



SCLMA President's Message

Dr Di Minuskin

We are no closer this month to knowing what the picture of primary care will look like after the 1st of July 2015. And indeed the picture of public health in Queensland is hard to paint, knowing that federal funds flowing to the Queensland Health budget will be significantly reduced in 2017. Some creative accounting may well be required if we are to see Sunshine Coast University Hospital operating at full capacity. Since our last newsletter, I have had the opportunity to meet with Queensland Director General of Health, to discuss the impact of the proposed federal budget on health services on the Sunshine Coast. It seems that not a week goes by when we are not called upon to go into battle for programs that improve patient outcomes, or for our own working conditions. Wouldn't it be wonderful if we could focus on the jobs we were trained to do, without wondering where the goal posts will be placed next.

What is very difficult to deal with, are the often bizarre requirements and copious amounts of red tape that are entwined in dealings with government offices. A classic example this week involved a family in my practice who had moved to Australia from New Zealand many years ago. Their son, now adult age, had been educated in Australia and a patient of mine for many years. He suffers from an intellectual disability that was documented in my notes as well as academic testing through the school. The family had decided to apply for Australian citizenship, but it was clear that this young man would not be able to sit the required written test. It turns out that a certificate from the family doctor and documentation from the school, was not good enough for the Department of Immigration. They require a certificate from a psychologist, with significant cost to the family, who will see him on a single occasion, to excuse him from the test!

We are hoping that general practice has dodged a bullet that was fired in our direction last week. An announcement was made that the time spent by practice nurses doing health assessments could not be taken into consideration when billing this item. This was contrary to advice previously given by Medicare. There resulted an outcry, not only from GPs but also practice nurses, as such a move would certainly have been a threat to the viability of their employment. There seems to have been a softening of this stance as Medicare has now stated that it is "business as usual". However the description of this item remains vague, and wording such as "suitably trained medical professionals may assist the medical practitioner" does

little to clarify the situation. It seems of late, that primary care has been under attack on multiple fronts despite the overwhelming evidence that quality care at this level delivers both improved health outcomes, and a financial benefit to the health budget.



Let's hope the family GP, providing cradle to grave care, does not find a spot on the endangered species list. I would like to acknowledge the fact that the quality of the care provided, is enhanced by the access GPs have to our specialist colleagues, both in the public and private sector. I think the Sunshine Coast is fortunate to have such an experienced group of specialists, happy to take calls from GPs regarding patient care. I would like to thank them all for being so generous with their time and knowledge.

I am glad to see that doctors have kept their sense of humour. Advice has come out of the USA {where else!}, that doctors should not shake hands with patients and colleagues, so as to avoid spreading infections. The obvious flaw in this advice is that, sooner or later we do need to touch our patients to examine them. Soap and water remains the gold standard I would think. This advice prompted the Australian Doctor magazine to survey its readers for an alternative greeting. A wave, bow or namaste polled highly, whilst a wink or French air kiss gained little support for obvious reasons. However, the gesture that scored most votes was the "Vulcan Salute". And with that image in mind, I bid you farewell for another month.

Live Long and Prosper

Di Minuskin

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



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CONTACTS:

President and	Dr Di Minuskin Ph: 5491 2911
Vice President:	Dr Rob Ingham Ph: 5443 3768
Secretary: & AMAQ Councillor	Dr Wayne Herdy Ph: 5476 0111
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
Meetings Convenor:	Dr Scott Masters Ph: 5491 1144
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
FHN Rep:	Dr Scott Phipps Ph: 5494 2131
Committee:	Dr Kirsten Hoyle Dr Denise Ladwig Dr Byron Oram Dr Mason Stevenson Dr Nigel Sommerfeld

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

Jo Bourke (Secretariat)

Ph: 5479 3979

Mob: 0407 037 112

Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558

Email: jobo@squirrel.com.au

Fax: 5479 3995

Newsletter Editor:

Email: Dr Marcel Knesl

mknesl@oceaniaoncology.com

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**AUGUST 2014
NEWSLETTER**
Deadline Date for
the AUGUST 2014
newsletter will be
**FRIDAY 15th
AUGUST.**

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

Mobile: 0407 037 112

Email: jobo@squirrel.com.au

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 available on the website:

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

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

Directory form available on the website.





Editors Column- July 2014

Well it is official, Germany are the 2014 FIFA world champions. First Brazil and then Argentina fell to the Germans. The final was executed in the last 30 minutes of extra time.

Maybe it is all in the sauerkraut. That eastern European staple of dry salted and fermented cabbage. The secret dietary weapon of the German football team.

The French have created a most brilliant dish that rivals the inspired cassoulet or bouillabaisse from Marseille. Choucroute garnie, a dish which will feed many and is a true celebration of winter. It is a dish which celebrates sauerkraut, Lyonnaise sausage, bratwurst and pork belly.

