assets that have been held in the accumulation phase can be moved across to the pension phase in the SMSF. If the member then decides to commence an account based income stream, the assets within the pension phase of the fund are no longer subject to income tax and the income stream is tax exempt.

For those considering the acquisition of the commercial building from which the practice is run, it would be very beneficial to consider setting up a Self Managed Super Fund (SMSF) to acquire the commercial building and rent it back to the practice.

As "business real property" is an asset which an SMSF can acquire from a member or a relative of a member; where an existing commercial building is owned by the Medical Professional, or a trust controlled by them, the SMSF can take on the ownership.

An experienced **SMSF Specialist Adviser** can illustrate the various ways in which the transfer of the commercial building can be achieved. The choice appropriate for each situation can then be acted on.

The following are some examples of how the SMSF could acquire the existing commercial building:

- **In specie** concessional and non-concessional contributions (*instead of cash contributions into the SMSF, the commercial building is contributed into the SMSF*)
- **SMSF Borrowings** - directly from the members of the SMSF to acquire all or part of the commercial building
- **SMSF Borrowings** - externally from a third party to acquire all or part of the commercial building
- A Joint Venture with other Doctors (when done carefully) or another controlled entity

Since July 2010 the SMSF can borrow to buy property. There are some complicated rules concerning borrowing but provided trustees are investing according to the borrowing rules they are not difficult to comply with. A specialist SMSF Adviser can assist you with the process.

If you are also a keen property investor but commercial property isn't your passion, you may be aware that although the SMSF cannot acquire a residential property from a member or a relative of a member, it can buy it directly from a third party.

With residential properties there are a number of tax effective strategies that can be implemented to reduce taxes in the personal tax returns of the SMSF trustee/member.

For example a high income earner who is a trustee/member finds a new residential property in a growth area, which may in the early years be negatively geared. The trustee/member may choose an excess contribution strategy to allow the tax rate on the over contribution to reduce from 46.5% to 31.5% in the fund.
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Visit our website: **www.afawealth.com** for articles and other useful SMSF tips.

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

At the **AMA National Conference** in Brisbane in May, the delegates passed three urgency motions.

The first urgency motion called for the AMA to oppose the government's proposal in its 2011 Budget to slash funding for GP mental health services. The AMA has responded by opposing the proposal, repeatedly and determinedly. In the face of opposition from many sectors of the medical profession, the government has called a Senate enquiry. That enquiry has been swamped by over 2000 submissions. My readers will recall my own protest over the proposals in an earlier column. I referred to the deceptive appearance of increased funding, contrasted with the reality of decreased funding in the first year, the fact that less money would come to doctors and most of the dollars spent on non-health providers such as employment agencies, and the truth that most of the increased spending was deferred for four years, in the term of another future government.

The second urgency motion called for a special category of registration for "semi-retired" doctors, especially calling for reduced registration fees. Advocates are calling for revised terminology, preferring to call our older members "senior active doctors". Debate drew a distinction between ceasing full time work as different from voluntarily surrendering registration.

The definition of "practice" remains a sticking point. Senior doctors give valuable service in spheres of activity without seeing patients. They work advising commercial organizations and sitting on tribunals, or teaching. If they are not responsible for clinical management, are they "practising"? Treating patients requires registration, which in turn requires indemnity & CME. All of those costs add up. Procedural specialists performing no procedures (surgeons who consult but don't operate) need a category of limited registration to relieve indemnity costs.

Multiple integrated issues keep arising. Principal is the claim by part-time doctors that they only want to take a limited part in managing clinical issues in themselves and family – but all responsible medical bodies and medical boards have long argued that doctors should not treat themselves or relatives. AHPRA now argue that if they discount fees to a select category, eg over-55's, that will mean higher fees for all others. The AMA counters with our concern about the lack of transparency of AHPRA funding and its budget sheet - why has our registration fee doubled yet AHPRA is already in debt? The AMA believes that the medical profession is cross-subsidizing the other health professions, a belief which AHPRA denies, but does not disclose the figures.

Obedient to the second urgency motion from National Conference, the AMA continues to prosecute this area.

The third urgency motion addressed mandatory reporting of impaired health professionals.

The AMA is worried by reports that doctors' health advisory bodies are already reporting reduced numbers of calls to help lines. The level of acuity of problems reported in doctors is rising – callers are more desperate and at later stages of their illness. There are Doctors Health Advisory Services in most States (AMAQ subsidizes our State service). The AMA argues that the Australian Medical Board should be responsible for supporting doctors' health organizations – including financially, since it is our increased registration fees that fund the Board. We do not expect this to increase registration fees again. A survey indicates that doctors will be prepared to pay few extra dollars to enhance DHAS's, but the AMA is already concerned about the level of fees.

As we are gaining some ground in all three of these important areas, as well as all the other public advocacy roles that the AMA assumes every day, members should recognize that, in responding to the calls from National Conference, the AMA is, as always, sensitive and responsive to the values and aspirations of all its members.

Medicare Locals.

