NEWSLETTER
MAY 2013

SCLMA President's Message .....
Dr Rob Ingham

*The June LMA meeting will be held at **EBB** Restaurant. The Maroochydore Surf Club has provided a good venue for our meetings and we will be continuing our association but the committee has decided to add some variety and trial a new location for the month of June.*

Over the preceding weeks there has been significant debate regarding advertising, both in the LMA magazine and at our monthly meetings. Advertising is an important source of revenue which is essential in enabling the continued printing of our magazine and the committee acknowledges the generosity of our sponsors. We must have balance and although only a small publication we need to adhere to advertising standards. Dr Marcel Knesl (our editor) will publish advertising guidelines in this magazine. The AMAQ also have guidelines which may be of assistance to advertisers. Your LMA committee will be discussing this issue in detail at our next meeting.

On a more clinical note, I wonder when we will have a private diabetic unit on the Sunshine Coast. We were spoilt by Dr Sunder and his diabetes service, but the coast is long overdue for a private Endocrinology/Diabetes Unit, especially with Diabetes being one of the five major health objectives. Any aspiring Endocrinologists please apply!

During early May I met with Ms Kimberley Pierce the Chief Executive Officer of the Sunshine Coast University Private Hospital. Kimberley outlined the services on offer with the hospital opening scheduled for 4th November 2013. Services will include ICU, radiological services, cath lab, oncology, EP studies, neurosurgical unit. Other surgical services include ENT, Urology and spinal surgery. The hospital will provide 80 -90 public beds mainly drawing on Caloundra and Nambour emergency department admissions.

I have made repeated attempts to contact KPMG to discuss the new public hospital funding model with no success. My feeling is that the decision re costing has been reached and LMA input has been not considered.

We look forward to our upcoming Christmas in July function on Sat 13th July. I hope everyone will embrace the festive spirit to ensure that this is a fabulous evening.

Rob Ingham

HIGHLIGHTS:

P 5:	Kevin Hegarty - Health Service Link
P 7:	Letter to the Editor - Dr Craig Wright
P 12:	FHN - GPLO Report - Gail Palmer
P 15:	Dr Alex Markwell, President, AMA Qld
P 17:	Dr Wayne Herdy - AMAQ Councillor
P 21:	Case Study - Pacific Radiology
P 27:	'Christmas in July' invitation
P 29:	SCLMA Mship Application Form

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

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

Please address all correspondence to:

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JUNE 2013 NEWSLETTER

Deadline Date for April newsletter will be FRIDAY 13th JUNE.

The Editor would like the newsletter to reach all readers in the 3rd week of each month. So ... ALL reporters and advertisers - please help us achieve this challenge!

Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches approximately 800 recipients!

Contact Jo: 5479 3979
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Fax: 5479 3995

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

ARE YOU A MEMBER?

If you are not a member please complete the application form in this newsletter.

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself
Enquiries: Jo Ph: 5479 3979 or 0407 037 112
Email: jobo@squirrel.com.au

2013

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

Editors Corner
May 2013

Autumn is here and so too is influenza. Time for the flu jab is over and now it's up to that chicken noodle soup. See a quick and easy recipe later.

We bid farewell to Dr Alex Markwell, President AMA Queensland, sounds so formal, and welcome in Dr Christian Rowan. In this month's SCLMA column Alex talks about the creation of the new Health Ombudsman, announced by the Minister on the 16th April. This should expedite matters and hopefully create more transparency and consistency for both patients and doctors.

The article that gets my big tick this month is the "Health Service Link May 2013", by Kevin Hegarty. Performance in provision of health services at NGH have improved, total hospital activity has increased by 6.5% on last year and the Emergency Department has exceeded the National Emergency Access Target (NEAT) in the first quarter of 2013.

We welcome Consultant Hepatologist Dr Jonathan Mitchell to the full time staff at NGH. Jonathan, welcome on board and thank you for the wisdom and lovely British humour that you bring to the GI MDT's.

On that note I think we are truly privileged here on the coast to have such diversity of medical staff both locally trained and from overseas. A diverse culture and the sharing of ideas make us all so much stronger. Many a time while attending a MDT, I sit there with a smile on my face listening to all those wonderful diverse accents.

"Letters to the Editor", this month we have received several letters on the topic of breast cancer screening. With the advent of new technology comes a lot of new information which often creates a lot of hot debate. As a committee we feel obliged to publish all the letters we receive.

We also try to remain unbiased and so to finally put the topic of breast cancer screening behind us we thought we would canvass several of the breast surgeons to obtain their views on the latest in breast cancer screening, this will be published in next month's newsletter.

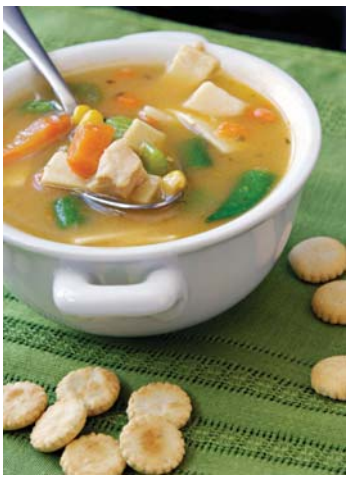
Thanks also to Dr Craig Wright for his letter in regards to radiological services on the coast. His thoughts are certainly worth considering.

On the issue of advertising, once again to all our advertisers please read the advertising guidelines provide for your benefit in this May issue.

Michael takes us to the Clare Valley for that oh so good Riesling. He introduces us to Kerri Thompson, Oenologist, (wine making). Do you think after a few good wines it may begin to sound like Oncologist?

Snap Maroochydore have given us a new look. Check out the new front cover. Soon we will be competing with Topgear and you will be able to subscribe through Magshop.

To end off, the 'cheat's' quick and easy chicken noodle soup. Heat 2L of chicken stock; add 200g of sliced chicken and 6 large sliced mushrooms; 2 tbs fish sauce; 2 tbs light soy sauce and 2 tbs sesame oil. Cook through for 20 minutes.



In a separate bowl prepare 1 pkt of thin egg noodles (soak in boiling water for 3 minutes). Fry off 1 large finely diced brown onion.

To serve 4 people, toss 100g bean sprouts, fried onion and 5 shredded lettuce leaves with the prepared noodles. Place into the 4 serving bowls. Pour the soup mixture over the prepared noodles and garnish with sliced shallots.

Enjoy.
Marcel Knesl
mknesl@oceaniaoncology.com

HEALTH SERVICE LINK - MAY 2013
with Kevin Hegarty

Earlier this month the first of the quarterly state-wide health service performance report cards were published. The reported data pulls together some previously available information, together with new categories.

The performance of the Sunshine Coast Hospital and Health Service is particularly pleasing given the increasing demands the service is managing.

This year our total hospital activity has increased by 6.5 per cent over the same period last year.

The increases in the emergency department presentations, has seen a nine percent increase in presentation, that is 6,500 more people presenting to the emergency departments in the first nine months of the 2012/13 year.

The Health Service is improving on the significant increase in the number of patients whose length of stay in the emergency department was within four hours. This performance measure has shown ongoing improvement from 66 percent in the September 2012 quarter to 73 percent in the December 2012 quarter to the latest figure in March 2013 quarter to 78 percent.