GP \$7 co-payments enter our thoughts again this month. On a more concerning note is the Medibank Private scheme which is underway with 23 clinics in Queensland, which guarantee its policyholders a same day appointment if they call before 10am and agree not to charge any out-of-pocket costs?

Harley Davidson that 2 wheel midlife crisis. Clive in motoring this month moves from 4 wheels to 2.

See the latest photos from the Sunshine Coast Public University Hospital. It is all cranes up and here she goes.

Travel and good wine continue to fill our pages so read on and enjoy. In the meantime we will keep an eye on Clive Palmer. Or at least ask if he could offer Choucroute garnie at the Captains table.

Regards

Marcel Knesl

mknesl@oceaniaoncology.com

HIGHLIGHTS:

P 4-5:	Kevin Hegarty - Health Service Link
P 7:	Dr Shaun Rudd - AMAQ President
P 8-9:	Dr Wayne Herdy - AMAQ Councillor
P 13:	Case Study - Sunshine Coast Radiology
P 16-17:	Motoring - Dr Clive Fraser
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P 26-27:	Minutes AGM 2013
P 31:	Classifieds

SCLMA CLINICAL MEETINGS **6.30pm for 7pm (over by 9pm)**

THURSDAY 28 AUGUST 2014

Topic: 'Preventing Cervical Cancer'

Speakers: Dr Jenny Grew
Dr Kelvin Larwood
Dr Karien Treurnicht

Sponsor: QML Pathology
Venue: Maroochy Shore Surf Club
(Includes Annual General Meeting)

THURSDAY 25 SEPTEMBER 2014

Sponsor: Sullivan Nicolaides Pathology
Speaker: Dr Jerome Lai (To be confirmed)
Also Sponsor: Meda Pharmaceuticals
All details: To be confirmed
Venue: Maroochy Shore Surf Club

THURSDAY 23 OCTOBER 2014

Sponsor: Sunshine Vascular Imaging
Speaker: Dr Karl Schulze
Venue: Ebb Waterfront Restaurant

THURSDAY 27 NOVEMBER 2014

Speakers: Dr Brenda Heyworth
Dr Erica Baer
Sponsor: The Property Clinic
Venue: Maroochy Shore 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. (\$50 for Ebb)**
- **Application forms available on night.**
- **Membership forms also available on the website: www.sclma.com.au**

Health Service Link – July 2014

For a total change from the topics usually covered in my column this month, I am keen to share with you the actual physical progress that has been made in the construction of Sunshine Coast Public University Hospital (SCPUH).



Whilst an indication of this is easily gained when travelling near the site, particularly the impact of the ten large cranes on site, a true appreciation of the progress made can only be gained by a bird's eye view. The aerial photos below that were taken in late June certainly provide a comprehensive view of just how advanced construction is.



Sunshine Coast Public University Hospital (SCPUH) – construction progress

Main Hospital Building

Concrete pours to the first floor are approximately 85% complete, approximately 22% of the second floor slabs have been poured and the third floor pours will commence before the end of July. The façade on the ground floor of the main hospital building has also commenced.

On site activities

- The Facility Management Centre (engineering hub and support services) Level 1 slab is complete.
- Footings for the Skills, Academic and Research Centre Hub and Auditorium are now nearing completion.

Car park 1

Construction of the second multi-storey, eight level car park 'P1' has progressed considerably with approximately 25% of the ground floor slab poured. The tenth (and last crane) for the construction site has been installed to service P1. The car park will provide over 2,760 parking bays and will open in line with the opening of the hospital at the end of 2016.

Site infrastructure

All stormwater must be managed on-site and within existing external stormwater infrastructure. The site, and critical infrastructure, has been developed to remain functional in the scenario of a "one in 500 year" flood. SCPUH has a "post-disaster" function, and has been designed to ensure it can operate as an "island" for a minimum of 48 hours.



The actual building of the hospital has always been an activity we knew would advance following the signing of the contract with Exemplar. Our biggest challenge is what I have discussed in previous columns, i.e. the completion of the detailed planning and model of care for the services that will be provided at SCPUH, together with the transformation of the Hospital and Health Service to that of a tertiary level service provider.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au

The latest aerial photo(s) supplied by Lend Lease Building provide an update of the construction progress at the Sunshine Coast Public University Hospital site.



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AMA QUEENSLAND PRESIDENT'S REPORT

Dr Shaun Rudd

Dear members,

Many years ago I joined the BMA and then, when I moved to Australia, the AMA. I joined AMA Queensland because I believed in its advocacy work on behalf of registered medical practitioners and medical students. In my time as a member, I have seen this advocacy in action as AMA Queensland has continued to promote and protect the professional interests of doctors and the healthcare needs of their patients and communities.