The AMA remains concerned that the Medicare Locals as they are emerging have governance structures that are not including general practitioners. In the UK, their equivalent of ML's, their "Primary Health Care Trusts", are changing to "GP consortia" with increased GP involvement in governance. There is a growing sense in AMA circles that we should be involved in Medicare Locals – if there is no other GP representative body inside the ML (and most of the old Divisions of General Practice will be wound up), then the AMA is the best body that can fill that role.

Lead Clinician Groups.

It is still not clear what role will be given to Lead Clinician Groups in governing the Local Health and Hospital Networks. Nominations closed on 9th July. The first set of Local Lead Clinicians Groups and a National Lead Clinicians Group were expected to be phased in from July 2011, with the remaining groups commencing operations from July 2012.

AMA COUNCILLOR'S REPORT /cont:

Dr Wayne Herdy

The functions of Lead Clinical Groups remain somewhat unclear and confused.

The government website reads:

"Key functions

Stakeholders and clinicians were particularly concerned that Local LCG groups do not duplicate the functions of existing structures. Their roles as advisors and information sharers focused on the continuum of care were seen as key points of difference between LCGs and existing groups. In particular, the potential for Local LCGs to focus on innovation and to be local agents for change was motivating.

There was a preference expressed in some jurisdictions for existing groups to fulfill the function of Local LCGs if they meet the minimum requirements determined by the Commonwealth. However, as the final position on minimum requirements was not known at that time, this preference was not put forward as an absolute position.

"Preferred functions for Local LCGs include:

- championing implementation of improved service delivery and better practice;
- identifying issues of local clinical significance;
- providing advice on clinical implications of local policy; and
- identifying innovative strategies for improving coordination of patient care.

Some suggested that one of the first-year functions for Local LCGs should be identifying an action plan for the next three years and appropriate measures of success against this plan."

Disability Insurance Scheme

AMA has been arguing for this since the indemnity crisis. Good social policy, that a country should care for its most disabled at public expense. Very little detail so we must remain cautiously welcoming of the proposed scheme:

"the introduction of the National Disability Support Scheme would be a defining moment in social equity in Australia.

It is an opportunity for truly transformational reform for the benefit of the most vulnerable people in our community," Dr Pesce said.

Peer Services Review reviewed.

The AMA has been actively involved with the controversial Senate enquiry into the PSR, an enquiry precipitated because the previous Director had taken PSR down an unsatisfactory path, with inappropriate press releases. The PSR fell into very poor processes, became very adversarial, gave very little information to the Person Under Review. The non-legalistic decision-making provided no way for a subsequent appeal to identify whether evidence had been properly taken into account. The AMA argued that PSR outcomes, if they are published, should be a tool of education for the profession, not outrageous announcements in public media. Contrary to the public viewpoint of the former Director, the PSR is not a watchdog of Medicare, but a representative group comprised of senior members of profession. The AMA traditionally supports the PSR process, as long as it was not a judiciary but true peer review. Over the past few years, the PSR drifted from that path and lost AMA support.

Against that background, the AMA welcomed the announcement of the PSR's new Director. Bill Coote was a previous Secretary-General of the federal AMA, and had later helped establish a doctor-friendly training body, GPET. We regret that his appointment is only an interim appointment for 3 months, but it marks an intent to return the PSR to its true origins.

Wayne Herdy,
North Coast Branch Councillor, AMAQ,
Queensland area rep, AMA Federal Council.



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The Sunshine Coast
Private Hospital
at Buderim

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 25 AUGUST 2011
MAROOCHYDORE SURF CLUB FUNCTION ROOM
DRAFT MINUTES**

Meeting commenced 6.10 pm.

Present: Drs Mason Stevenson, Wayne Herdy, Di Minuskin, John Eckersley, Peter Ruscoe, Andrew Foster, Marlene Clout, Nigel Somerfeld, Scott Phipps and Kirsten Hoyle. Observer Jo Bourke).

Apology: Dr Debbie Pfeiffer.

Guest: Wes Stephen, SEQ Property Planners

Minutes of last meeting:

Motion: 'that the minutes of the meeting conducted on 28 July 2011 be accepted as a true and accurate record of the meeting.'

Moved: Mason Stevenson. Seconded: Wayne Herdy.
Carried.

Business arising from Minutes (if not dealt with elsewhere on the agenda): Nil

President's Report: (see General Business)

AMA Councillor's Report:

Major issues for AMA include:

- Mental health funding proposed in Federal Budget;
- Mandatory reporting under National Registration;
- Registration of senior practising clinicians.

I attended Jarrod Blieje's gala dinner on 20 August, at which Campbell Newman was the guest speaker. It was disappointing to note that, while the SCUH was mentioned on several occasions, the State parliamentarians claimed credit for all progress and overlooked any contribution made by SCLMA.