A number of recently introduced initiates in our emergency department have seen us exceed the National Emergency Access Target (NEAT) in the first quarter of 2013.

As I have noted in an earlier column, one example of how processes have changed at Nambour Hospital, is the direct admission from the emergency department to the Medical Assessment and Planning Unit. This change sees patients moved from the emergency department to a unit dedicated to fast tracking their access to treatment and ensuring they are either admitted or discharged after an appropriate period of observation.

The introduction of nurse practitioners within the emergency department help facilitate the fast tracking of patients that require treatment, but not admission to hospital.

Other recent enhancements to the Health Service services include:

- The creation of the Rapid Access Medical Clinic, Nambour General Hospital. This will see medical specialists and nurses available to immediately receive patients referred from General Practitioners or to provide advice to GPs to assist in the effective treatment of patients.
- The introduction of an Orthopaedic Assessment Clinic provides an alternative to immediate admission of patients that may have upper and lower limb injuries, by instigating clinical management. This allows such patients to be admitted if required on a scheduled rather than an emergency basis.

We are also looking forward to the additional capacity that will be available for elective surgery once the access to the new Sunshine Coast University Private Hospital becomes a reality in December this year. Under a service agreement, the 200 bed private hospital will provide a significant range and volume of services (110 public bed equivalents of services) to public patients from late 2013 to mid 2018.

Kevin Hegarty
Health Service Chief Executive
Sunshine Coast Hospital and Health Service

Kevin_Hegarty@health.qld.gov.au

LETTERS TO THE EDITOR .....

Dear Editor,

I wish to provoke some discussion regarding the format in which medical imaging data are communicated to the referring doctor by radiology practices on the Sunshine Coast. In my area of interest I am particularly concerned about the way that CT images of the chest are presented.

It is many years since radiologists reported CT scans from printed film. It surprises me therefore when the radiologist sends out their report, and in some cases suggests that a respiratory consultation might be necessary, that the images are not given to the patient in a digital format to allow the specialist who receives the referral to view the images adequately. Surely, whilst the radiologist's report is usually very helpful, it is expected that the consultant will review the images themselves. It is simply not adequate to review film copy in this day and age, and anybody who thinks they can make appropriate clinical decisions based on film copies is kidding themselves. The availability of web based libraries is not an adequate solution. In my referral catchment there are at least six different radiology practices, and I refuse to spend the time setting up six different web based viewing tools, even if all of the practices had such a system available. Many patients have studies from different practices that need to be compared, so unless all the radiology practices get together and produce a unified database and web portal (LOL!!!!!!!!!!!!), the web is not an adequate solution.

It is my opinion that the days of producing complex studies such as CT scans and MRI on plain film should be in the past, and that any specialist should be viewing these images in a digital format. It is therefore in my view, essential that patients be given a copy of the images in a digital format, particularly if specialist referral is anticipated. It is important for radiology practices to remember that the end receiver of the studies they perform is not only the referring GP, but may be one or several specialists.

Obviously others may have different thoughts, and I hope to initiate some discussion in the pages of this magazine regarding the topic.

As you know several of the local radiology practices routinely provide copies of some, but not necessarily all studies on CD/DVD, and several do not provide digital copies at all unless specifically requested..

Kind regards,

Yours sincerely,

Craig Wright
Respiratory Physician.
8 May 2013

The letter to the editor on the following pages from Hologic Inc is in response to a letter to the editor from Dr Sean O'Connor which was published in last month's newsletter.

As per the Editor's Corner, independent specialists will be asked to express their views on breast imaging in the June newsletter.

May 16, 2013

Sunshine Coast Local Medical Association (SCLMA)
Attention: Editor of the SCLMA Newsletter
PO Box 549
Cotton Tree QLD 4558
Australia

Re: Response to the 'Letters to the Editor' published in the April 2013 edition of the SCLMA Newsletter from Dr Sean O'Connor, Managing Director, Coastal Imaging and the Specialist Women's Imaging Centre

We welcome the opportunity to respond to the letter Dr. Sean O'Connor wrote regarding breast tomosynthesis. Dr. O'Connor had many objections to statements made by a Hologic representative during the SCLMA meeting, regarding performance of FFDM, radiation dose, and most importantly clinical performance of tomosynthesis. Clarifications of these points are made below.

We do think that breast tomosynthesis represents a significant improvement in breast cancer screening. Whether or not one agrees that it is the single greatest improvement in decades, this statement reflects opinions expressed by others, such as the radiologist at the FDA panel meeting where the tomosynthesis clinical results were first presented, who stated that "This, that I've seen today, is probably the tool that I've been looking for, for the last 37 years..."[1]

As a start, Dr. O'Connor questions our statement that there is no evidence that FFDM is superior to film screen mammography and quotes the results from the ACRIN DMIST trial.[2] We agree that in the subgroup of women with dense breasts FFDM was superior to film mammography, but in the general population there was no difference in clinical performance between the two modalities, and this is the point that we wanted to make.

The radiation dose is indeed higher when using tomosynthesis with mammography, as Dr. O'Connor points out. However, the point is that the increase can be considered insignificant in the context that the absolute dose levels of mammography are considered so low that no health risk can be observed from them. As Feig has stated, "No woman has ever been shown to have developed breast cancer from mammography, not even from multiple examinations at doses many times higher than

[1] See transcript available here.
[2] Diagnostic performance of digital versus film mammography for breast-cancer screening. Pisano ED, Gatsonis C, Hendrick E, et al. N Engl J Med. 2005 Oct 27;353(17):1773-83.

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those from current equipment and techniques."[3] It does not do women any good to insinuate that the levels of radiation used in mammography are dangerous, as it might have the negative effect of causing poorer compliance with mammography screening – which is the only approach proven to reduce mortality from breast cancer.

In the context of dose, it should be mentioned that there is a recent advance in the technology of tomosynthesis[4] whereby the 2D image can be generated from the tomosynthesis acquisition, eliminating the need for the FFDM 2D exposure entirely. This technology is available in Europe and Australia, for example, and has just been approved by the US FDA. With this option, the dose for a tomosynthesis study is squarely in the current range of FFDM. The synthesized 2D technology was one arm of the Skaane study, and showed the clinical improvements of tomosynthesis of increased cancer detection and decreased false positives.

We agree with Dr. O'Connor that no large study compares tomosynthesis to ultrasound in a non-screening diagnostic breast imaging service. There is likely an important role for both tomosynthesis and ultrasound in this setting. An early study[5] indicates that tomosynthesis might replace mammography in this setting, with improved accuracy, but no one is suggesting that ultrasound in a diagnostic setting be eliminated.

I think our greatest disagreement is with the comparative performance of ultrasound versus tomosynthesis in screening.