Now, as I begin my presidential term, I look forward to working with members, Government, and the public to support the profession and improve the health of Queenslanders.

As a general practitioner, I am aware of the negative health impacts sedentary lifestyles have on many of my patients. It is with this in mind that I have chosen to focus on lifelong exercise as a key public platform as I am passionate about the immediate and long-term physical and mental health benefits.

Another priority of mine is end-of-life care. As medical practitioners, we have a responsibility to ensure our patients have a good death as well as a good life. We need to change the attitude that ceasing treatment is a failure; rather, it is sometimes the best option to allow our patients to have a comfortable and dignified death.

To provide these patients with the best quality care, we need to support our members at all stages of their careers.

Medical students and doctors-in-training are a vital membership group. They are ultimately the future of the profession and I'm mindful of their unique concerns and interests.

This year, we have a great Council of Doctors-in-Training (CDT) that will work to ensure junior doctors and medical students are provided with training resources, professional development opportunities, and events tailored to their interests. CDT is currently working on a number of measures to support members early in their careers, such as our inaugural Junior Doctor Conference that will take place in late June.

In addition to supporting professional development initiatives, we will continue to advocate on behalf of members.

At a Federal and State level, AMA and AMA Queensland have been outspoken about the flaws in the proposed co-payment model. We are working with stakeholders to push for a better system that protects the rights of patients.

Currently, we are collecting feedback from members on how they would be affected by the proposed model. We will use the results of a short survey, distributed to GPs, Pathologists and Radiologists, to guide our advocacy work going forward.

These tasks will not be easy, but I am lucky to be supported by a committed and capable Council. We are all passionate about supporting the profession and I am confident in what we will achieve.

Sincerely,

Dr Shaun Rudd

President

AMA Queensland



AMAQ COUNCILLOR'S REPORT

Dr Wayne Herdy

A STORM IN A TEACUP – OR A GREATER STORM LOOMING?

The collective Australian GP heart was set aflutter a week or two ago when Medicare sent out a message to practices stating that the well-established practice of charging for nurses' time for developing Extended Primary Care items was not legal.

All GP practices had formed a business model based on previous advice that we could charge for nurses' time for these items. This has always been an anomaly, that we could charge for something other than our own face-to-face time, but we all understood that was an intentional anomaly.



Suddenly, our business models were destroyed. Hundreds or thousands of practice nurses were suddenly unemployed. GP's were navel-gazing about the cost-effectiveness of continuing to perform EPC items under the new rules. We were worried about having to repay substantial amounts of Medicare money wrongly claimed.

Within a week, Medicare had issued a corrective statement, which SEEMS to restore the status quo, but the wording is vague. We have yet to be reassured that the old rules still apply. At the time of writing, the ruling remains unclear, but we expect that the old rules apply. At least for the time being. So, was it all a mistake, a storm in a teacup, and will it all go away?

The short answer to that question is that we don't know. MY feeling is that the government is going to come back with a revised statement that has stronger legal backing, and that we are NOT going to be able to charge for our nurses' time. My main reasons for believing that are (a) it is inconsistent with the rest of the Schedule that attendance items can be charged for anything less than persona face-to-face time, and (b) I have a strong belief that the government and its adherence to its wavering Budget policies are intent on screwing down Medicare funding as far as possible.

My readers need to understand a little about the basics of how laws are made. Introductory Law 101 teaches that laws come from three sources:

- (a) Parliament can make any law that the Constitution permits, which really means any law that the government of the day thinks it can get away with before the next election. But statutes are decided by a lengthy and tedious process and usually take a long time to get policy translated into a new law.
- (b) Courts INTERPRET those Parliamentary laws (statutes), but if there is no statute then the Courts can invent the law – this is what is known as the “common law” and is fairly predictable because Courts are bound by the precedent of what other Courts have decided in previous similar cases.

- (c) Then there are “Regulations”. Regulations are rules that are attached to statutes, and they can be changed very quickly, literally overnight. Statutes, and especially Regulations, are subject to the whim and opinion of interpretation of bureaucrats. The Commissioner for Taxation is forever handing down “determinations” which have the same legal effect as Regulations, except that they are the personal opinion of a bureaucrat which have the effect of law until a Court strikes them down as illegal.

What appears to have happened with the EPC ruling on practice nurses was a decision by some Canberra bureaucrat who decided that the rules under which we were practising were wrong. I don't know if anybody has yet identified which person was responsible for that decision. At this stage, Medicare is appearing to accept that the individual acted hastily and the “determination” has been set aside – at least for the time being.

My problem for my readers today is that an awful lot of what we do with Medicare billing is based on capricious determinations and Regulations and is not necessarily set in stone in Parliament-made statute, the interpretation of which has been confirmed by a hearing in a superior Court. If you still have a copy of the Medical Benefits Schedule, you can see that the first 110-odd pages are devoted to interpretation. Most of that interpretation has a very flimsy basis in real law. That means that anything that is not unequivocally spelled out in the legislation can be changed by the flick of an SMS message to our practice managers, just as happened with the billing for nurses' time for EPC items.

