



## SCLMA President's Message .....

### Dr Di Minuskin

*There has not been a lot to celebration amongst the medical news. The government is standing firm on the 4 year rebate freeze. In addition, the MBS Review Taskforce has been given the job of taking a knife to the MBS. There is no problem with this as long as the agenda is pruning items that have no clinical value, nor improved patient outcomes. However, it is difficult not to see this as a cost cutting exercise with statements such as "high volume and high cost items are likely to be targeted". The measure should be effectiveness, not cost or volume. This suspicion is further raised by the fact that this year long review is not tasked with making any recommendations regarding reinvesting any savings back into the MBS. Sussan Ley has stated that there is scope for reinvestment of any savings found, but surely this taskforce would be in the best position to identify underfunded interventions as well as those that are destined for the bin. I would like to be reassured that savings from this review will flow back into the MBS for evidence based treatments with improved patient outcomes. The cynic in me worries that some creative accounting in Canberra, will see the money directed toward programs where the doctors are replaced with less trained staff at a lower cost. Or, on an even more cynical note, used to fund business class flights for the children of our members of parliament! Hands up the doctors who have missed children's birthday parties, school concerts etc. It's part of the job description!!!*

*The remuneration for GPs is being discussed in Canberra. Amongst options floated, is a shift away from fee for service, toward outcome based incentives. Over the last 20 years, medicine has changed from the old paternalistic model into the patient centred model. Patients have much more choice, and as doctors we are finding that the treatment the patient accepts is often a negotiation between science and the patient's personal beliefs and wishes. Why should doctors get paid, for example, on the number of diabetic patients who reach target cholesterol levels. Some patients, despite long discussions, will not take a statin. Performance indicators are valid tools, but only when the doctor has control of the outcome. Further options are adjustments to PIP arrangements where the practice receives a lump sum for chronic disease management.*

*I suspect the administration of this would be a nightmare with some patients attending two or three different practices! Medicare does need a broom through it. But the changes need to be clinician led, focussed on improved patient outcomes and not threaten the financial viability of practices.*



*August is the month of our AGM and by the time this report is published, we will have a new committee. I am hoping there will be some fresh faces as well as those experienced members that have contributed their time to the SCLMA. A lot goes on behind the scenes to run the monthly meetings, publish the newsletter and give the SCLMA a voice on local medical services. The medical community has weathered the year challenged by change and new administrative structures for health care provision. Our hospital colleagues are planning the transition to the new hospital with a new sense of urgency as 2016 looms.*

*The SCLMA connects the doctors of the region both through education and social activities. We have had a successful program of lectures and time to socialise with colleagues at the monthly meetings. The highlight of the social calendar was the dinner held in Noosa. It was a great evening, made even more enjoyable by the band who managed to flush out some hidden talent amongst our members. Perhaps next year, we might see some more of our colleagues up on the stage. Thinking about the possibilities.... "SCLMA X-Factor" Perhaps not!!!!*

*Best Wishes*

*Di Minuskin*



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*The SCLMA thanks  
Sullivan Nicolaides  
Pathology for the  
distribution of the  
monthly newsletter.*



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

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**SEPTEMBER  
2015 NLETTER  
Deadline Date  
will be FRIDAY  
11 SEPTEMBER  
2015**

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 more than 800 recipients!**

**Contact Jo: 5479 3979**

**Mobile: 0407 037 112**

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

## ARE YOU A MEMBER?

If you are not a member please complete the application form available on the website:

**[www.sclma.com.au](http://www.sclma.com.au).**

You will need two proposers to sign your application form. If this is a problem, come along to a monthly clinical meeting to introduce yourself

**Enquiries: Jo Ph: 5479 3979 or 0407 037 112**

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

Are you listed on the Member Directory on our website? Are your details correct?

Directory form available on the website.



Welcome to another edition of the SCLMA newsletter.

August once again saw the mid-winter Christmas function, this time held at the Outrigger/Peppers Resort in Noosa.

Speaking to several members after the function and reading Dr Di Minuskin's article in this month's newsletter this year's Christmas function outdid all previous functions.

It truly is a function which allows you to catch up with colleagues and their partners, meet new friends, sample some good canapés and enjoy some fabulous entertainment by various medicos. Strongly recommended and should become a regular on your entertainment calendar. So next year forget the Audi Hamilton Island race week and come and spend some quality time with us.



I recently spent some time catching up with some of our junior colleagues at James Cook Medical School in tropical Townsville. It really made me aware how good the next generation of doctors will be. Life is very much divided into 3 professional stages. Those of you in your 60s and 70s it is now the rewarding years; colleagues in their 40s to 60s are at their peak performance leading the way with experience, knowledge and self-confidence and the new kids on the block, the 20s and 30s are sponging up new knowledge, brimming with contagious enthusiasm as they strive ahead and climb new frontiers. From an academic point of view we have nothing to fear, the youngsters will do us proud.

Scrolling through some recent medical school posts I stumbled across the following post:

"Why study Medicine when you can study Mie Goreng",

1. Empty packet of Mie Goreng into bowl.
2. Add boiling water
3. Stir and allow the noodles to cook.
4. Drain the excess water.
5. Add the packet flavouring.

Enjoy!

Ok, I know at times I have a strange sense of humour but this post really put a smile on my face. When deep in the depths of anatomy and physiology you can always turn to some Mie Goreng.

Enjoy and thumbs up to our junior colleagues.

Regards

Marcel Knesl

mknesl@oceaniaoncology.com

## HIGHLIGHTS in this issue:

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P 8-9:	Dr Wayne Herdy - AMAQ Councillor
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P 21:	We thank our 'Christmas' Sponsors
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## SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

### THURSDAY 24 SEPTEMBER 2015

Speakers: Nambour General Hospital doctors

**Prof Kim Greaves, Clinical Director of Cardiac Research**

**Dr Nick Gray, Director of Renal Medicine**

**Topic: Research Now & in the Future**

Venue: Maroochydore Surf Club.

**We need co-sponsorship for this meeting. Please contact Jo if you are interested. 0407 037 112.**

### THURSDAY 22 OCTOBER 2015

Speakers: SCUPH doctors

**Topic: Cardiology (tbc)**

Venue: Maroochydore Surf Club.

Sponsor: Ramsay

### THURSDAY 26 NOVEMBER 2015

Details to be advised

## ENQUIRIES:

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Clinical meetings are for current SCLMA members. Membership Applications in each newsletter and on the SCLMA website.





Pacific Radiology

## Clinical patient trial for sacroiliac joint/low back pain

**DR BYRON ORAM AT PACIFIC RADIOLOGY** is running the Australian limb of an international trial looking at the "effectiveness, safety and efficacy of Radiofrequency (RF) ablation of the sacroiliac joints in the treatment of chronic Sacroiliac Joint and/or dorsal sacral ligament pain, in well selected patients".

### NOW ENROLLING

We are now recruiting for the study. Any patients between 18 and 85 years of age, with lower back pain for more than 3 months duration and unresponsive to non-interventional care, and who do not have a systemic inflammatory arthritis, may be eligible for enrolment.



All procedures and MRI scans associated with the study will be performed by Dr Oram, and will be bulk-billed. The risk with RF ablation is considered minimal, and potential benefits include substantial, long-lasting relief of their low back pain.

Please refer on our standard Pacific Radiology referral forms, with 'SACROILIAC JOINT RF STUDY' in the requested examination line. Your patient will then be contacted, and undergo an initial consultation to determine if they meet eligibility criteria for the study.

FURTHER IN-DEPTH STUDY INFORMATION IS AVAILABLE ON REQUEST.

For more information, call us on 5409 2800, or visit [www.pacificradiology.com.au](http://www.pacificradiology.com.au)



### Dr Janusz Bonkowski

NEUROSURGEON & SPINAL SURGEON

Specialising in:

- Degenerative disorders of the spine
- Microsurgical techniques in the management of spinal pathology
- Anterior foramenotomy in cervical disc disease



### Dr Terry Coyne

NEUROSURGEON & SPINAL SURGEON

Dr Coyne visits SCUPH monthly and specialises in:

- Cerebrovascular surgery
- Skull base surgery
- Spinal surgery
- Movement disorder surgery

#### Consulting at:

**Sunshine Coast University Private Hospital**

Medical Suite 11  
3 Doherty Street  
Birtinya QLD 4575

#### Noosa Hospital

Suite 4, Ground Floor  
111 Goodchap Street  
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# HEALTH SERVICE LINK - August 2015

## *Kevin Hegarty*



A key priority for the Sunshine Coast Hospital and Health Service (SCHHS) is to further enhance our communication with GPs, private specialists and allied health practitioners to implement models to improve access for patients to public hospital services.