The results from the Skaane trial do show significant improvements in cancer detection when tomosynthesis is used in screening, and as Dr O'Connor states, are not dissimilar to the cancer detection improvements seen when ultrasound is combined with digital mammography in screening. However, we disagree with his statement that the efficacy between ultrasound and tomosynthesis would likely be comparable, at least from what we know from the literature. The Skaane study[6] showed a cancer detection improvement *and at the same time* a specificity improvement, i.e. a reduction in callbacks. Similar results have been reported by others[7,8]. The Berg paper[9] cited by Dr. O'Connor in support of combining ultrasound with mammography in screening concluded that ultrasound increased cancer detection but that it will "…substantially increase the number of false positives." In fact, the false positive rate with ultrasound in

[3] Feig SA, Hendrick RE. J Natl Cancer Inst Monogr, 1997; 22:119-124
[4] FDA Advisory Committee Meeting Minutes. Available here.
[5] Digital breast tomosynthesis versus supplemental diagnostic mammographic views for evaluation of noncalcified breast lesions. Zuley ML, Bandos AI, Ganott MA, et al. Radiology. 2013 Jan;266(1):89-95.
[6] Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Population-based Screening Program. Skaane P, Bandos AI, Gullien R, et al. Radiology. 2013 Apr;267(1):47-56.
[7] Integration of 3D digital mammography with tomosynthesis for population breast-cancer screening (STORM): a prospective comparison study. Ciatto S, Houssami N, Bernardi D, et al. Lancet Oncol. 2013 Apr 24.
[8] Breast Tomosynthesis and Digital Mammography for Breast Cancer Screening: Medical Outcomes Audit. Rose S, Bujnoch L, O'Toole M, et al. Presented at RSNA 2012, VSBR41-06 Breast Series: Emerging Technologies in Breast Imaging.
[9] Combined screening with ultrasound and mammography vs mammography alone in women at elevated risk of breast cancer. Berg WA, Blume JD, Cormack JB, et al. JAMA 2008 May 14; 299(218) 2151-2163.

that study more than doubled compared to mammography alone. Both ultrasound and tomosynthesis find cancers– tomosynthesis finds them while reducing false positives but ultrasound substantially increases false positives.

We appreciate and share Dr. O'Connor's clearly passionate interest in providing the best possible breast imaging and clinical care. In conclusion, we think that both tomosynthesis and ultrasound have a role in breast cancer imaging, and we are sorry if there is any confusion regarding this.

Regards,

Andrew Smith
Vice President, Image Science, Product Development
Hologic, Inc.
35 Crosby Drive
Bedford, MA 01730 USA

New Premises for Affordable IVF

The team at Affordable IVF are really excited to announce that they relocated to their own facility in early April 2013. Affordable IVF is now located at the site previously occupied by the parent company Fertility Solutions Sunshine Coast.
The new location will be:

89 Blackall Terrace
Nambour, QLD 4560
Ph: 1300 569 267

All patient ultrasound procedures and appointments with a nurse will occur in the Nambour location. The Sunshine Coast Private Hospital (23 Elsa Wilson Drive, Buderim), will be providing hospital care for the IVF procedures with embryo transfers occurring at the Fertility Solutions Sunshine Coast facility, Building B, Suite 22 Nucleus Medical Suites, 23 Elsa Wilson Drive, Buderim Q 4556

If your patient currently has embryos or sperm stored with Fertility Solutions these will be relocated to their new purpose built Buderim facility in early April 2013 where they will be securely stored.

If you or your patients have any questions about the relocation please do not hesitate to contact us on **1300 569 267.**

You can also follow the move on Facebook by going to our page at:

http://www.facebook.com/pages/Affordable-IVF/450264708380455

May 2013 Update from Gail Palmer
GP Liaison
Focus Health Network Ltd

It is pleasing to continue working towards general practice and hospital clinicians being on the same page regarding patient clinical handover as well as reviewing associated administrative tasks that may constrain referral pathways. Focus Health Network is keen to help GPs improve the quality of their referrals. It is an anticipated that NGH and General Practice can do better with the clinical handover. There has been another meeting this month of the GPs – Drs Rob Ingham and Di Minuskin, Jackie Hanson Chief Operating Officer, Sunshine Coast Hospital and Health Service and myself to progress this work. The conversations brought more clarity to the tasks ahead on the way to more efficient referral processes. An agreed consultation schedule for GP/hospital clinical and administrative staff engagement was proposed with the next meeting scheduled in May.

Last month we were making the final amendments to the discharge summary audit tool. Now during this month of May, eight GPs are busy auditing 112 de-identified discharge summaries whilst Nambour General Hospital (NGH) clinicians have been working their way through 250 summaries. It will be exciting to report the findings to you following the analysis.

There has been positive GP interest in the newly established Rapid Access Medical (RAM) Clinics at NGH. The clinical criteria for referral can be found in the information sheet.

The 'What's New in Antenatal Care - Pregnancy Update' education evening has been rescheduled to 10 July 2013. Save the date!

Specialist Outpatient Department referral information is located on our website including the Referral Work-Up Guide for General Practitioners. The Specialist List has been updated by NGH staff and is located on our website. Practice Managers will be notified of the update and requested to import the updated Tactical eReferral template into the medical software for all users. The templates, still available for Medical Director, Best Practice, Genie and Practix medical software only, are managed and housed on the CheckUP website (formerly General Practice Queensland).

Wanting to keep up to date with initiatives - More information can be found on the FHN website on the GP Hospital Liaison 'What's New?' page.

As always your comments, feedback and suggestions are welcome.

Yours in health,

Gail Palmer (GP Liaison Project Officer)

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

Nambour General Hospital Hepatology Department

Hepatology Services at Nambour General Hospital (NGH) are expanding in line with the ever increasing prevalence of liver disease.

Dr Jonathan Mitchell, a consultant hepatologist from the UK, joined the hospital as a full time senior staff specialist in December 2012. He trained at the world renowned Institute of Liver studies at Kings College Hospital in London before moving to Plymouth, UK, in 2004 where he established a large tertiary liver unit in a regional teaching hospital. He has particular expertise in the management of advanced chronic liver disease, portal hypertension, hepatocellular carcinoma and viral hepatitis.

He joins Dr Nicola Weston, Dr Andrew Sloss and clinical nurse consultant Barbara Kay to further develop hepatology services and build on the department's standing as one of the largest hepatitis C treatment programmes in Australia.

A further three consultant hepatology clinics per week have already started to dramatically reduce wait times.

Further planned developments for 2013-14 include the purchase of a Fibroscan machine for the non-invasive assessment of liver fibrosis, the employment of a further hepatitis C nurse, outreach hepatitis clinics & increased access to research trials. Moving forwards, the aim is to establish a firm foundation on which to build a world class tertiary hepatology service at the Sunshine Coast University Hospital.

AMA QUEENSLAND - PRESIDENT'S REPORT

Dr Alex Markwell

2013 continues to fly by at a cracking pace. Over the last few months, AMA Queensland has engaged with government on big issues including the "Blueprint for better healthcare in Queensland", the audit and review of health complaints management in Queensland and continued closure of public health services such as the Biala Sexual Health Clinic.

Students and Doctors in Training will be heartened to hear AMA Queensland has met with the Office of the Principle Medical Officer (OPMO) to discuss improvement of the RMO recruitment campaign and appointment process for 2013. It appears that issues identified after last year's disastrous campaign have been largely addressed, including sequential cascading appointment of registrar, PHO and RMO positions and improved information on how to preference facilities and positions.

The impact of the austere funding environment continues to be revealed, with the announcement of the closure of the Biala Sexual Health Clinic. There is trepidation that this short-sighted decision will lead to disruption of specialist services that support the many vulnerable patients who rely on Biala for multi-disciplinary care.