We have already seen that general practice is under attack on many sides from changing Medicare provisions. We have seen that every aspect of medical expenditure in the country was placed under a microscope (sorry, wrong type of lens – I should have said “cross-hairs”) in the Budget process. I cannot help but feel that the decree about practice nurses was NOT a mistake, but a deliberate experiment to identify how strongly the medical profession would respond to law-changing by “determination”. Some practices make a lot of money from EPC items, but for most GP's it represents a small proportion of their cash flows. I think the government was not expecting that many GP's would respond negatively to the change of rules, and was taken by surprise by the ferocity of the response from GP representatives including the AMA.

Having had this little experience – if it was a deliberate experiment – the government is going to be sure it has stronger legislative footing before it makes its next move. And, pardon my paranoia, I think that we are going to see a number of similar moves to reduce Medicare funding as far as it can be trimmed until the Parliament passes into law as much of the Budget proposals as Clive Palmer and his PUP are prepared to accept.

The opinions expressed herein remain, as always, those of your correspondent.
Wayne Herdy

STOP PRESS!

A great night was had by all last evening at the SCLMA Christmas in July. Good food and wine, and the band M7 had us up and dancing to songs we all knew. Santa came along, having checked his list, with a bag of presents. It was a wonderful evening, and I think everyone enjoyed the chance to catch up with friends. I am hoping that there will be some photos to publish in the next newsletter.

Watch out for these!

GPLO UPDATE - JULY 2014

Dr Sandra Peters - GPLO Sunshine Coast Hospital & Health Service

Dr Zoltan Bourne GPLO Sunshine Coast Medicare Local

Lisa Edward GP Liaiso Support Officer Sunshine Coast Medicare Local

The General Practitioner Liaison Officer (GPLO) team employed at the Sunshine Coast Medicare Local (SCML) and Sunshine Coast Hospital and Health Service (SCHHS) have been working towards the provision of integrated care; care that crosses the boundaries between primary, community, hospital and social care. Integration of health care services typically relates to: the management and delivery of health services so that people receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.

There is no single best practice model of integrated care that exists. What matters most is clinical and service-level integration focuses on how care can be better provided around the needs of individuals, especially where this care is being given by a number of different professionals and organisations. Pathways are an outline for the anticipated course of treatment which is planned in advance, with the patient and multidisciplinary team to: develop partnerships, reduce variation in processes and quality of care, and empower patients. The evidence is unequivocal, integrated care pathways impact positively on professional practice, patient outcomes and hospital costs.

The GPLO team has undertaken extensive research into the integration of health services for their population through the use of web-based models of integrated care pathways. These models improve access to comprehensive, evidence-based guidance, and clinical decision support at the point of care. These localised pathways or maps include information and tools to assist clinicians to navigate seamless care across complex primary, community and acute care systems. Healthcare leaders endorse the promotion and facilitation of a seamless patient journey through effective care planning, service availability and provision across the continuum of care. Integrated care pathways are fundamental to achieving this vision.

Dr Sandra Peters GPLO: Ph: 5470 6541 Email: Sandra.Peters@health.qld.gov.au

Dr Zoltan Bourne Ph: 5456 8100



Christmas in July - lots of positive comments!

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GP Education



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What is discovered when your patients are looked after at Noosa Hospital ? Please join four of our General Physicians as they present some unusual and challenging 'real life' case studies; what to look out for, warning signs, the value of the team approach. A 'not to be missed' night of collegiate Q&A.



Program

6.30pm Registration & dinner

7.00pm Welcome & introduction

7.05pm Presentation & small group discussion:

When medical devices can be harmful to your patient,

Dr Jorge do Campo, *General Physician*

Evaluation of myocardial ischaemia: a non cardiologist's perspective,

Dr Simon Hawkins, *General Physician*

The paradoxical antibody, Dr David Henshaw, *General Physician*

When heart failure is not just heart failure, Dr Wilfrid Newman, *General Physician*