Correspondence In:

- Invitation from Lloyd Hill
- The Hon Geoff Wilson MP, Minister for Health

Correspondence Out:

- SCD 4/8/11 – 'Health Funding Welcome'

a) Financial Report, Treasurer:

Accounts to be paid:

- Australia Post – June & July 2011 accounts
- Jo Bourke – July 2011 secretariat
- Office National – July 2011 account
- Snap Printing – August 2011 Invitations
- Snap Printing - August 2011 newsletter
- Jo Bourke – August 2011 newsletter
- Jo Bourke – reimbursement ATO payment
- Carol Hawkins – Sec assist Jun-Aug 11
- Dr Peter Dobson – refund error deposit SCLMA account
- M King – refund error deposit SCLMA account
- Office of Fair Trading Annual Return

Membership Report. Nil

Meetings Convenor Report, Dr Di Minuskin: Verbal report.

SCDGP Report, Dr Scott Phipps:

- Application for Medicare Local has been lodged.

General Business:

10.1 At the beginning of the meeting, Wes Stephen gave the Executive a presentation on his company SEQ Property Planners. He proposes a substantial reduced cost to clients who identify as LMA members. He is seeking a long-term relationship with the SCLMA, comparable to similar commercial arrangements by AMAQ or Federal AMA to give added value to membership.

Decision by Committee : we should not profit if a member uses this service; we should consider any plan that enhances the value of SCLMA membership.

Moved: Mason Stevenson. Seconded: Nigel Sommerfeld.

"that the SCLMA Management Committee agrees to accept the proposal from SEQPP for an alliance for a 12 month period in terms of the proposal tabled."

Motion defeated 8:1

10.2 Election of Office Bearers 2011-2012

- The Committee identified that sufficient nominations had been received to fill the essential committee positions.

10.3 SCLMA Website:

- Will include new Management Committee

10.4 Proposed changes to Rules of SCLMA

(a) to provide for a Returning Officer to conduct elections at future AGMs

- to be discussed at future meeting

(b) to provide for a new class of membership, associate members who are non-doctor other health professionals

- secretary to canvas opinions of membership.

Meeting Closed 7.15pm

Next Meeting: Thursday 22 September 2011, 6.00pm

Dr Wayne Herdy, Secretary.

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Dr Petra Ladwig
Ground floor
5 Innovation Parkway
Birtinya QLD 4575
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Dr Bogdan Benga
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September 2011

SEARCHING FOR A FEMALE DOCTOR

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

We are a long established family practice. Hours are negotiable.

Phone Trish 5492 1144.
September 2011

Part-time or Casual Senior Medical Officer, BreastScreen Queensland Sunshine Coast

The BreastScreen Queensland Sunshine Coast Service in Nambour is seeking expressions of interest for a female permanent part-time or casual Senior Medical Officer (SMO) for one regular 4-hour session per week, and leave relief for other SMOs as required. The regular session will be either a Wednesday or Friday morning. Duties include clinical examination of women recalled for assessment of mammographic lesions, performance of percutaneous needle biopsies, provision of results and counselling for women diagnosed with breast cancer or suspicious breast lesions. All necessary training will be provided. FRACGP or FACRRM is desirable but not mandatory.

Terms and conditions will be under the Queensland Health Medical Officers' Certified Agreement II. For all enquiries, please contact: **Dr Debbie Pfeiffer, Medical Director. Ph: 5470 5033**

Email: debbie_pfeiffer@health.qld.gov.au
(please note the underscore in "debbie_pfeiffer").
August 2011

VR GP REQUIRED - MAROOCHYDORE

VR GP required for GPCare Medical Centre, a long established doctor owned practice in Maroochydore. Modern premises. Currently five GPs. Part time welcome. Friendly workplace, satisfying professional environment, great team and full support. CDM/EPC nurse employed. Mixed billing. Best Practice/Pracsoft.

Contact Elaine Phillips
Ph: 5409 9800 or 0408 484 192
Email: management@gpcare.com.au
August 2011

GP REQUIRED: MAROOCHYDORE

Full Time or Part Time VR GP required for a fully accredited, computerised practice. Great working conditions, fully equipped treatment room, RN support, friendly reception team.

Pathology and pharmacy on site, visiting psychologist, dietician, podiatrist, audiologist, and exercise physio.

Please contact Judy on (07) 5443 9455
Email: judy@medicineonsecond.com.au
July 2011



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SCLMA August 2011 Monthly Clinical Meeting - Maroochy Surf Club Function Room
Presenter, Dr Jenny Grew, Pathologist in Charge, QML Pathology, Sunshine Coast / Gympie
'Boys & Girls Come Out to Play : HPV, Vaccines, Screening and Beyond'
The SCLMA extends its appreciation to the meeting sponsor: QML PATHOLOGY



QML
Pathology
From left:
Sue Gonano,
MLO
Dr Jenny Grew
(Presenter)
and Sam
Rowe SC
Branch
Manager



Dr Bruce Moore, Dr Ken Wishaw
with Dr Ian Colledge, SCLMA Patron



Dr Paul Poon with Dr Bel Zoughi



Dr Jeff Tarr, Dr John Topping and Dr Michael Cross



Dr Bob Anderson, Dr Petra Ladwig and Dr Rob
Ingham (newly elected SCLMA Meetings Convenor)



Dr Vince Flynn, Bev Gonano (QML Pathology)
with SCLMA Life Member, Dr Wyn Lewis