We understand the HIV clinic will remain open in a scaled-back form. Unfortunately, there is an unrealistic expectation that GPs will be able to absorb this additional patient load. Given the very strict requirements that GPs who prescribe HIV treatment must meet, it is unreasonable to expect the handful of credentialed doctors in Queensland to accommodate the hundreds of patients visiting Biala. AMA Queensland has written to Dr Paul Alexander, Chair of Metro North Hospital and Health Service outlining these issues, as well discussing them with the Minister and in the media to raise public awareness.

Finally, the biggest issue facing our profession in many years has surfaced over recent months. Reviews and audits of the health complaints system in Queensland revealed it is inconsistent and inefficient.

On 16 April the Minister announced the creation of a Health Ombudsman to provide a single entry-point for complaints with streamlined assessment. This should expedite the assessment of cases requiring immediate action and also reduce process duplication.

This model was strongly favoured by AMA Queensland Council and we publically supported the announcement. We will continue to work closely with government, the Medical Board of Australia, the Health Quality and Complaints Commission and other stakeholders to ensure a fair, transparent and consistent system is implemented for the benefit of both patients and doctors.

Over the past year we have visited members the length and breadth of Queensland; welcomed hundreds of students and doctors in training to the profession; congratulated our milestone members on their loyalty and commitment to the Association; engaged Hospital and Health Service and Medicare Local Chairs throughout Queensland; influenced Health policy direction and implementation on important issues such as the Queensland TB Clinic, management of health complaints, provision of rural health services, and junior doctor training capacity.

As my term draws to a close, this is my last LMA column as AMA Queensland President and I would like to take the opportunity to thank the many AMA and LMA members who have supported me throughout my Presidency. I would particularly like to thank President-Elect Dr Christian Rowan for his hard work and considered advice and guidance. I wish Christian all the very best for his term, and I look forward to an ongoing association with the SCLMA.

Yours sincerely
Dr Alex Markwell
President AMA Queensland

From: Charles Herdy cherdy@bigpond,net,au
Date: Saturday, 25 May 2013 01:22
To: P.Neville.MP@aph.gov.au
Subject: Letter - Cap on Deductible Professional Education Expenses

Dear Mr Neville,

I am a doctor who works at Hervey Bay Hospital, and live in your electorate of Hinkler.

I am writing to express my deep concern regarding the Federal Government's recently budgeted $2,000 cap on tax deductible self-education expenses. I hope that you will forgive my outlining the reasons for my concern in some detail.

I am currently in my third year of clinical practice and am a shift worker in the Intensive Care Unit. I hope to progress on to specialist training next year, which will entail a minimum of five years further clinical training. During this time, I will incur significant, recurring costs for self-education that significantly exceed the proposed $2,000 deductibility limit.

The current Treasurer's comments that the current deductibility regime provides "…an opportunity for some people to enjoy significant private benefits at taxpayers' expense," is grossly at odds with my personal experience of professional self-education expenses. I must provided some detail of my personal finances by way of explanation.

In Intensive Care, I have direct clinical responsibility for care of critically ill patients during shifts of 12 hours duration: 50% of my work time is overnight and 50% during the day. My current total earnings are just under $90,000 per annum.

This income can be compared to the self-education expenses that I have incurred over the past twelve months. During that time, I have attended a number of clinical courses and passed one specialist college examination.

Medical Registration fee $680
College (ANZCA) membership fee (one year) $1,946
College examination fee (per attempt) $4,412
College examination preparation course (one week) $990
College examination lecture course (one semester) $550
Text books for examination study (about) $900
Flights and overnight accommodation to attend compulsory viva voce examination in Melbourne (x2) (about) $1,800
Clinical courses:
Early Management of Severe Trauma $2735
Basic Assessment and Support in Intensive Care $750
Anaesthetic Crisis Resource Management $470

Ignoring the medical registration fee and recurrent travel expenses to Brisbane, a conservative estimate shows that I have spent at least $14,541 over the past 12 months for self-education.

The pass rate for college examinations is about 60%, so that many junior doctors would be required to sit them more than once. Many professional colleges also have two sets of examination, a Primary and a Final exam, again compounding these costs.

Far from being a junket offering me tremendous recreational benefits, as the Treasurer intimates, my preparation for college examinations has been tremendously stressful and obtained only at a high personal cost. I have had little recreational life to speak of and have alienated many of the people most important to me. I would have been more than happy to forego the inconvenience and stress of travelling to attend courses and examinations.

My experience over the past twelve months is not exceptional, and would be common to many – perhaps most – doctors at my level of professional development. This is the real personal and financial cost born by junior doctors in Australia, where the expense of medical training is commensurate with the quality demanded.

Under current taxation policy, my $14,540 in self-education expense was a deductible amount, reducing my pre-tax income from just under $90,000 to around $75,500.

*However, under the Government's current budget proposals the great majority of this would become a post-tax expense. At my 38% marginal income tax bracket, this would effectively increase the pre-tax cost of the same clinical training by $7,660 = ($14,500 - $2,000)*0.38/(1-0.38).*

The Treasurer's policy would thus increase my cost of clinical self-education by over 50%. This year it would have also reduced my post-education, pre-tax income by about 11%, from $75,500 to $67,800.

You can perhaps understand, then, why the Treasurer's policy will have such a dramatic effect on junior doctors. You might also understand why his inference of personal recreational benefit is so very jarring. To my ear, it is completely dissociated from the stressful reality of professional education.

His policy is a far cry from the so-called "Education Revolution". It is incongruent with an era where the expectations of medical care have never been more demanding, and a perverse disincentive to professional development.

I hope that you will represent my views to the present and future governments.

Yours sincerely,

Charles Herdy.

AMA COUNCILLOR'S REPORT

Dr Wayne Herdy

If there was one item that dominated the discussion at recent AMA National Conference, it was the proposal to impose a $2000 cap on tax deductibility of self-education expenses.

The presumption is that rich doctors are all taking first-class international air fares to exotic locations for an hour or two of "lectures" followed by days lazing in the sun.

The reality as we know it is very different. My son just passed his anaesthetic primaries - at a cost of $15K. GPs in the country incur travel and accommodation costs of over $2000 just to get to a conference venue in an Australian capital city. Most conferences that I attend have registration fees alone of nearly $1000. Yet AHPRA and Vocational Registration make CME mandatory, quite apart from our professional and College responsibilities to maintain currency.

The AMA view is that doctors must incur significant costs to establish and maintain the highest standards of medical practice, and that the sub-groups most affected are trainees and rural doctors.

We can take some comfort in the knowledge that other professions are equally involved. Lawyers are subject to compulsory CLE - and there are more lawyers in Parliament than there are doctors.

At AMA National Conference, this was the subject of debate freom day one, and the subject of an urgency motion that was passed unanimously. The question was put to both the Minister for Health, Tanya Plibersek, who gave a totally pathetic response serving only to reinforce our views that the present government does not deserve to govern, and to the Opposition Shadow Minister for Health, Peter Dutton, whose response was disappointingly equally pathetic. Neither government nor Opposition undertook anything like a promise to consider reality.

My view is that the ATO already has significant powers to enquire into the validity of all tax deductions claimed, including claims for self-education , whether in training or maintenance of knowledge and skills. There is no need to impose any cap at all.