9.00pm Evaluation & Close

When: Wednesday, 6 August 2014

Where: South Pacific Resort, 179 Weyba Road, Noosaville 4566, Qld

RSVP: Friday, 1 August 2014

Approved 4 QI&CPD Category 2 points

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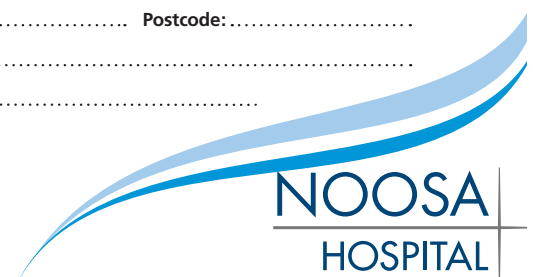
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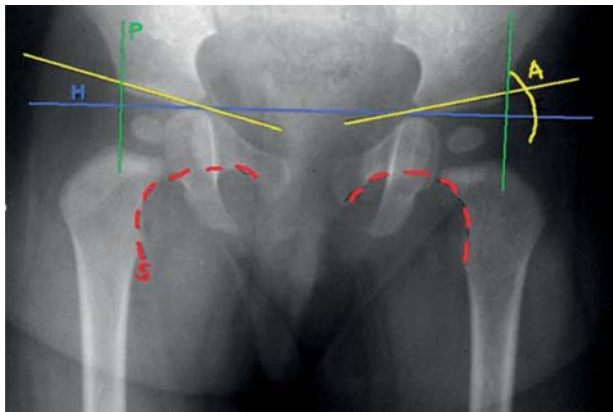
Developmental Dysplasia of the Hip

Findings

The capital femoral epiphyses are asymmetrically ossified, with the left femoral head ossification centre moderately small relative to the right. The left acetabulum is hypoplastic and dysmorphic, with an abnormal acetabular angle (40 degrees). The left femoral head is completely uncovered and superolaterally displaced with the ossification centre lying at least 10 mm from the lateral acetabular margin. Shenton's line is interrupted on the left.

Diagnosis

Findings in keeping with developmental dysplasia of the left hip.



Discussion

DDH is usually suspected in the early neonatal period due to the widespread adoption of clinical examination (including Ortolani test, Barlow maneuvers). The diagnosis is then usually confirmed with ultrasound.

Ultrasound

Ultrasound is the test of choice in the infant (< 6 months) as the proximal femoral epiphysis has not yet significantly ossified.

Additionally it has the advantage of being a real time dynamic examination allowing the stability of the hip to be assessed with stress views. A number of values



are used to 'objectively' assess morphology.

Alpha angle

Angle formed by the acetabular roof to the vertical cortex of the ilium. This is a similar measurement as that of the acetabular angle. The normal value is greater than or equal to 60 degrees.

Beta angle

Angle formed between the vertical cortex of the ilium and the triangular labral fibrocartilage (echogenic triangle). The normal value is less than 77 degrees, but is only useful in assessing immature hips when combined with the alpha angle.

Bony coverage

The percentage of the femoral epiphysis covered by the acetabular roof. A value of greater than 58% is considered normal.

X-RAY

The key to plain film assessment is looking for symmetry and defining the relationship of the proximal femur to the developing pelvis. The ossification of the superior femoral epiphyses should be symmetric. Delay of ossification is a sign of DDH.

Hilgenreiner's line (H)

Hilgenreiner's line is drawn horizontally through the superior aspect of both triradiate cartilages. It should be horizontal, but is mainly used as a reference for Perkin's line and measurement of the acetabular angle.

Perkin's line (P)

Perkin's line is drawn perpendicular to Hilgenreiner's line, intersecting the lateral most aspect of the acetabular roof. The upper femoral epiphysis should be seen in the inferomedial quadrant (i.e. below Hilgenreiner's line, and medial to Perkin's line).

Acetabular angle (A)

The acetabular angle is formed by the intersection between a line drawn tangential to the acetabular roof and Hilgenreiner's line, forming an acute angle. It should be approximately 30 degrees at birth and progressively reduce with maturation of the joint.

Shenton's line (S)

Shenton's line is drawn along the inferior border of the superior pubic ramus and should continue laterally along the inferomedial aspect of the proximal femur as a smooth line. If there is superolateral migration of the proximal femur due to DDH then this line will be discontinuous.

Treatment and prognosis

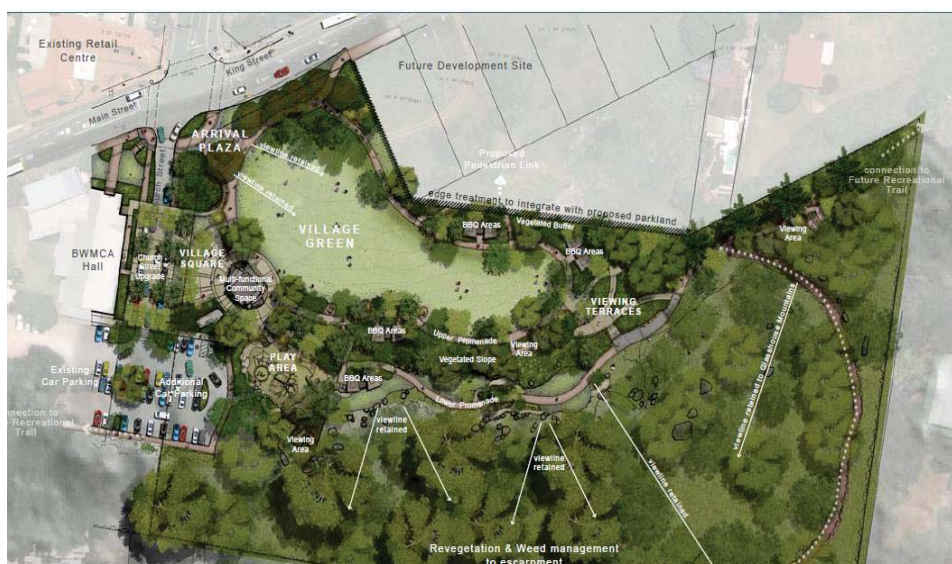
- Pavlik harness - usually for younger patients (< 6 months of age)
- closed reduction - usually for older patients
- open reduction - much older patient or if closed reduction not successful