In response to GP feedback we have been working in partnership with the PHN Country to Coast looking at potential solutions to improve the electronic referral experience for our primary referral base – general practitioners.

We have been successful in securing some funding from the Department of Health which will allow SCHHS to partner with PHN Country to Coast to run a concurrent pilot/proof of concept together with the Metro North Hospital and Health Service for an e-referral tool called Best Practice (BPAC).

The initial pilot will run for 6 months and will involve 20 local practices. It is hoped that a positive evaluation of the pilot will result in BPAC being made available to all GP practices within this Hospital and Health Service.

BPAC is a web-based system that offers clinical support for GPs and allows for the seamless transmission of electronic referrals including all associated documents such as the Hip and Knee Questionnaire. Reported benefits from other GP and health service experience include:

- Auto-populates key patient information from GP clinical software;
- Improves communication and relationships between GPs, specialists, hospitals and allied health professionals with the opportunity for electronic response;
- Will ultimately allow for tracking of the referral by both GPs and specialists, enhancing transparency in waiting list management and providing an opportunity for specialists to feedback interim management strategies where clinically indicated to GPs, ensuring maximal benefit from first appointment;
- Fewer unnecessary referrals to outpatient clinics and fewer patients undergoing unnecessary investigations; and
- Improved transfer of care between settings and the opportunity for more integrated care pathways.

This is an exciting joint initiative which we hope will lead to an improved referral experience for GPs, improved consistency and coordination of best practice across our region and enhance the treatment and experience of your patients.

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

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27 July 2015

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## AMA QUEENSLAND PRESIDENT'S REPORT

**Dr Chris Zappala**



Dear members,

As you likely saw in the media or via your regular AMA Queensland communication, 18-25 July marked Family Doctor Week, an initiative aimed at promoting the hard work, commitment and dedication of GPs across the country.

Over the last few years, we've seen a number of changes proposed or implemented that have the potential to undermine the role of general practice in Australia's healthcare system or erode financial viability.

Politically, the Medicare rebate freeze and now scrapped co-payment epitomise the shift to a system philosophy that undervalues general practice and ignores the efficient contribution it makes – worryingly this may reflect Government's expectation that General Practice is (and should be) significantly under their influence. Clinically, the increased delegation of doctors' duties to allied health professionals such as pharmacists, physiotherapists and nurses indicates an unfortunate (and often misguided) prioritisation of budgeting over medical outcomes.

This reallocation of duties is counterintuitive to everything we know about the importance of general practice. Not only is it the most cost-efficient part of our healthcare system, but there is significant evidence demonstrating better health outcomes for patients with a regular GP. Bureaucracy pontificates about chronic disease management but never really comes to terms with meaningful mechanisms that enable general practice and articulated community care to manage and prevent it.

This year's Family Doctor Week focused on the theme *You and Your Family Doctor: the best partnership in health*. Effective patient-centred care is about more than just a strong medical knowledge base - it's about building trusting and ongoing relationships with patients, a skill in which most general practitioners excel. We should all be comfortable with a high standard in this regard and expect no less from our colleagues – such excellence and collegiality will make us resilient, better able to repel borders when professional usurpers threaten and ultimately, better able to care for our patients and feel satisfied at the end of a busy but rewarding day at work.

In addition to better health outcomes, general practitioners contribute to a more cost-effective model of care, a fact AMA Queensland has been highlighting in our state-wide GP campaign. With the average hospital bill costing close to \$5,000, almost \$630 million could be saved from the Queensland health budget if we all visited our GP regularly and preventable admissions were recognised.

A recent report by the Australian Institute of Health and Welfare emphasises the need for ongoing and adequate investment in general practice. With approximately half of all Australians having a chronic disease, it's critical these patients are able to access the right services to keep them out of hospital. We must accept the burden of training, proficiency and maintaining high-quality evidence-based care. We can match this with a high expectation from Government to create a system that capitalises on this.

Strong general practice benefits every aspect of the health system. Fewer preventable hospital presentations means doctors in this setting have more time to dedicate to the patients who need it most. The hospital system is subsequently able to be more efficient with (hopefully) less re-presentations/re-admissions - which have become a contentious area for health insurance funds.

AMA Queensland continues to advocate on behalf of general practitioners as well as our broader membership base. In addition to working with Federal AMA to advocate against detrimental measures such as the MBS rebate freeze, general practice has been a pillar of our *Health Vision* and Election Platform.

Our members are the ticking heart of AMA Queensland. I encourage you to raise any concerns, ideas or thoughts about how AMA Queensland can better serve you by contacting our team on 3872 2222 or [membership@amaq.com.au](mailto:membership@amaq.com.au). I recommend you to read the next issue of *Doctor Q* as there are numerous issues discussed of significant concern to all doctors – it's an exciting and active time for us!

Sincerely,

Dr Chris Zappala

AMA Queensland President

# WAYNE HERDY

## AMAQ Councillor Report

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### OFFICE OF THE HEALTH OMBUDSMAN:

The Office of the Health Ombudsman has issued its annual report.

Go to <http://www.oho.qld.gov.au/health-ombudsman-releases-annual-performance-report/>.

The OHO managed 3109 complaints in its first year of operation (from over 8000 complaints). They managed some of this unexpected workload by referring minor complaints to AHPRA.

Doctors were disproportionately represented, being involved in about 60% of complaints.

Most complaints were about professional performance, but 14% of complaints were about communications – rudeness, failure to inform, failure to obtain duly informed consent.

### *The Ombudsman, Mr Atkinson-MacEwen said in his report:*

- “One of the new powers available to the Health Ombudsman is the ability to take immediate action to suspend or impose conditions on a practitioner’s registration.”
- “My primary focus is protecting the health and safety of the public, and immediate action is an important way for me to do this.
- “During the year I took immediate registration action against 10 health practitioners and issued 8 interim prohibition orders.”

This extraordinary summary power is troubling for the profession, and one can only hope that future individuals who wield that power will use it wisely, and consult widely within the practitioner’s peer group before exercising that power.

The OHO proposes to establish a database, which it says are to monitor trends. The AMAQ is concerned that the database might be used for other purposes in the future, and could be used to manipulate forces against our professional integrity and clinical independence.

### TASK SUBSTITUTION REVISITED:

Since I took a personal role in the early days of recognition of the dangers of role substitution, and drew a very clear distinction between role substitution and task delegation, I feel some personal vindication in remarking that the problem continues to raise its Hydra-like head again and again.

Nurse endoscopists have recently come under the AMA microscope. 34 studies show that they are less cost effective than physician endoscopists (yes, trained-up GPs are actually better than trained-up nurses!). The studies remarked on the frequent need for re-examination by a real doctor, and that nurses are not trained to perform definitive treatment at the time of the initial exam. Current proposals for nurse endoscopists are limited to supervised practice in large tertiary hospitals. The current proposal includes an accreditation standard set by QH. Despite the research and science, QHealth departments are being instructed to employ nurse endoscopists, not physician endoscopists.

### PRESCRIPTION OPIOID EPIDEMIC:

The 3rd annual Medico-Legal Conference will be held in Brisbane on 31<sup>st</sup> October. One of the topics on the agenda that really attracted my attention is the session immediately following lunch: “The Prescription Opioid Epidemic: a review of coronial findings and recommendations from around Australia in relation to doctor shopping and over-prescription of oxycodone and fentanyl.”

The conference brochure describes this presentation by a magistrate of the Office of the State Coroner: “Recognizing a prescription shopper may be difficult. This session will discuss recent coronial cases in relation to ‘doctor shopping’ and provide a unique insight into the warning signs and scenarios that practitioners should be wary of.”



## WAYNE HERDY *AMAQ Councillor Report / cont:*

As a GP with a large practice in addiction medicine, this topic is close to my heart. Although I delude myself that I should be able to smell a doctor shopper when they walk in my door, I confess that I have been deceived at least as often as my colleagues. I have policies that all new patients seeking controlled substances must have photo ID, and their request will be vetted by routine phone calls to Medicines Regulation and Quality (MRQ is the current name of the old DDU) and to the Doctor Shoppers Hotline. Even those policies do not filter out every fraud.