If the government believes that rich doctors are engaging in luxury vacations under the guise of education, they have the capacity to order the ATO to audit claims for self-education expenses. Automatic impositions of ridiculously low caps will seriously harm training of junior doctors,a nd discourage established doctors from maintaining and honing skills and knowledge.

I also advocated, although the AMA did not seem keen to adopt my proposal, that we recruit our patients, the voting public. A petition at the front desk of every AMA member, supporting that doctor's claim that his/her self-education is more expensive than $2000 a year, and asserting that every patient wants his/her doctor to practise the highest standards of medicine achievable, could attract thousands of signatures - a powerful message that no politician could afford to ignore in an election year.

Rest assured that the AMA is already lobbying vigorously on this issue, and you can expect to see a lot more action on this poorly conceived policy.

Wayne Herdy

AMAQ Branch Councillor,
North Coast region.

Relocation of Fertility Solutions Sunshine Coast to Buderim

Dr George Bogiatzsis **Dr Kirsten Morrow** **Dr James Orford**

The team at Fertility Solutions Sunshine Coast is really excited to announce that we have relocated to a new facility in early April 2013. The new details are:

Building B, Suite 22 Nucleus Medical Suites

23 Elsa Wilson Drive

Buderim Q 4556

Fertility Solutions Sunshine Coast will be located in the grounds of the Sunshine Coast Private Hospital in the Nucleus Medical Suites. The main benefit of this relocation for you is that we will be located in the same building as all our fertility specialists. As we are located on the same floor as your patients specialist, it will be easier for your patients if they need to see their nurse before or after the doctor's appointment. Fertility Solutions Bundaberg will remain in its current location.

Our new premise is a purpose built fully integrated infertility treatment facility equipped with the latest in technology offering up to date infertility treatment services. Your patients will have access to their own fertility specialist, primary nurse, accounts information and a counsellor - all in the one location. We are committed to providing a personalised program tailored to your patients individual needs ensuring complete continuity of care at all stages of treatment.

All ultrasound, scientific procedures, consultations with nurses and counselling can be attended to on site with the patients specialist doctor only a short walk down the corridor. The Sunshine Coast Private Hospital which is adjacent to our facility, provides hospital care for your IVF procedures.

If your patients have embryos, sperm or oocytes stored at our Nambour facility, these will have been relocated to our new premise in early April 2013 where they will be securely stored until we are notified otherwise.

If you or your patients have any questions about the relocation please do not hesitate to contact us on **5441 7311.**

You can also follow the move on Facebook by going to:
http://www.facebook.com/FertilitySolutionsQLD

SCLMA CHRISTMAS IN JULY

SATURDAY 13 JULY 2013

Our Christmas celebration in 2012 was voted the best ever. We reckon we can top it this year! No limit on numbers!

Venue: Lily's on the Lagoon, Novotel Twin Waters

Menu: Chef's selection canapés (hot and cold) on arrival followed by full Christmas menu

Music: We have spent hours and hours looking at options and have booked a DJ for the night.
Jaye will play OUR music selection and absolutely promises to play SOFT MUSIC during dinner!

Extras: Clive Fraser has a few surprises up his sleeve ….. beware!

Accom: Stay overnight at greatly reduced rates.

AMA Queensland DIARY DATES

Full details and registration forms :
www.amaq.com.au

WORKPLACE RELATIONS TRAINING:

Thursday 4 July, 9am - 12pm
Focus Health Network 7 The Esplanade, Cotton Tree

This three hour training workshop will focus on **how to manage difficult situations**, addressing questions and issues such as how to ensure employee terminations comply with performance management requirements, how to conduct workplace investigations, and outline what your medico-legal and workplace risks are when managing difficult patients.

GROWING YOUR PRIVATE PRACTICE

Friday 19 Saturday 20 Victoria Park Brisbane

The session is a two-day workshop structured to give attendees insight into private practice considerations, both as an employer and/or employee. There are a variety of topics throughout each day focusing on business mindset and business structure, finance, risk management, insurances, staffing structure and recruitment and more. *Suitable for those considering their options in private practice and those already in private practice who are looking to improve their current practice.*

SCLMA CLINICAL MEETINGS
6.30pm for 7pm
(Completed by 9pm)

THURSDAY 27 JUNE 2013

Sponsor: SC Haematology & Oncology Clinic & Wealthmed
Speaker: Dr Hong Shue
Topics & further details to be confirmed
Venue: **Ebb Waterfront Dining**

THURSDAY 25 JULY 2013

Sponsor: Ramsay Health
Speaker: Kimberley Pierce, CEO SC University Private Hospital
Topics & further details to be confirmed
Venue: **Maroochydore Surf Club**

ENQUIRIES:

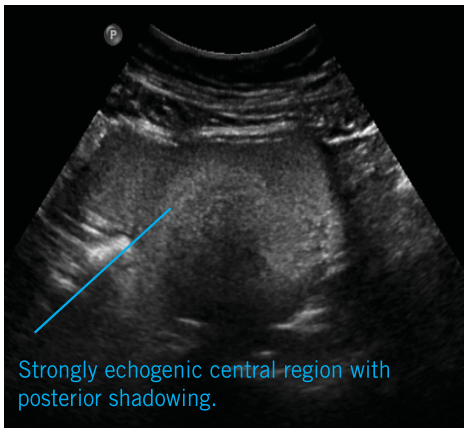
Jo Bourke
Ph: 5479 3979
(M) 0407 037 112
Email: jobo@squirrel.com.au

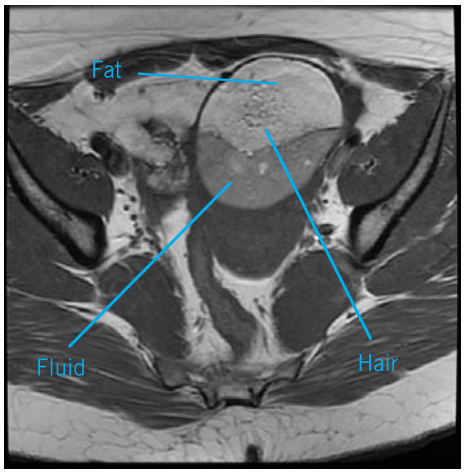
Meeting attendance:

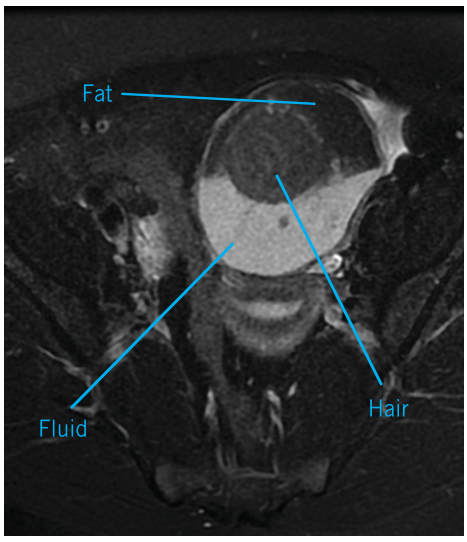
- ***Free for current members.***
- ***Non members: $30.***
- ***Application forms available on night.***
- ***Membership forms also available on SCLMA website: www.sclma.com.au***

CASE STUDY
Lower Abdominal Pain

Pacific Radiology







DIAGNOSIS: Bilateral dermoid cysts

INVESTIGATION:
Superior Image: Ultrasound show a focal adnexal lesion that is echogenic anteriorly with a more strongly echogenic central region that shadows posteriorly. The former represents fat while the latter hair.