... ANNOUNCES NEW LOCATION !

After 16 years at 32 Second Avenue Maroochydore, the Sunshine Coast Haematology & Oncology Clinic have acquired a new location on King Street, Buderim, behind the well known Coffee Club and next to the Buderim Village Green.

Set for opening in October this year, Montserrat CEO Ben Korst, said the new location had sweeping views of the Sunshine Coast, Moreton Bay and was located next to the newly upgraded Buderim Village Green. With patients being the central focus of our philosophy, we needed to find an environment that offered not only ease of access, but a location that complimented their treatment. With all patient chairs now having views of the coastline and village green, we believe we have achieved this.



Patients will now have twice the footprint, free parking, our famous food, access to modern amenities such as wi-fi, as well as a dedicated patient information room and library. With onsite blood collection and Bone Marrow Aspiration clinic being provided by QML, patients will now have one central location for all of their needs. The new clinic will retain the 'wellness' philosophy of SCHOC and

all staff and doctors will now provide both consultations and treatments from this location.

With the base building now completed, a 3 to 4 month project is underway on fitting out the new 12 Chair / 2 Bed integrated Haematology & Oncology Clinic. Current Oncologists and Haematologists Dr Reardon, Dr Shue and Dr Shavaksha, our McGrath Foundation Breast Care Nurse, as well as new Doctors and allied health professionals will be joining us at the new site in the coming months.



The official opening is expected to be around November this year. For further information contact the Sunshine Coast Haematology and Oncology Clinic Business Manager, Gayle Dowsett at the clinic on 07 5479 0000. There isn't expected to be any disruption to patient treatment during the transition to the new site. www.schoc.com.au

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Today we are bombarded with direct insurance advertisements on TV and social media. Companies such as Real Insurance, Choosi, Suncorp and the most recent one Coles Insurance all claim to be the cheapest and easiest to apply. Coles even has a "Price Beat Guarantee" stamp on their Life insurance so it must be the cheapest right? Wrong.

Firstly, let's look at the price of these policies compared to a normal retail policy which can be offered through an insurance adviser. I am 30 years old, non-smoker and want \$1MIL Life cover. Coles Life insurance will cost me \$66.93 per month which includes their 20% discount if I am a frequent flyer member and Suncorp will cost me \$81.98 per month for the same cover. If I apply with Suncorp I get a \$50 gift card and 10% back on my premium every 3 years. When I compare this to a retail insurance policy with Asteron, \$1MIL of Life cover will only cost me \$45.87 per month. This is a premium saving of over 45% compared to Coles and a 70% premium saving compared to Suncorp, even though Suncorp owns Asteron. Even with Suncorp's 10% back every 3 years I will be around \$350 p.a. better off with Asteron.

The second issue is policy ownership. All of the direct insurance companies are very limited as to who can own the policy and in most situations the policy must be owned by the life insured/self owned. The issue with this is that the premium then needs to be paid in after tax dollars out of the personal account and the premium is not tax deductible. This is opposed to retail insurance policies where I can own the policy through a Self Managed Super Fund (SMSF) or get any other superannuation fund I have (e.g. Colonial First State, MLC, Sunsuper etc.) to pay for the premium. The premium then does not affect my personal cash flow, is funded by existing super fund account balance and/or employer contributions and the premium is a tax deduction to my super fund.

Applying for cover sounds so easy with direct insurers? Good marketing is the key as you normally only require a short form application which can be done over the phone or online. The maximum cover you can normally apply for is \$1.5MIL with no blood tests or medicals. The reality with retail insurance policies is that you can apply for up to \$2.5MIL with no blood tests or medicals if you are under age 45. The application can also be done over the phone with the insurance adviser for convenience. There is also no limit with the level of cover you can apply for with retail insurance. I myself have \$2.3MIL Life cover as I have two young children, my wife is a full time mum and we have a mortgage. My premium is also funded by my Superannuation Fund. On this basis a direct insurance company would not meet my needs.