What should be of wider interest to my audience is the awareness among coroners that addicts are increasingly dying from attempts to inject fentanyl from patches or oxycodone from the reformulated diversion-resistant formulation. All opioid prescribers must be aware of the increasing media over the past three years about the meteoric increase in prescriptions for oxycodone Hey, if a drug works, doctors are going to prescribe it, aren't they?). We are equally aware of the bleatings of some patients that the new formulation of OxyContin doesn't work so they are entitled to get the old formulation (even though it no longer exists). Addicts are very fond of getting scripts for their "oxy's". While I must avoid endorsement of any commercial product, I am increasingly fond of prescribing the oxycodone/naloxone combination (despite not getting any kickback from the manufacturer). But whether we are looking at tamper-resistant (but not tamper-proof) patches or at agonist/antagonist combinations, we should never overlook two factors. The first factor is the ingenuity of creative chemists in the drug subculture and their inventiveness at diverting drugs from preparations designed to be diversion-resistant. The second factor is the endless stupidity of drug-dependant patients who are prepared to accept huge risks in injecting almost anything to satisfy their personal demons.

I welcome the Coroner's interest but only wish it could have been a co-presentation with a prescribing clinician.

As always, the content of this column is drawn from AMA sources, but the opinions expressed herein remain those of your faithful correspondent,

Wayne Herdy.

## KNEE PAIN & PHYSIOTHERAPY



**Andrew Duff** (Pictured left at the 2014 Sochi Paralympics) has been working with both national and international level athletes since graduating with a Bachelor of Physiotherapy in 2004 & a Post Graduate Diploma in Manipulative Physiotherapy in 2009. Throughout this time he has worked with NZ Youth Olympic, Winter Olympic & Paralympic athletes. Andrew enjoys working with and supporting his patients to achieve their goals, applying his extensive knowledge and experience in musculoskeletal physiotherapy and injury prevention to fully rehabilitate patient injuries and develop and strengthen performance in their selected area.

### MEDICAL PRACTITIONER LED, PATIENT DRIVEN

"Osteoarthritis (OA) in Australia has a significant impact, affecting 1 in 13 Australians with the Sunshine Coast containing its fair share of Knee OA sufferers. Together with the patient's GP, Sports & Spinal take a collaborative approach in patient care. Key targets include; individualised management plans & treatment; specific exercise programs/often involving hydrotherapy; addressing lifestyle factors; significant focus on education; addressing weight loss; reviewing footwear; & the many other aspects involved in this multi factorial condition. At Sports & Spinal Physiotherapy, we take an evidence-based approach to management. Our team includes Physiotherapists, Exercise Physiologists, Podiatrists & Psychologists."

**Andrew is based in Sippy Downs & Caloundra**

For more information visit us online or, call Sippy Downs on: 5373 0700 & Caloundra on: 5437 2679



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sportsandspinalphysio.com.au



### Sports & Spinal are now on Best Practice!

Sports & Spinal now have a referral template on Best Practice (BP). This new referral template means that all Physiotherapy, Exercise Physiology, Podiatry & Remedial Massage patients can be referred to us via this template on BP.

# GPLO SCHHS - UPDATE AUGUST 2015

## *Dr Sandra Peters*

Hello everyone

Here we are almost at the end of August and my wonderful holiday in South Africa is fading to a distant memory! My thanks to Ranjit for standing in and juggling my commitments with his own clinical and administrative responsibilities. Despite his help I did return to quite a lengthy "to do" list and I apologise to anyone who waited until this past week for my response to their enquiry.

Many of the enquiries and observations relate to the communication process – without a doubt whether the transfer of care is from the hospital back to community or general practice to the hospital there are areas which bear greater scrutiny and improvement. Anecdotally GP colleagues tell me that the timeliness of discharge summaries when a patient has been admitted is for the most part improved, however the same cannot be said of the correspondence from outpatient clinics. The reports of delayed receipt of clinic letters are an area of great concern for the SCHHS clinicians and executive team. Understanding that delayed correspondence may result in decreased patient safety a number of solutions are being explored to ensure that transfer of care correspondence is consistently delivered in an appropriate timeframe.

Most of us have been sending and receiving clinical information via secure web transfer for so long we can't imagine any other way. I am often asked why the SCHHS can't similarly send all correspondence this way. One barrier is that whilst all areas have computer stations, they do not have access to clinical software or an RTF template installed which allows for auto-population of patient demographics, GP name and address etc and so the process of typing a short note to the GP at the end of the consultation would not be a simple one. This is not to say it can't be achieved but in the interim we will continue to explore other ways of improving timeliness of correspondence.

The Clinical Prioritisation Criteria development phase continues and the first stage of implementation begins with a desk top audit next week. All the referrals received for Gynaecology, Orthopaedics and Urology at Nambour over a one month period – a total of 901 referrals, just for these three specialties, will be audited against current guidelines and CPC referral and triage guidelines. The audit is going to be very labour intensive (for me!), but we need to assess the potential impact for GPs and triaging specialists before the implementation phase begins with those who have kindly agreed to trial and evaluate the criteria. Watch this space for further updates over the coming months.

One very exciting piece of news is that the Sunshine Coast will also be participating in the "Smart Referral" pilot – please see Kevin Hegarty's column for more details. BPAC is a solution which will interface seamlessly with GP software and incorporates decision support tools which are sensitive to the condition for which the referral is being made. This streamlines for GPs the process of assembling the relevant information required to allow for a rapid and accurate triage to a waiting list. Exciting times ahead indeed!

That is all from me for this month. Have an enjoyable and safe start to Spring! As always your feedback is essential to ensuring the improvement process continues in every area of interaction between health service providers, so keep it coming!

Best wishes

Sandra

Sandra.peters@health.qld.gov.au

(07) 5470 6541



## RADIOFREQUENCY TREATMENTS FOR SOFT TISSUE AND NERVE PAIN

**Radiofrequency ablation (also known as rhizotomy) is a type of pain management procedure commonly used to treat specific types of back and neck pain and other soft tissue and nerve disorders.**

Using image guidance (usually Ultrasound or CT as these are most accurate) a fine needle is placed down to the area of concern and finely localized bursts of heat are applied to the affected nerves by use of radiofrequency waves.

This leads to a modification of the structure of the nerve which is not permanent but lasts for a significant period of time and leads to associated reduction in pain. A specific diagnosis needs to be made prior to considering this type of therapy which involves clinical assessment by your doctor, imaging tests (e.g. Ultrasound, MRI, CT, X-rays etc.) and preliminary injections/blocks using local anaesthetic under imaging guidance to prove your pain is relieved.

### APPLICATIONS OF RF TREATMENT

#### Spine

Used for the treatment of facet joint pain in the spine most commonly the lumbar and cervical (neck) spine but also the thoracic spine. This procedure works only for back pain arising from the facet joints (not all back pain) by targeting the medial branch nerves which supply the facet joints. This is performed under CT guidance.

#### Sacroiliac Joints

Treatment of pain arising from the sacroiliac joints can be difficult to treat and diagnose. There is promising evidence with the newer ablation techniques in treatment of SI joint pain using CT guidance. Sacroiliac pain can be caused by inflammatory arthritis e.g. ankylosing spondylitis although this particular type of arthritis is best treated by Rheumatologists with medication in the first instance.

#### Morton's Neuroma

This is a common painful condition causing pain in the forefoot (ball of your foot) caused by friction/irritation of one of the nerves that supplies the toes (plantar digital nerve). This often responds to change of footwear, orthotics and simple ultrasound guided steroid injection. In some cases these are not effective. Surgery is often considered at this stage although RF ablation using ultrasound guidance is becoming more popular as a safe effective alternative with encouraging long term results.

#### Plantar Fasciitis

This is a common cause of heel pain often associated with tears of the plantar fascia origin and heel spurs. This is usually treated first up with orthotics with other subsequent possibilities including shock wave treatment, PRP injection (especially if partial tear) or steroid injection (if inflammation present and no tear) under ultrasound guidance. RF ablation is considered when people have not responded to these treatments with continued severe pain.

As plantar fasciitis will improve with time the rationale of treatment is to allow a substantial pain free (or reduced pain) period whilst the plantar fascia can heal. This can be performed in conjunction with guided PRP injection and targets the nerves (inferior calcaneal/medial calcaneal) that supply pain fibres to the plantar fascia. This is performed under ultrasound or CT guidance.

#### Shoulder

Chronic shoulder pain in association with non-repairable or failed repairs of the rotator cuff tendons can be relieved by targeted RF ablation of the suprascapular nerve using ultrasound or CT guidance. This is for a specific subgroup of chronic shoulder pain that would have not responded to other therapy including bursal and joint steroid injections etc.