Centre Image: T1 weighted MRI shows a hyperintense left ovarian lesion with central ill defined intermediate signal centrally.

Inferior Image: Fat saturated T2 sequence. The anterior component of the lesion is of low signal (black). On a non fat saturated T2 sequence (not shown), this region was hyperintense. This loss of signal with the application of fat saturation demonstrates that this component of the lesion contains fat. Posteriorly the lesion contains high signal material, consistent with fluid. Sitting at the junction of these is an ill defined intermediate signal spherical region which represents hair floating at the fat – fluid interface. The dermoid cyst present on the other ovary has not been shown.

DISCUSSION:
Dermoids, or mature cystic teratomas, are well differentiated tumours composed of at least two of the three germ cell layers. They are the most common ovarian neoplasm in children and typically occur in a younger population than the epithelial ovarian neoplasms. They are bilateral in approximately 15% of cases.

Dermoids are typically composed of sebaceous material, squamous epithelium, hair, muscle, bone, teeth and other tissues. Imaging appearances reflect the typical composition of these tumours.

Ultrasound typically shoes a cyst with an echogenic nodule (the Rokitansky nodule), a diffusely echogenic mass with posterior shadowing (representing hair and sebum), or fine echogenic bands (caused by hair strands).

MRI and CT show the lesion to be composed of fat, fluid and sometimes calcium, bone or teeth. The demonstration of fat within the lesion is however diagnostic of a mature cystic teratoma.

MEDICAL MOTORING

with Doctor Clive Fraser

Toyota Corolla Ascent Sport Multi-drive Hatch

"It's a Corolla!"

Since 1966 Toyota has produced more than 39 million Corollas with over 1.1 million sold in Australia.

That's a lot of cars in anyone's language and I'm thinking I must be the last person on Earth who has never actually owned one.

Approaching 50 years of age, the Corolla has been successful because although it's always been small and cheap, it's never been nasty and it has always had a reputation for reliability.

In 1985 and after five model cycles Corolla switched to front-wheel drive.

For 2013 and in its eleventh generation the changes in the new model are evolutionary rather than revolutionary.

That is for everything other than the automatic transmission which is now a continuously variable type (CVT).

I've never really been a fan of this set-up.

There is an un-nerving constant droning from the engine as the vehicle accelerates.

This is because the input shaft (and therefore the engine) runs at a constant RPM.

Many vehicles have electronics which make it seem more like a normal automatic which changes gears.

Toyota calls their transmission "Multi-drive" and say it has seven speeds, but they are simply pre-set ratios.

It just takes a little getting used to and one up-side is that fuel economy is optimized as the engine spins at its most efficient revolution.

As the car is always in the right "gear" automatic Corollas actually use less fuel than manuals.
All of this engineering does make the 1970 Corolla seem pre-historic as it only had a two-speed auto box.

Acceleration from the 1.8 litre motor is leisurely rather than exhilarating, but the speedometer does optimistically read up to 240 km/hr.

The Corolla is produced in 16 counties and there are many other variants elsewhere with some markets having 1.3 and 1.5 litre engines and all-wheel drive as an option.

Australian Corolla's are all the same with the lights out.

Inside there is an acre of plastic in all the models and the seats are very flat to accommodate a multitude of rear ends.

Moving one notch up from the base model Corolla Ascent, the Sport comes with a fancy steering wheel, touch screen audio, alloy wheels, fog lamps and a reversing camera all for only an extra $1,000.

So as I enter my twilight years having never owned a Corolla would I buy one now?

Well no, because I'm such a big fan of diesel powered cars and Toyota doesn't make one.

But this year about 45,000 people in Australia will buy a Toyota Corolla, many of them simply because, "It's a Corolla".

Toyota Corolla Ascent Sport Multi-drive Hatch

For: More economical than Mazda 3.
Against: Like all Corollas, they're a bit boring.

This car would suit: Retired doctors.

Specifications:

1.8 litre 16 valve 4 cylinder petrol
103 kW power @ 6,400 rpm
173 Nm torque @ 4,000 rpm
Continuously variable transmission
6.6 l/100 km (combined)
$22,990 + ORC

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Interest rates sitting at 50 year lows – What does that mean for you?

We are in an historic moment in Australia, one that most alive today have never seen before.
The RBA has cut interest rates from 4.75% to 2.75% over the last 12 months. If there is an income shock that the RBA is preparing for then the RBA could cut again to 2.5%.

The historical effect of lowering interest rates is that the global economy should continue to grow. This Quantitative Easing (QE) is like walking a tight rope, too little QE and economies fall into deflation (eg: Japan 1990-2012, Europe 2008-2012) and too much QE, inflation becomes a threat.
With all the tensions in the world, the Australian stock market has paid about $14.2 billion in dividends over the last few weeks this is the noise I like to hear. The recent rally on the market is largely due to investors being yield hungry as over $300 billion has been invested in term deposits over the last 4 years and these funds are slowly finding their way to higher yield paying investments of shares and property.

A leading indicator to invest in Australia is to look at CBA's recent profit result. It was a hard report to fault and interesting to note that 81 per cent of their mortgage customers are now on average, seven months in advance of their payment requirements. That is a staggering number. What this means is that borrowers are paying down debt and spending less but importantly it shows no big problem with bad debts which is a good leading asset indicator. The banks are factoring low single digit earnings per share (EPS) growth of 8-10% plus dividends so any surprise is likely to come on the upside (Westpac). One of the best indicators to watch for the banks coming under pressure is credit card delinquencies and if consumers are ahead on mortgage payments and there has been no deterioration in either of them in the last 6 months. Another indicator is that housing prices appear to be moving upwards, so confidence may be coming back into the property market. However, with negative credit growth banks need to reduce costs to improve their margins. This is occurring in the resource sector as well as newly appointed Rio Tinto CEO, Sam Walsh has already slashed costs, cut capital expenditure, reduced exploration expenditure which all helps drive the bottom line. With these decisions evident in RIO's camp, similar rhetoric is occurring in BHP's management team. So whilst their share prices fall, the turning point should deliver excellent returns for investors with a long term view.

In summary, I have read a lot of media commentary and market reports for the rest of 2013 however, I feel the strategy going forward is really simple.

If Australia is in a sustained low interest rate environment that lasts for another 2 or so years this may be the best time to invest in your own business where growth funding is the cheapest money has been for a long time or hunt for good quality shares or property investments offering a higher return than term deposits, as the interest tide has certainly turned.