Finally and most importantly is the claims management. Who will handle the claim for your spouse or your estate if you pass away? I'm sure the 16 year old check out boy at Coles won't provide any assistance. Having an insurance adviser who provides a claims management service will ensure your claim is handled efficiently and professionally with the insurance company directly on your behalf which saves a lot of time and stress for the dependent family members.

For more information please don't hesitate to contact Hayden White (Risk Specialist) at Poole Group on 07 5437 9900 or hwhite@poolegroup.com.au.

MEDICAL MOTORING

with Dr Clive Fraser

Harley Davidson "Easy Rider"



I've always had a fascination for motor-cycles for as long as I can remember.

For me nothing came close to the acceleration and that sense of being part of the machine.

As a medical student motorcycling also provided me with very affordable transportation and the convenience of parking wherever my bike would squeeze.

I've made some great friends over the years through owning a bike and I've always enjoyed the mate-ship of going on "a ride" with friends on a Sunday afternoon.

My love affair with bikes was tested by stints in the Emergency Department and orthopaedic wards where frequently it was a collision with a car that brought the rider to hospital.

I remember very fondly my registrar in the children's surgical ward offering to take the kids for a ride on his motorbike around the hospital, and before the paranoia of workplace health and safety rules actually doing it.

He's now a prominent surgeon who still rides a bike.

There were those of course who rode bikes for a different sort of kinship in what we call outlaw motorcycle gangs.

Extortion, violence and all sorts of criminality never seem to be too far away from that group.

But I should point out that our politicians also aren't above the law with my own ex Queensland Health Minister (Gordon Nuttall) still in jail.

In the past 25 years seven other Queensland cabinet ministers have gone to jail for crimes like misappropriation of public funds, extortion and child sex offences.

Whilst they were all elected representatives, none were bikies and altogether three were Health Ministers.

After some very prominent public acts of violence culminating in a biker brawl at Broadbeach and a be-sieged police station at Surfers Paradise the Queensland Government enacted the so-called VLAD law. It is an unfortunate acronym because the other Vlad (aka Dracula) was a Romanian medieval tyrant known for impaling his opponents.

In Queensland "VLAD" stands for the Vicious Lawless Association Disestablishment Bill (2013).

It's an interesting piece of legislation because for the first time in my memory you can be convicted of a crime because of who you are, rather than because of what you've done.

And in another twist it's also up to the defendant to prove that they are not an office bearer of the organization rather than for the prosecution to prove that they are.

And don't think you'll just get a slap on the wrists for having a beer with your mates at the Yandina pub because the penalty can be up to 25 years imprisonment!

Some very prominent legal figures have expressed concern about the legislation including its architect and Solicitor-General (Walter Sofronoff QC) who has since resigned in protest.

The political storm shows no sign of calming with a torrent of current and former legal luminaries such as Tony Fitzgerald QC expressing concern about the recent appointment of Queensland's Chief Justice.

With nowhere to hide from what is another classic chapter in Queensland's political history I decided to pay a visit to my local Harley Davidson dealership to see what all the fuss was about.

It was airy and spacious and my first impression was that it was a retail clothing outlet with a few bikes dotted around as props.

The staff were chatty and courteous and most of the customers were mums and dads just like me.

In pride of place was a replica of Peter Fonda's Harley from the movie "Easy Rider".

It's been 45 years since that Harley thundered across the screen to introduce a whole generation to Cocaine, LSD and free-love in main-stream movies.

Technology has moved along since the Captain America bike hit the road with some noticeable components missing.

For starters there are no indicators or instruments, but also there's no front brake and no suspension on the rear of the rigid frame.

The pillion passenger (Jack Nicholson) did need to keep his right foot off the peg which sat below the swept up exhaust.

But if you wear a football helmet when you ride you won't notice a third degree burn on your calf.

Whilst I felt quite at home at the Harley dealership I should not neglect to mention that the local chapter of an outlaw motorcycle gang had its "clubhouse" in an industrial estate only 500 metres away.

But that's not there anymore since it became illegal in Queensland for three or more members to meet.

Captain America - Harley Davidson Hydra-Glide 1949-1952

For: Patriotic paint job.

Against: Not too good at stopping.

This bike would suit: Queensland cabinet ministers with a stash of corruptly received money who need to make a fast getaway.

Specifications:

73.66 cubic inch twin cylinder petrol (1207 cc)

8.0:1 compression ratio

4 speed manual

PS: There was a secret compartment hidden in the fuel tank where Peter Fonda hid the cash.