#### Other

Other sites/nerves around the body can also be targeted for this type of therapy using imaging guidance including lateral thigh pain relating to lateral femoral cutaneous nerve compression, some causes of post-operative pain and there is some evolving evidence out of Melbourne of promising response to athletic groin pain in professional AFL players.

**For further information or if you would like to make a booking, please contact Pacific Radiology on 07 5409 2800**



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## House Call Doctor

**Wayne Ormond** • Chief Executive Officer

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# PHN COUNTRY to COAST REPORT - AUGUST 2015

**Pattie Hudson**

PHN Country to Coast has now successfully established its offices in Rockhampton, Bundaberg, Hervey Bay, Maroochydore and Gympie. The PHN Country to Coast team has been working collaboratively with Hospital and Health Services and communities across the region to prioritise local issues and opportunities, and implement processes that deliver services with the most effective clinical benefit for our communities.



We are ready to take on the task of addressing the prevention and management of chronic disease, mental health, Aboriginal and Torres Strait Islander health, improving access to health care and supporting GPs and other health professionals to deliver health services that meet the needs of the diverse communities of the region.

We are now one organisation, spanning over a large geographical area of 169, 500km<sup>2</sup> and serving a diverse population of around 831,000. The PHN Country to Coast Board of Directors met last week to discuss the strategic plan over the next three years as well as addressing the new challenges of the broader region.

I have had the pleasure of road tripping around Central Queensland, Wide Bay and the Sunshine Coast for the past three weeks, touching base with GPs, local government and non-government organisations and communities in remote and regional areas to discuss how the PHN can best meet the needs of their communities.

PHN Country to Coast will work as a single cohesive team, while planning and operating a range of programs based on the needs of the unique communities throughout the region. Primary Health Area Managers are working with the Central Queensland, Wide Bay and Sunshine Coast teams to combine the collective strengths and skills of our organisation.

On that note, we are very pleased to introduce our Primary Health Area Managers.

## **Andrew Wills - Primary Health Area Manager, Central Queensland**

Andrew Wills is a program management and organisational development professional with experience working in and consulting to a range of organisations over the past 15 years, including 8 years in management roles in the health industry. In 2013 he moved into a Queensland Medicare Local where he developed and implemented an integrated approach to commissioning, planning, contracting and engagement for a population in excess of 900,000. Experienced in managing diverse portfolios of programs and deliverables at state wide and regional levels, Andrew is energised by designing and delivering solutions to complex challenges and is motivated to be the best leader and coach he can be.

## **Tracey Warhurst - Primary Health Area Manager**

Tracey has more than 28 years' experience in the healthcare industry commencing with Queensland Health in 1987. Trained originally as a Registered Nurse, Tracey has held a broad range of clinical, educator, administrative and executive roles in rural, regional and tertiary settings across South East Queensland. Most recently Tracey was the Executive Director Strategy and Performance at the Sunshine Coast Hospital and Health Service, a position she held from February 2011 to July 2015. Tracey is committed to working collaboratively to build and sustain health services that are person-centred, outcome focused and responsive to the health needs of the community.

## **Tanya Bell - Primary Health Area Manager, Sunshine Coast** **BAppSc (Biol)(Hons) GCEd (HE) PhD (PHE)**

Tanya is a Population Health Epidemiologist with a passion for improving the health and well-being of communities by translating evidence-based primary health care into practice. Over the last 15 years, she has held a number of key research, academic and primary health care positions for a range of organisations including the Queensland Institute of Medical Research, University of Queensland, Central Queensland University, Queensland Health and, most recently, Wide Bay Medicare Local. Tanya has formal qualifications in Sciences and Education in addition to a PhD in Public Health Epidemiology from the University of Queensland, which she completed in 2005.

On behalf of the organisation, I would like to take this opportunity to thank the SCLMA and in particular Dr Di Minuskin for their support and guidance throughout our transition to the PHN Country to Coast.

*Pattie Hudson*

## Caloundra Private Clinic

# New full time psychiatrist commences at Caloundra Private Clinic



## Dr Peter Clark

Dr Peter Clark is an Australian educated and trained doctor, psychiatrist and a Fellow of the Royal Australian and New Zealand College of Psychiatrists. He comes to Caloundra Private Clinic from an extensive public and private clinical background in general adult psychiatry, including clinical leadership roles in tertiary centres, having worked in regional and rural NSW, Victoria, Western Australia and Queensland in both inpatient and community settings. Dr Clark works closely with general practitioners and other mental health clinicians to provide comprehensive and rounded patient care.

Dr Clark has been involved in undergraduate and post-graduate education, training and research, and also has a particular interest in quality assurance and service design and development, including infrastructure design and its fit to delivery of the model of patient care.

Against this broad scope Dr Clark's particular areas of clinical interest and expertise include mood and anxiety disorders, psychosis, dual diagnosis (mental illness comorbid with intellectual disability), substance related disorders and medicolegal matters. Dr Clark also has an interest in men's mental health. He has recently relocated to the Sunshine Coast and looks forward to working with his clinical colleagues in the community.

**Commenced Full Time – appointments now available**

ph: 5492 0221 fax: 5492 0279

**Dr Jon Steinberg** (MBBS FRANZCP) – Medical Director – adult general psychiatry and old age psychiatry. Senior Lecturer at the University of Queensland and Director of the Psychosis Program at New Farm Clinic.  
ph: 5492 0221 fax: 5492 0279

**Dr Andrea Boros Lavack** (MD, FRANZCP) – general adult psychiatry and all psychiatric disorders.  
ph: 5492 0288 fax: 5491 0405

**Dr Wendy Bourke** (MBBS, FRANZCP, Diploma of Psychological Medicine (Qld)) – general adult psychiatry.  
ph: 5492 0221 fax: 5492 0279

**Dr Marion Drennan** (RANZCP) – has a background in general practice and family planning with a long-standing interest in working in Aboriginal communities. Senior lecturer for the University of Queensland. Dr Drennan sees patients aged 18 years and over for a wide range of psychiatric disorders and performs ECT.  
ph: 5492 0221 fax: 5492 0279

**Dr Charis Gauvin** (RANZCP) – has advanced dual certificates in Child & Adolescent psychiatry and psychotherapy and has also undertaken additional studies in Family therapy, infant mental health and Parallel Parent Child Narrative. She has a strong interest in working holistically with young people and their families.  
ph: 5492 0221 fax: 5492 0279

**Dr Mohamed Milad** (MBBS, FRANZCP, MRC PSYCH (UK)) – general adult psychiatry.  
ph: 5444 8066 fax: 5444 8055

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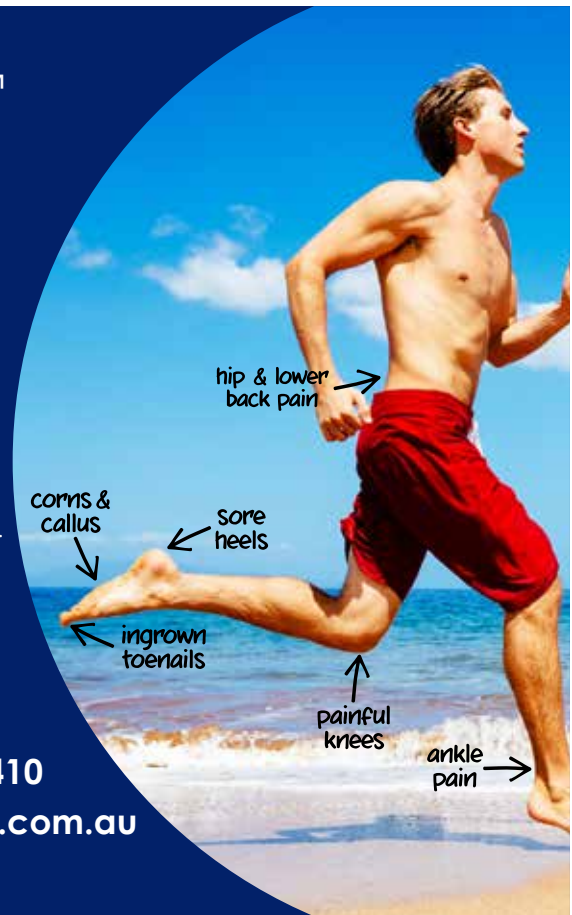
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# Chronic Pancreatitis

**Clinical history:** 52 year old female with right upper quadrant pain. Past history of pancreatitis.



## Findings

Atrophy of pancreatic parenchyma and irregular dilated main pancreatic duct and side branches giving chain-of-lakes appearance. Multiple foci of coarse calcification are seen in pancreas with few intraductal calculi. Decreased pancreatic enhancement during arterial phase with delayed enhancement during portal venous phase.