Good investing,

Kirk Jarrott

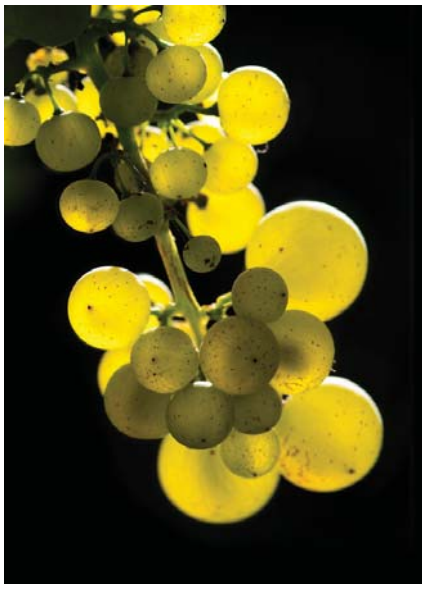
If you have any questions please give me a call on **07 5437 9900**

Partner - Poole & Partners Investment Services Pty Ltd

KERRI THOMPSON WINE .....

dr. plonk

I sometimes wonder if the Clare Valley is one of the most misunderstood wine regions in Australia. Technically it is warm and has something like 1770 heat ripening units; almost 100 more than the Barossa, 100Kms down the road. Yet it turns up some of the most sought after Rieslings and elegant Shiraz and Cabernet Sauvignons.



Kerri Thompson is one person who understands this region well. She graduated in 1993 from Roseworthy College with her oenology degree and has done vintages in McLaren Vale, Tuscany and Beaujolais. She was head wine maker at Leasingham wines for seven years and appreciated the concept of building relationships with great growers. This has stood her in good stead as she ventured out on her own.

Her growers are loyal and she reciprocates by turning their well tendered dry grown fruit into little bottles of magic. Some organic/ biodynamic principles apply with minimal pesticide use in some vineyards. The toil of being trapped behind a desk in a large company only strengthened her steely resolve to return to the vineyard.

Kerri believes we should be celebrating these unsung growing heroes that have special pockets of land producing exemplary fruit. The growers commitment to their craft is unsung and often beaten down by the cooperates.

Kerri makes four Rieslings, and I have found these wines over the years to be consistently high quality and made with a mantra revolving around a wine that is meant to be enjoyed. Whilst some classic Clare Valley traits are obvious, the Rieslings are as enjoyable as young things that spins my mind anticipating what they will be like in 5-7 years. I think she could single handily revive the public's faith in Riesling.

A Tempranillo Granache Rose, single vineyard Shiraz, Cabernet and a cheeky blend of Shiraz, Grenache, Tempranillo and Mataro and a straight Tempranillo display her versatility as a wine orchestrator .

She has a most enviable position with most of her wines selling out shortly after release.

WINES Tasted

2012 Churinga Vineyard Watervale Riesling- This is made in the Clare mould to some degree, with notes of lemon, grass and flinty kerosene characteristics; it is in its plate that differs with a rich balanced mouth feel with the acid hitting about a third along the palate but leaving a lingering taste. She is not making a formulaic lemon sorbet. I had this with lemon myrtle scallops.

2012 5452 by KT Riesling- Some people would be happy with this as their high end Riesling but KT has deliberately kept this as an entry level wine with a younger palate in mind. I get slightly sweet pickled limes and some herbal notes like tomatoes leaves on the nose. The funky nature of this wine is contributed by 90% wild yeast ferment. The palate seems to surf on generously with acidity being restrained. A baked goat's cheese soufflé would suit.

2012 Melva by KT Riesling- I found this wine swimming against the tide in a most delightful way. Honeysuckle aromas float with Seville orange blossom and a waft of spiced ginger emerged as it warms up and lets go. Wild yeast ferment with 10 y old French Oak barrel exposure for 3 months with some residual sugar makes this a creamy succulent food matched Riesling. I suggest sea urchin pasta.

2010 Churinga Vineyard Watervale Shiraz by KT- Somehow Clare Valley Shiraz can get overshadowed by its rich Barossa Cousin. KT has sourced premium fruit and handled the wine with flawless precision. Dark purple hues coat the glass. Warm red and dark fruits abound. Chocolate and background spice float on vanilla tobacco notes. The palate is supple, generous and tannins guide the flavour experience but don't dominate. This wine developed over 2 days after opening which indicates great cellar life. Deconstructed beef wellington with roasted turnip would do me.

Dr Plonk

ADVERTISING:

To comply with Section 133 of the National Law and guidelines, advertising of services must not:

- Paragraph (a) "Create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised"

- Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"

- Paragraph (o) "Contain any claim, statement or implication that a practitioner provides superior services to those provided by other registered health practitioners"

INVITATION

SCLMA 'CHRISTMAS IN JULY'

SATURDAY 13 JULY 2013

LILY'S ON THE LAGOON
NOVOTEL TWIN WATERS

Fine wine, delicious dining & dancing!
We have booked a DJ - one of the best - DJ Jaye
and - Special accommodation rates available!

Time: 6.30pm for 7pm
Dress: Smart Casual

NO LIMIT ON NUMBERS – THE MORE THE MERRIER!

COST: CURRENT & NEW MEMBERS FREE. PARTNERS $55.00

Member's Name: _____ **Ph:** _____

Partner's Name: _____ **Amt Encl:** _____

Email: _____

Table? _____

Dietary Requirement? _____

RSVP: ASAP or NO LATER THAN FRIDAY 28 JUNE 2013

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

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

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

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 MARCH 2013
Maroochydore Surf Club Function Room
MINUTES
(confirmed at Committee meeting 18 April 2013)

Attendance: Drs Rob Ingham, Di Minuskin, Kirsten Hoyle, Wayne Herdy, Scott Phipps, Jeremy Long, Scott Masters, Denise Ladwig and Nigel Sommerfeld. (Jo Bourke, secretariat).
Apologies: Drs Marcel Knesl, Peter Ruscoe.

Minutes of last meeting: 28 February 2013.
The minutes were accepted. Moved: Rob Ingham. Seconded: Kirsten Hoyle.

Business arising from Minutes:
Lapel mikes:
- Will be provided by Maroochy Surf Club according to wishes of sponsor.

USC Bursary $2,000 – President spoke with Julie Martin, Project Officer.
- Money will remain in SCLMA account until awarded
- SCLMA will have greater input into selection of candidate
- If no available recipient selected, money will remain with SCLMA.

President's Report: Dr Rob Ingham
- Further effort will be put into GP – hospital referral
- Specialist OPD information meeting was interesting but did not produce a useful outcome
- Why are patients not given OPD review appointments on discharge? (because computer appointment system is so antiquated – it is still DOS-based!)
- Discussion was had around potential alternative venues for SCLMA monthly meetings.

Vice President's Report : Dr Di Minuskin
- The last month has been taken up with ongoing efforts to improve communication and working relationships between Queensland Health public facilities and GPs. To date it seems that a lot of work has resulted in very little change, but there is a commitment on both sides to improving the situation. One of the concerns of GPs is to ensure that requests from the hospital for referrals are Medicare compliant
- I have noted an increase in audits over the past few months and interestingly for the first time (two weeks ago) I had a letter from Medicare asking me to confirm that I had written a referral letter for a service claimed by a specialist. When reading the general explanatory notes in the MBS Guidelines, it does state the GP must have undertaken a consultation with the patient and turned his or her mind to the need for the referral. This does not necessarily need to be done on the day of writing the referral but I wonder if the requests for referrals for patients we have not actually seen for 6-12 months or sometimes longer (3 years in one case) are not compliant with the Guidelines. I am not sure QHealth will jump to the defense of the GPs if they are audited and found to be non-compliant.

Secretary's Report: Dr Wayne Herdy

Correspondence In:
Trish Pease re USC Bursary

Correspondence Out:
- Rob Ingham to Kath Thompson re communication between SCLMA & Medicare Local

Business arising from Correspondence:
- As per Business arising from Minutes.