## Diagnosis

Chronic Pancreatitis.

## Discussion

Chronic pancreatitis is an inflammatory disease characterized by progressive and irreversible structural damage to the pancreas resulting in permanent impairment of both exocrine and endocrine functions. Chronic alcoholism and gall stones are the two most



common causes. ERCP is the gold standard for early chronic pancreatitis, but it is invasive. CT and MRI may be an alternative for patients in whom ERCP is contraindicated or not tolerated. CT and MRI provide noninvasive biliary and pancreatic duct imaging and accurate characterization of pancreatic and peripancreatic pathology.

scradiology.com.au - Aug 2015

REFERENCES  
American Journal of Roentgenology. 2004;183: 1645-1652.  
10.2214/ajr.183.6.01831645

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### Expert Staff committed to Research and Training

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**Dr Andrew Southee**  
MBBS(Hons), MRCP(UK),  
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## Do you want your beneficiaries to pay tax on death?



This strategy is all about increasing the tax free portion of a member's superannuation balance.

Depending on your circumstances and if you meet the condition of release (eg permanent retirement after attaining preservation age 55) you withdraw a lump sum from your Super Fund. Then redirect it back into your super account as a non-concessional component (tax free component). The purpose is to replace the funds from a taxable component to a tax free component. This is best done after the age of 60 when this lump sum is not included in your own taxable income.

So how does this benefit the family?

1. Increase estate planning benefits by maximising the tax free component of a member's superannuation benefits. This results in a significant tax saving for members whose superannuation death benefit will be paid to non-dependant (adult children) for tax purposes.
2. Minimise tax payable on super pension payments for members under age 60. Members who commence an income stream prior to age 60 will have the taxable component of the pension payment taxed at their marginal tax rate (generally with a 15% tax offset applying). In contrast, any tax free component of the pension payment will be received tax free. The re-contribution strategy reduces any tax payable by increasing the tax-free proportion of the income stream.

The best time to carry out this strategy is immediately before an income stream pension is commenced. This is because the tax free and taxable components are fixed at the start. So if an income stream is commenced with 100% tax free components then all future pension payments, lump sum withdrawals and the death benefit paid from the income stream will also be 100% tax free.

This death benefits tax strategy is best explained in an example:

John is 60 and has permanently retired. He has \$400K in superannuation benefits (100% taxable) in accumulation phase which he intends to use to commence an account based pension (ABP). He is widowed and has an adult non-dependent daughter to whom he intends to leave all of his superannuation in the event of his death. Assume John dies 10 years later, leaving behind an ABP valued

at \$500,000. The table below shows the benefit to John's daughter had he cashed out and re-contributed his entire \$400,000 super balance immediately before commencing his ABP.

### CASHOUT RE-CONTRIBUTION VS NO CASHOUT RE-CONTRIBUTION

	No cash out re-contribution	Cash out re-contribution
Gross death benefit	\$500,000	\$500,000
Taxable component	\$500,000	Nil
Tax free component	Nil	\$500,000
Death benefit tax @ 16.5% including Medicare levy	\$82,500	Nil
Net death benefit to daughter	\$427,500	\$500,000

Assumption: the super fund does not pay anti-detriment payment and John has not used any of his non-concessional cap or triggered the bring forward provision in the year he commences the pension. (Source: FirstTech Strategic Update Feb 15).

In this case study, by implementing the cash out and re-contribution strategy John's daughter is able to save \$82,500 of death benefit tax on his ABP when it's paid to his daughter.

Of course no situation is the same and by structuring your superannuation in the most tax effective way will save you and your family tax in the future. It is always best to get some good advice to see if this strategy applies to your personal circumstances.

Good investing

Kirk Jarrott - Partner

Telephone me on 07 5437 9900 if you would like to discuss.

# MEDICAL MOTORING

*with Dr Clive Fraser*

## ***“Extended Warranties - Don’t Bother!”***



In 2007 the US housing bubble burst and precipitated an economic phenomenon that became known as the Global Financial Crisis.

Fearing a recession, the Australian government embarked on a program of economic stimulus in February 2009.

There was the ill-fated Home Insulation Program which caused the death of four installers and many more house fires.

There was also a very generous Small Business Tax Break which gave businesses a 50% tax deduction for assets on top of normal depreciation allowances.

Environmentally, I know I should have gone with the home insulation, but I didn't like the thought of cowboys climbing around in my roof and messing up my wiring.

So I did my bit for the Australian economy and bought a new car.

It was not made in Korea so it didn't come with a five or seven year warranty.

I would be covered for three years which curiously coincides with the parliamentary electoral cycle.

I've never been a fan of extended warranties which are very lucrative for retailers and often are sold with a 100% mark-up.

But that 50% ATO tax deduction persuaded me to spend another \$1500 and I extended my manufacturer warranty by another three years, matching the Koreans.

It's now 2015 and that extended warranty is about to end.

I've had my car closely inspected for oil leaks and broken bushes and have found nothing to repair, other than the radio which has developed a gremlin.

Seems like after 40 minutes the sound starts breaking up and becomes inaudible.

The most affected station has no ads and full coverage of the cricket so this is a problem which just has to be fixed.

At this point I called the insurance company who underwrote the policy and they reassured me that my radio was covered by their warranty and all that I would need to do is take my car to a local dealer.

I would have no problems getting my car repaired, or so I thought.

Trouble began when the dealership service advisor told me that their dealership only honoured their own extended warranty and that all of the services would have to be done at their dealership.

True about their policy, not true about mine.

Next problem was that he wanted me to sign a form charging myself \$130 for them to take a look at my car.

I protested that it was a warranty issue and that I was covered.

There was no retreat on their part.

As a psychiatrist I'm well accustomed to dealing with insightful individuals so I remained calm.

Besides, the problem with the radio was intermittent and it wasn't even misbehaving at the dealership.

The battle lines were drawn over whether I would pay them any money up front, but we called a truce when a more senior service advisor suggested that I should start by replacing the aerial.

The roof mounted antenna was swapped in 60 seconds up the road, but this didn't correct my problem.

I had the presence of mind to collect some tangible evidence by recording the distorted sound on my phone which led to an immediate retreat by the dealership who now without even sitting in my car was offering to replace my radio (\$1300 for parts plus fitting).

They would need to sight my service book (again for the second time) and, oh, I would need to show them every receipt for every service since 2009.

I did remind them that my problem was with the radio and not with the motor or gearbox, but they were insistent as they rightly pointed out that was a condition of my policy which I had not read.

Undaunted, I retrieved every skerrick of information they requested with just the right amount of cockroach poo on each page to prove that they were all originals.

So was the extended warranty exercise worth it?

No way!

PS My car radio sells for \$50 on eBay.

Safe Motoring

Doctor Clive Fraser

doctorclivefraser@hotmail.com







## **SCLMA SOCIAL EVENT OF THE YEAR**

**'CHRISTMAS IN AUGUST 2015**

**PEPPERS RESORT NOOSA**

**WE THANK ALL OUR SPONSORS**

*Without your generosity there would be no social function each year.*

*Special thanks to our Patron Dr Ian Colledge who drove from Caloundra and tackled the resort's 'different' entrance after 7pm.*

*Thanks Ian!*

*Special thanks to Snap Printing for producing the banners.*



*Thanks to everyone who attended! To those who were unable to attend, you missed what is being touted as 'the best one ever' and 'the best venue ever'.*

*The service was excellent and nothing was a problem to the venue functions' staff in particular Jess Corrigan and Lauren (who worked non-stop during the night);*

*The canapés and three course meal were delicious - the beverage package we picked was high quality and plentiful;*

*Santa grows better with age - each year he cleverly embarrasses those who probably expect it!*

*Thanks to Di Minuskin, SCLMA President and Rob Ingham who filled the role of Emcee in the absence of our Meetings Convenor, Scott Masters.*

*Thank you to Carol, my offsider, who not only sourced fantastic raffle prizes but did all the nitty-gritty wrapping and presentation as well as the table centre decorations. Carol took multiple photos which will be uploaded to our re-vamped website over the next week. Indeed a memorable night! Jo.*



## **M7 BAND**

Left to Right:

Andrew Urbahn, Roger Morris, Nathan Kennedy, Ken Kiernan, Michael Ryan, Alister Cook, Mark Bray

(Not in this photo – Shane Harvey).

***Plus on the night .....***

Fabio Brecciaroli (vocals and harmonica)

and Steve Kypraios (vocals)

Fantastic music!

So many up dancing - more than ever before!

## Vancouver – Welcome to the Coastal Canada

Nestled between the beautiful coastal mountains and mesmerizing Pacific Ocean, Vancouver is regularly ranked as World's best tourist destination. Due to its perfect geographical setting, amazing climate and breath-taking scenic beauty, Vancouver makes it as a perfect holiday destination and offers diverse range of activities and entertainment option, suitable for different age groups and choices.

Surrounded by Pacific Ocean on three sides and by the North Shore Mountains on other side, Vancouver offers you everything at one place; skiing in the mountains, wind surfing in the ocean, backpacking and exploring bike trails in the forests; All while walking along the sandy beaches, savoring the spectacular view of snow-capped mountains.

### What Vancouver has in store for you?

- **Beaches & Outdoor Activities** – If your holiday revolves around outdoor activities and relaxing at beach, then Vancouver has plenty of activities to give you adrenaline kick and make you feel alive. The major beaches are Kitsilano beach, Spanish Banks, English Bay Beach and Wreck Beach. The list of activities available is suited according to different tastes & age groups, and includes fishing, hiking & trekking, water sports, golf courses, whale watching.
- **Entertainment** – The people of Vancouver are known for going out, exploring and celebrating life. The city's roster is full of sports events, music concerts and entertainment shows throughout the year. Though Canada is synonymous with Ice-hockey and Vancouver is known by Vancouver Canucks, it promises to keep that sports lover inside you entertained. The city also boasts of exciting night life, complemented with casinos and live music shows.
- **For the Shopaholics** – The cosmopolitan culture of Vancouver has transformed it into one of the world's ultimate shopping destination and offers a diverse range from haute couture boutiques and high end labels to retail outlets offering biggest collection in clothing, artifacts, ceramics, and furniture. The major shopping areas in the city are Burnaby, Chinatown, Granville Street and Yaletown.
- **Exploring Vancouver** – Vancouver is full of delights at every corner, for those who want to touch the soul and experience the life of the city. The major attractions includes Stanley Park, Queen Elizabeth Park in British Columbia, Van Dusen Botanical Garden, Canada Palace, Lynn Canyon Park and North Shore Mountains which are considered as one of best ski destinations in North America.

### What we have planned for you?

*We have developed a detailed itinerary, with an exhaustive list of activities and attractions to visit, suiting every taste for holidays.*

- Visit to English Bay Beach and Spanish Banks to relax, with water washing the feet and Sun bathing the body
- A trip in Pacific ocean for deep sea fishing and whale watching
- Sight-seeing tour to Stanley Park, Van Dusen Botanical Garden and Canada Palace
- A shopping tour to Shopper's Delights - Burnaby and Chinatown, popular for showcasing high fashion clothing and awesome selection of artifacts and ceramics
- No trip to Vancouver is complete without a game of Ice hockey and a visit to late-night sports bar



**Book today and Visit Vancouver to make memories of a lifetime!**

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## Westlake Vineyards – the North Rides Again



dr. plonk

Passionate enthusiastic wine makers keep my interest in wine reviewing as Australian markets continue to be homogenized by the big players. It's comforting to know that a product can be consistent from year to year but it becomes an epiphany when the winemaker conjures up a wine that Bacchus would be smitten by.

Darren Westlake and his wife Suzie Kalleaske share the common philosophy of letting the vineyard and the vintage express themselves. The Kalleaske name resonates amongst 6 generations of wine making in the Barossa. Darren is proud of his convict heritage as it personifies the adage of "having a go" in the face of adversity. Darren is a fitter and turner by trade and worked for Grant Burge as a cellar hand and assistant winemaker. He often welded the odd pipe together.

The Westlake vineyards began being planted in 1999 and are the most Northern vineyards of the Barossa region. The Jaeneshes Block, lightly covered red clay and quartz soils, is in the Moppa sub region and the Higgins Block, thicker red clay, is in Koonunga. The clay ensures that the vine only absorbs water slowly and results in more controlled berry ripening with acids, sugars and flavors being enhanced.

Picking is done with optimal flavor and structure in mind. Whilst the Barossa fruit driven and high alcoholic wines have their place, the most respected wines always have an element of finesse, class and structure. Westlake wines epitomize this and there is truth in Darren's analogy to creating wines akin to the philosophy of Pinot Noir; "An iron fist in a velvet glove."

### ***Wines tasted ....***

#### ***2012 Westlake Eleazar Barossa Shiraz:***

The Eleazar patch is 15 acres of prime producing land in the Jaeneshes Block. The warm 2012 vintage was responsible for massive Barossa Shiraz. Darren and Suzie consciously picked early, putting faith in the structure of the wine. The color is inky dark purple. The nose exudes prunes and dates balanced with licorice and herbal notes.

Some black olive notes add to this heady mix. The palate is well weighted with fine tannins aided by maturation in American and French oak. A complex yet elegant wine that will be around for kids 21<sup>st</sup>.

#### ***2012 Westlake Albert's Block Barossa Shiraz:***

This is fruit from the remainder of the Jaeneshes block. Deep purple color with a bouquet of red currants, violets and herbal notes. A slightly leaner wine compared to the Eleazar, but still exuding quality fruit and structure.

#### ***2013 Westlake Eleazar Barossa Shiraz:***

2013 was a slightly cooler vintage allowing the balance of fruit and acid and tannins to develop harmoniously. Deep purple color. The nose exudes dates and damson plums. Brambly herbal notes with hints of aniseed and tobacco fill out the bouquet. Elegant balance of a voluptuous palate and fine grained tannins. This could be a gold medal winner.

#### ***2013 Westlake Albert's block Barossa Shiraz:***

Purple in color. Slightly restrained aromas of prunes red currants with vanillin oak nuances. A building palate enhanced by tannins and acid that results in a lip smacking wine. All the better for an hour in the decanter.

*Dr Plonk .....*





## A collective roar of GP's moves mountains, here are some recent wins. Is it time to step up and add your voice?



- GP co-payments scrapped
- Reversal of MBS funding cuts
- Saved loss of \$1.3B in MBS funding for GP services
- Vetoed proposed 10-minute time threshold for Level B MBS consultations
- Doubling of PIP Teaching Incentive = an additional \$117M in general practice funding
- Successfully removed 49 PBS item codes from the “authority required” category – involving medicines used to treat cancers, MS and arthritis
- Committed to continue fighting the Government’s unfair freeze on Medicare Indexation
- Overturned previous ruling, confirming time taken by practice nurses in assisting health assessments are recognised
- \$52.4M in funding for rural and regional GP infrastructure grants – a program focused on supporting existing practices
- Initiated the Government review of Medicare Locals proving deficiencies and steering the new Primary Health Networks towards being GP led and ultimately delivering better care to patients
- Gained authorisation from the ACCC for autonomy in GP practice fee setting
- Gained authorisation from the ACCC to collectively bargain on behalf of rural GP's and Visiting Medical Officers (VMO's), ensuring better conditions and improved care for rural patients
- An additional 300 first year GP Registrar training places from January 2015

## Join us and the roar of the AMA Queensland.

Join online now at [amaq.com.au/gppromooffer](http://amaq.com.au/gppromooffer) to activate your free GP Membership

*Terms and Conditions apply*

*See the join form for further information*

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

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

The Sunshine Coast Local Medical Association has Public Liability Insurance

Palliative Care Queensland invites all interested health professionals to join us for an education breakfast with

## ***Dr William Syrmis***

Staff Specialist in Palliative Care, St Vincent's Private Hospital Brisbane

# **Cannabis in Palliative Care what we know and what's happening**

**Tuesday 8th September 2015**

6:45am to 8:15am

Bloomhill Cancer Help

58 Ballinger Road, Buderim

Breakfast: from 6:45am

Presentation: 7:15am - 8:15am

Free to PCQ Members

\$10 (+booking fee) for Non-PCQ Members

RSVP: 4th September 2015

**Dr William Syrmis** is currently Staff Specialist in Palliative Care at St Vincent's Private Hospital Brisbane. He is a general member on the State Council for Palliative Care Queensland, and has a particular interest in Palliative Care education and research.