Treasurer's Report : Dr Peter Ruscoe - apology
(a) Accounts to be paid: (tabled)
- Australia Post – Account Feb 13 & PO Box renewal
- Office National – Account Feb 13
- Snap Printing – March 2013 invites
- Snap Printing - March 2013 newsletter
- Jo Bourke – March 2013 newsletter
- Chris Bourke – Website work (small amount)
- DMCS IT – Renewal Domain Name

Moved Denise Ladwig, seconded Kirsten Hoyle – that the accounts outstanding be paid. Approved.

(b) Membership Report.
- Dr Jugal Kishore

Moved Nigel Sommerfeld, seconded Rob Ingham – that the applicant be accepted as a new member. Approved.

AMAQ Councillor's Report: Dr Wayne Herdy.
- National Conference in Sydney 23-25 May
- Media focus has been on promoting influenza vaccinations.

Meetings Convenor Report: Dr Scott Masters
- Discussion was had around the venue for the proposed Xmas in July – suggested date 27 July.
- Novotel Twin Waters – Lily's on the Lagoon a possibility.

Focus Health Network Report: Dr Scott Phipps
- Working to sustain viability without direct government funding, exploring variety of commercial opportunities.

Hospital Liaison Report: Dr Jeremy Long
- Minutes of meeting 17 January to retract incorrect reporting of 'diminishing patient care'.
- QHealth inviting comment about privatization of components of health.
- Dr Scott Phipps raised concerns about night-time signage of access to the Emergency Dept. The President will write to Kevin Hegarty.

General Business: Nil

Meeting Close: 7.15pm

Next meeting: Thursday 18 April (change - Anzac Day).

Wayne Herdy – Secretary.

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

MEMBERSHIP APPLICATION

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

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

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

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

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

A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

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

SCLMA PO BOX 549 COTTON TREE 4558

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

The Sunshine Coast Local Medical Association has Public Liability Insurance

Sex On Mars

The year is 2222 and Charlie and Maureen land on Mars after accumulating enough Frequent Flier miles.

They meet a Martian couple and are talking about all sorts of things.

Charlie asks if Mars has a stock market, if they have laptop computers, how they make money, etc.

Finally, Maureen brings up the subject of sex. 'Just how do you guys do it?' asks Maureen. The Martian responds, "Pretty much the same way you do."

A discussion ensues and finally the couples decide to swap partners for the night and experience one another... Maureen and the male Martian go off to a bedroom where the Martian strips.. He's got only a teeny,weenie member about half an inch long and just a quarter-inch thick.

'I don't think this is going to work,' says Maureen..

'Why?' he asks. 'What's the matter?'

'Well,' she replies, 'it's just not long enough to reach me!'

'No problem,' he says, and proceeds to slap his foreheadwith his palm. With each slap of his forehead, his member grows until it's quite impressively long.

'Well,' she says, 'that's quite impressive, but it is still narrow.'

'No problem,' he says, and starts pulling his ears. With each pull, his member grows wider and wider until the entire measurement is extremely exciting to the woman.

'Wow!' she exclaims, as they fell into bed and made mad passionate love.

The next day the couples rejoin their other partners and go their separate ways. As they walked along, Charlie asks, 'Well, was it any good?'

'I hate to say it,' says Maureen, 'but it was wonderful. How about you?'

'It was horrible,' he replies. 'All I got was a headache ... She kept slapping my forehead and pulling my ears.'

A man and his wife were awakened at 3:00 am by a loud pounding on the door.

The man gets up and goes to the door where a drunken stranger, standing in the pouring rain, is asking for a push.

"Not a chance," says the husband, "its 3:00 am in the morning!"

He slams the door and returns to bed. "Who was that?" asked his wife.

"Just some drunk guy asking for a push," he answers.

"Did you help him?" she asks. "NO, I did NOT, its 3 am in the morning and it's pouring rain out there!"

"Well, you have a short memory," says his wife. "Remember about three months ago when we broke down and those two guys helped us?

I think you should help him, and you should be ashamed of yourself! God loves drunk people too you know."

The man thinks about it and does as he is told, gets dressed, and goes out into the pouring rain.

He calls out into the dark, "Hello, are you still there?" "Yes," comes back the answer.

"Do you still need a push?" calls out the husband.

"Yes, please!" came the reply from the dark.

"Where are you?" asks the husband.

"Over here on the swing," replied the drunk.

CLASSIFIEDS

EAST COAST WOMEN'S CENTRE – FEMALE GP REQUIRED

Casual position available for female GP, specializing in Women's Health.

- Scope of practice would include general consulting, up to date knowledge of contraception, antenatal shared care, breast checks, pap smears and sexual health checks. Experience with IUD and Implanon insertion would be ideal but not essential.
- East Coast Women's Centre is fully equipped with administration and nursing staff.

Please contact Tracey Irwin, Nurse Manager.

Ph: 5476 3700 Email: tracey@eastcoastwomens.com.au

May 2013

SPECIALIST MEDICAL & DIAGNOSTIC SUITE AVAILABLE - MINYAMA

- 2 consulting rooms, generous waiting area, water view
- Centrally located in Nicklin Way, on site radiologic & pathology services
- 80 sq mt
- Adequate parking

For enquiries please contact Nicole on **5478 4359**

April 2013

DR SORAB SHAVAKSHA - Clinical Haematologist

Welcoming new patients to my full-time private practice located at Sunshine Coast Haematology and Oncology Clinic

- CONSULTING ROOMS : Level 2, Cnr The Esplanade and Second Avenue, Cotton Tree
- HOSPITAL : 32 Second Avenue, Cotton Tree

Dr Shavaksha is a fellow of the RACP and RCPA with specialist qualifications in haematology. Clinical interests include myelodysplastic syndromes, myeloproliferative disorders, leukaemias, lymphomas and red blood cell disorders.

To arrange an appointment, or make enquiries,

- **Phone : 5479 0000**
- **Fax : 5479 5050**
- **Email : reception@schoc.com**

April 2013

DR PETER J LARSEN – CLINICAL & INTERVENTIONAL CARDIOLOGIST

NEW PRACTICE LOCATION

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

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

November 2012

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

Classifieds remain FREE for current SCLMA members.

$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

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

Quotes to ponder ....

"I love deadlines. I like the whooshing sound they make as they fly by." - Douglas Adams

"The trouble with her is that she lacks the power of conversation but not the power of speech." - George Bernard Shaw

"Don't knock the weather; nine-tenths of the people couldn't start a conversation if it didn't change once in a while." - Kin Hubbard

SCLMA APRIL 2013 CLINICAL MEETING

DR TIM McNAMARA: Topic: 'Thyroid Cytology'
DR JOE GATTO: Topic: 'The Pap Smear - A Cervical Odyssey'
Sponsored by Coastal Pathology and Hologic Inc.

From Coastal Pathology - Erika Powter, Dr Joe Gatto, Elissa Cox, Michelle Judd & Dr Tim McNamara

Robyn Linsley from Hologic - co-sponsor for the night

Dr Bob Anderson with Dr Bruce Goldshaft

BEWARE!

What is Dr Clive planning??

Presenters - Drs Tim McNamara & Joe Gatto

Dr Clive Fraser, Dr Alison Morris and Dr Hong Shue