**PalliativeCare**  
QUEENSLAND

### **BOOKINGS**

<http://tinyurl.com/pjmc7xs>

[palliativecareqld.org.au](http://palliativecareqld.org.au)

[secretariat@palliativecareqld.org.au](mailto:secretariat@palliativecareqld.org.au)



# SCLMA WEBSITE - MEMBER DIRECTORY

[www.sclma.com.au](http://www.sclma.com.au)



## SAMPLE:

	PRACTICE	CONTACT	FAX	EMAIL / WEBSITE
<b>CARDIOLOGY</b>				
Dr John <b>SMITH</b>				
Dr Tom <b>BROWN</b> <i>Interventional</i>				
<b>GENERAL PRACTICE</b>				
Dr Penny <b>SMITH</b> <i>Women's health</i>				
Dr Betty <b>BROWN</b>				

## YOUR DETAILS

Please supply **ONLY** information you give consent to be published  
on the SCLMA website directory (**public domain**)

\_\_\_\_\_  
(Title) (First Name) (Surname)

Name of Practice \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/C \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Specify category for your listing: (e.g. General Practice, Gynaecology, Cardiology, Anaesthetics)

Special Interests: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Post to: PO BOX 549 COTTON TREE 4558 OR FAX TO 5479 3995**

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 25 JUNE 2015  
Ebb Waterfront Dining, Duporth Avenue, Maroochydore  
MINUTES  
(Accepted at Committee meeting 23 July 2015)**

**Attendance:** Drs Di Minuskin, Rob Ingham, Wayne Herdy, Peter Ruscoe, Mason Stevenson, Jenny Grew and Jo Bourke (Observer)

**Apologies:** Drs Scott Phipps, Jeremy Long, Peter Dobson, Kirsten Hoyle, Marcel Knesl, Byron Oram, Scott Masters, Denise Ladwig.

**Minutes of last meeting:** 28 May 2015

The Minutes were accepted as a true and accurate record.  
Moved: Di Minuskin. Seconded: Rob Ingham. Carried.

**Business arising from Minutes.** Nil.

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

A short report this month due to very recent return from travels to Hawaii.

- Attended the 2015 National AMA Conference as an invited guest. Overall, a very good conference.
- There have been concerns about a possible shortfall in the running costs of our new public hospital. Assured at the conference by state treasury that funding will flow, but to check with Kevin Hegarty who is said to have this issue under control.

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

- Rapid Access Medical Unit. Prompt access reported. However, recent change to Unit's phone number highlights problems with effectively communicating such changes to the wider medical community. Discussed various methods such as faxing and emailing the information and use of SCHHS website. Di Minuskin to discuss with Sandra Peters at forthcoming meeting. Other suggestions included publication on the updated SCLMA website and role of PHN in distributing information.
- Poor uptake of National Bowel Cancer Screening Program (NBCSP) noted. GPs should assume central position in the coordination of this screening program. Needs correspondence to federal health minister. Di and Rob to draft letter.

**Secretary's Report:** *Dr Wayne Herdy*

**Correspondence In:** (*tabled Jenny Grew, on behalf of Wayne Herdy*)

- Dr Edward Street AM – Retirement
- Mike Hefferan, USC – re health precinct proposal for SCPUH.

**Correspondence Out:** Nil

**Business arising from Correspondence:**

- Di to arrange meeting with Mike Hefferan.

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

**(a) Accounts to be paid:**

- Australia Post – Account May 2015
- Office National – Account May 2015
- Jo Bourke – Secretariat May 2015
- Jo Bourke – Newsletter June 2015
- Snap Printing – Newsletter June 2015
- Snap Printing – Invites June 2015
- Snap Printing – Christmas in August Invites
- Jo Bourke – Adobe CC subscription May 2015
- C Bourke website updates
- C Hawkins – Assist Secretariat May 2015.

**Moved:** Peter Ruscoe. Seconded: Wayne Herdy. Carried.

**(b) Membership Report.**

- Dr Christine Daly (GP Maroochydore)

**Moved:** Peter Ruscoe. Seconded: Mason Stevenson. Application accepted.

**AMAQ Councillor's Report:** *Dr Wayne Herdy*

- The Federal health minister's signing of the 6th Community Pharmacy Agreement represents a windfall for pharmacists, amounting to a guaranteed 4.54% increase each year for 5 years, while the Medicare patient rebate freeze continues. The pharmacy agreement includes \$600 million for patient support programs, which are yet to be devised. The medical profession must of course fight this, as the proposal is taking money from doctor's budgets and putting patient care into hands that are not medically trained.

**Meetings Convenor Report:** *Dr Scott Masters – Apology.*

- July Clinical meeting to be held at The Lakehouse, Brightwater;
- Christmas in August social function to be held at Outrigger Resort and Spa, Noosa on Saturday 8<sup>th</sup> August.

**Hospital Liaison Report:** *Dr Jeremy Long – Apology.*

**Medicare Local Report:** *Dr Peter Dobson – Apology.*

**General Business:** Nil.

**Meeting Close:** 1900

**Next meeting – Thursday 23 July 2015 - The Lakehouse Restaurant, Brightwater.**

*Dr Jenny Grew, Acting Secretary*



**SCLMA  
RE-VAMPED  
WEBSITE IS NOW  
LIVE!  
CHECK IT OUT!!**



**[www.sclma.com.au](http://www.sclma.com.au)**

*The website remains a 'work in progress' with many innovations planned.*

*If you are already on the Member Directory please check your details  
and notify us of any changes.*

*If you wish to be included (public domain details only) please complete  
a Directory form and either fax or scan and email.*

### **Membership News**

*All receipts have now been sent - if you have not received yours, you may be one  
of the few who did not identify their payment on the bank transfer!*

### **Newsletters**

*If you are receiving your newsletter by post please consider changing to email  
to reduce the ever increasing cost of postage. Please let us know.*



#### **REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

**[www.rdma.org.au](http://www.rdma.org.au) or email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)**

#### **ADVERTISING GUIDELINES:**

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"

# Take Five .....



## ***We've all had trouble with our animals, but I don't think anyone can top this one .....***

Calling in sick to work makes me uncomfortable. No matter how legitimate my excuse, I always get the feeling that my boss thinks I'm lying.

On one recent occasion, I had a valid reason but lied anyway, because the truth was just too darned humiliating. I simply mentioned that I had sustained a head injury, and I hoped I would feel up to coming in the next day. By then, I reasoned, I could think up a doozy to explain the bandage on the top of my head. The accident occurred mainly because I had given in to my wife's wishes to adopt a cute little kitty.

Initially, the new acquisition was no problem.

Then one morning, I was taking my shower after breakfast when I heard my wife, Deb, call out to me from the kitchen.

'Honey! The garbage disposal is dead again. Please come reset it..' 'You know where the button is,' I protested through the shower pitter-patter and steam. 'Reset it yourself!'

'But I'm scared!' she persisted. 'What if it starts going and sucks me in?' There was a meaningful pause and then, 'C'mon, it'll only take you a second..'

So out I came, dripping wet and naked, hoping that my silent outraged nudity would make a statement about how I perceived her behaviour as extremely cowardly.

Sighing loudly, I squatted down and stuck my head under the sink to find the button. It is the last action I remember performing.

It struck without warning, and without any respect to my circumstances. No, it wasn't the hexed disposal, drawing me into its gnashing metal teeth.. It was our new kitty, who discovered the fascinating dangling objects she spied hanging between my legs. She had been poised around the corner and stalked me as I reached under the sink. And, at the precise moment when I was most vulnerable, she leapt at the toys I unwittingly offered and snagged them with her needle-like claws. I lost all rational thought to control orderly bodily movements, blindly rising at a violent rate of speed, with the full weight of a kitten hanging from my masculine region.

Wild animals are sometimes faced with a 'fight or flight' syndrome. Men, in this predicament, choose only the 'flight' option. I know this from experience. I was fleeing straight up into the air when the sink and cabinet bluntly and forcefully impeded my ascent.

The impact knocked me out cold. When I awoke, my wife and the paramedics stood over me.

Now there are not many things in this life worse than finding oneself lying on the kitchen floor naked in front of a group of 'been-there, done-that' paramedics.

Even worse, having been fully briefed by my wife, the paramedics were all snorting loudly as they tried to conduct their work, all the while trying to suppress their hysterical laughter.....and not succeeding.

Somehow I lived through it all. A few days later I finally made it back in to the office, where colleagues tried to coax an explanation out of me about my head injury. I kept silent, claiming it was too painful to talk about, which it was.

'What's the matter?' They all asked, 'Cat got your tongue?'

If they only knew! Why is it that only the women laugh at this?

## ***Lawyer Story of the Year, Decade and possibly the Century!***

This took place in Charlotte, North Carolina.

A lawyer purchased a box of very rare and expensive cigars, then insured them against, among other things, fire.

Within a month, having smoked his entire stockpile of these great cigars, the lawyer filed a claim against the insurance company.

In his claim, the lawyer stated the cigars were lost 'in a series of small fires.'

The insurance company refused to pay, citing the obvious reason, that the man had consumed the cigars in the normal fashion.

The lawyer sued - and WON! (Stay with me.)

Delivering the ruling, the judge agreed with the insurance company that the claim was frivolous.

The judge stated nevertheless, that the lawyer held a policy from the company, in which it had warranted that the cigars were insurable and also guaranteed that it would insure them against fire, without defining what is considered to be unacceptable 'fire' and was obligated to pay the claim.

Rather than endure lengthy and costly appeal process, the insurance company accepted the ruling and paid \$15,000 to the lawyer for his loss of the cigars that perished

## ***Now for the best part ....***

After the lawyer cashed the cheque, the insurance company had him arrested on 24 counts of ARSON!!! With his own insurance claim and testimony from the previous case being used against him, the lawyer was convicted of intentionally burning his insured property and was sentenced to 24 months in jail and a \$24,000 fine.

This true story won First Place in last year's Criminal Lawyers Award contest.

Some years ago, there was a Mensa convention in San Francisco. Mensa, as you know, is a national organization for people who have an IQ of 140 or higher.

Several of the Mensa members went out for lunch at a local cafe. When they sat down, one of them discovered that their salt shaker contained pepper, and their pepper shaker was full of salt. How could they swap the contents of the two bottles without spilling any, and using only the implements at hand? Clearly -- this was a job for Mensa minds.

The group debated the problem and presented ideas and finally, came up with a brilliant solution involving a napkin, a straw, and an empty saucer.

They called the waitress over, ready to dazzle her with their solution.

"Ma'am," they said, "we couldn't help but notice that the pepper shaker contains salt and the salt shaker --"

But before they could finish,..... the waitress interrupted. "Oh -- sorry about that."

She leaned over the table, unscrewed the caps of both bottles and switched them.

There was dead silence at the Mensa table.



# CLASSIFIEDS

## ADVISORY - ENT LOCUMS

I wish to advise I will be away for the better part of Sept and greater part of October but I am pleased to report I have been lucky enough to secure two locums.

In my absence initially Diana Kirke an old graduate of the Nambour General surgical alumni from 2009 who has recently completed her ENT surgical training in Adelaide. Diana is due to take up a Head and Neck Surgical Fellowship in Boston later in the year.

Following Diana's few weeks in the practice Professor Paul Fagan will be performing a two week locum. Professor Fagan has recently retired following a long and distinguished otologic career in Sydney. Paul is Australia's most celebrated and venerated otologic surgeon and recent past president of the World Society of Skull Base Surgery.

I am delighted to have Paul in the practice for a few weeks as he has always been one of my great mentors particularly during the early part of my training. Should you have any difficult otologic queries in regard to any of your patients I can think of no one better in this country to review the patient and give a subspecialist otologic opinion.

I will be returning to the practice on 26th October and my rooms will be open to patients in my absence for most of that time.

Yours sincerely  
Kevin Feely  
August 2015

## GP OPPORTUNITIES - JOIN OUR GROWING PRACTICE!!

Suncoast Christian Health Centre is a rapidly expanding 7-Day general practice in Buderim, with long-term and established GP's for regular and growing clientele.

- Our newly renovated practice boasts the latest in diagnostic equipment, including Molemax Pro for skin.
- Open from 8am till 8pm with full RN support every hour. QML onsite. X-Ray 50 metre walk.
- Spacious clinical rooms and generous treatment room, separate nursing offices, and admin offices upstairs.
- We welcome more GPs - weekday, weekend, and evening shifts are all available - we will tailor a package to suit your needs.

Call Shanti Herbert, Practice owner, direct **0418 714 864**  
August 2015

## NAMBOUR CLINIC FAMILY MEDICINE – SEEKING PART TIME GENERAL PRACTITIONER

- Well established, fully accredited GP owned family practices at Nambour, Woombye and Palmwoods.
- Fully computerised and modern medical centres.
- Excellent peer support and friendly staff.
- Fully equipped treatment rooms with full time nursing support.
- Spacious consulting rooms with windows
- Mixed billing
- Check out our website at [www.nambourclinic.com.au](http://www.nambourclinic.com.au).
- No DWS

For further information contact Rowena on 075441 1455, 0412 292 666 or email [admin@nambourclinic.com.au](mailto:admin@nambourclinic.com.au)  
August 2015

## COOLUM VRGP REQUIRED

VRGP Coolum with or without view to join busy Medical Centre. Doctors wishing to retire in 2 years and only work part time til then.

- All systems in place. Premises with 3 consulting rooms, 2 dressing rooms, central, modern and nurse support.
- Work, buy or partnership considered.

Please phone PM: Sharon 0408 341 150 or email: [sharon.coolum@gmail.com](mailto:sharon.coolum@gmail.com)  
August 2015

## FEMALE VR GP REQUIRED

- For a not for profit Women's Clinic in Mooloolaba offering family planning type services.
- Hourly rate, work at your own pace.
- Fully computerised using BP software.
- Full time nurse support. Work days and hours flexible. No weekend or after hours.
- The opportunity also exists to be involved in decision making and goal setting for the clinic. The practice has DWS approval.

For more information contact Practice Manager, Wendy Stephenson, on [womenshealthcare@bigpond.com](mailto:womenshealthcare@bigpond.com) or Ph: 0416 938 040 or 5444 8077  
July 2015

## DR LYDIA PITCHER

Paediatric Haematologist / Clinical Haematologist

Welcoming new patients at Sunshine Coast Haematology and Oncology Clinic 10 King Street, Buderim

Dr Pitcher is a paediatric haematologist, with dual fellowships in paediatrics and pathology (haematology), and extensive clinical and laboratory experience in blood disorders in children and young adults.

To arrange an appointment, or make enquiries,  
Phone : 5479 0000 Email [reception@schoc.com](mailto:reception@schoc.com)  
July 2015

## GP OPPORTUNITY

- General Practitioner wanted to join our friendly team at Better Health on Buderim on the beautiful Sunshine Coast.
- A choice of sessions are available mornings and afternoons Wednesdays, Thursdays and Fridays, and in the afternoon Mondays and Tuesdays. There is a rotating roster for Saturday mornings.
- We offer a CDM nurse, full nursing support and a fully equipped treatment room.
- The practice is accredited and fully computerised using Best Practice. We are a mixed billing practice. Our current consult 23 fee is \$75.90 with the practice charging a 35% management fee.

For further information please call Nicola on (07) 5456 1600 or email [pm@betterhealthonbuderim.com.au](mailto:pm@betterhealthonbuderim.com.au)  
July 2015

## GP OPPORTUNITY - BRAND NEW PRACTICE IN NAMBOUR

Dr Wayne Herdy has moved from Ann St Family Medicine, Nambour to Maud Street Medical Centre, 7/1 Maud Street, Nambour (next door to Centrelink and Medibank).

Hours and financial arrangements flexible.  
Contact Kelly Howard, practice manager:

**Ph: 5491 5666.**  
June 2015

## CHANGE OF ADDRESS - DR ANDREW SOUTHEE

After 20 years at Sunshine Coast Private Hospital rooms Northcoast Nuclear Medicine has moved to:

Shop 5, 12 King Street, Buderim (co-located with QDI) Noosaville rooms have also relocated to: Noosa Hospital, 111 Goodchap Street, Noosaville (co-located with QDI)

Contact details remain the same:

**All Bookings: Ph: 5478 2037**  
**Fax Referrals to: 5444 7816**  
June 2015

*Classifieds remain FREE*

*for current SCLMA members.*

*\$110 for non-members*

*Ph: 5479 3979. Mobile: 0407 037 112.*

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

*Classifieds remain on the list for 3months.*

## SCLMA CLINICAL MEETING - 23 JULY 2015

The Lakehouse Sunshine Coast, Mountain Creek

Dr Ken Maguire - *'The Dreaded Hammy, not just a Clark problem'*

Dr Clint Herd, Rheumatologist - *'Low Vision & Blindness - How Vision Australia can help'*

Sponsors: Abbvie and Janssen



Dr Clint Herd with Vision Australia speakers  
Kerri Grice and Trina Christie



Jodi Curtis (Janssen) Rebecca Wrobel (Abbvie)  
Presenter Dr Ken Maguire and Katy Lang (Abbvie)



Dr Brain Smith with Dr Valerie Taylor



Dr Marlene Clout with Dr Trish Pease



First time at this venue

The Lakehouse  
Brightwater  
welcomed  
the SCLMA

Comments were very  
favourable