Safe motoring,

Doctor Clive Fraser

doctorclivefraser@hotmail.com



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Walk the ancient road – Camino Walk Spain / France

Who thinks that a 900km walk to pilgrimage site Santiago de Compostela is an ideal holiday? Religious fanatics? Or fitness freaks? What if we told you that you could be neither and yet come back from this "walking holiday" with a sense of peace and a renewed sense of purpose because that is what this epic journey will be – life changing!



In the middle ages pilgrims took this road to reach Santiago. "El Camino de Santiago" translates to "Saint James Way" and takes between 30 to 40 days to traverse if you choose to walk the whole road. Of course you may choose to walk only part of the way which could take 10 days to a fortnight. It is perhaps a testimony to the enduring charm of this walk that many pilgrims return again and again to complete this journey in parts. You do not need to be an experienced walker to complete this soul-searching journey. There is something about the route, the air that pushes you on!

Tracing the footsteps of Santiago – the highlights

Although in the modern day there are possible 8 different routes to Santiago, all starting in France, the classic route starts at the foot of the Pyrenees Mountains in the picturesque French town of **Saint-Jean-Pied-de-Port**. Expect the first day to be an uphill climb.

To qualify as a "pilgrim", you must choose to either walk or go on a mountain bicycle or horseback. Of course there are train options for those who choose to use neither of these modes. The walking experience however is unbeatable as you traverse the country practically crossing over from North East to North West Spain. And the added bonus? Walk at least 100 km and you can receive the "Compostella" or the official certificate of pilgrimage.

The journey has to be neither religious nor a test of endurance. There is no fixed itinerary so you can take your own time as you pass through mountains and cross plains, passing idyllic villages, orchards and majestic vineyards and generally be one with nature. The walk takes you through the cities of **Pamplona** with its distinct Gothic cathedral, **Burgos** with its magnificent cathedral and **Leon** with the monastery of San Marcos. The journey ends in **Santiago** where you can attend the midday pilgrim mass at the cathedral and soak in panoramic views of this ancient city from atop the hilltop park of Alameda.

Throughout the route, there are economical places to stay and even enough options for those who want to go posh. The scenery is simply sensational and the food options available are a food lover's paradise and all this on the Camino before you even reach Santiago!

The Camino walk was an important communication link between the different cultures in Europe and the influences through trade and artistic exchanges are evident throughout the route. One thing is for certain – the walk will change you in some way. You are guaranteed to meet people from a host of different nations but all joint in this quest they have embarked upon. So be prepared to emerge a different person, open up and discover that you have returned with friendships that will last a lifetime!

Cheryl Ryan www.123Travelconferences.com.au



CHAMPAGNE CHARLIE RIDES AGAIN

Charles Heidsieck



It's funny how the once favoured somehow drop of the stage of fashionable desirability. Of the three current Heidsieck labels which include the giant Piper Heidsieck, Heidsieck & Co Monopole and Charles Heidsieck, the later was once revered and oozed a must have sense of desirability. It was the saying of the day that when Champagne was ordered, that one would spruik to the waiter that a bottle of "Charlie" was in order.

Charles "Champagne Charlie" Heidsieck was well known in France but also for his foray into the USA, being the first Champagne merchant to travel there in 1852. His flamboyance and social affluence elevated his standing as a genuine ambassador for Champagne. His bold step at the age of 29 saw him set up his own house and develop a style of wine that reflected his personality. He forges his own marquis breaking from the Heidsieck clan which had founded Maison Heidsieck et Cie in 1775.

For 125 years Charles Heidsieck Champagne was family owned and run. The Heriard-Dubreuil Family took over in the 1980's and currently is owned by the Descours Family since 2011. Their goal is to re-establish the brand as a leading quality producer. It is probably more recognised in Champagne's elite circles and its little known that the Heidsieck winemaker has been crowned Sparkling winemaker of the year some 15 times out of the last 18 years.

The foundation for quality is evident in the use of reserve base wines in 40% of the wines make up. Each reserve wine is aged between 10-15 years and adds layers of complexity. Even the Non vintage wines are aged for 3 years before release; double the accepted appellation time. The wines are aged in Second Century limestone caves dug out by the Romans which keep a constant 10degrees Celsius.

The Non Vintage Cuvee and Rose` have been given a makeover in bottle shape, labelling but most importantly the style has lifted into a more lively genre with complexity. I have had the recent pleasure of trying the entire range including vintage and non vintage styles. They are a little more costly but not outrageous. The value is there and the quality exemplary. With the festive season upon us I will be making it a Charles Heidsieck moment every step of the way.

Wines Tasted

Charles Heidsieck Brut Reserve- A dreamy light gold colour with a fine bead of bubbles. The nose is a tantalising fusion of racy tropical fruits and apricots with complex notes of sweet yeasty bread. A supple palate that exudes class for a house style and is perfect with just about anything.

Charles Heidsieck Millesime 2000 Brut Grand Cuvee- The colour is a deep gold with lively effervescing bubbles that ascend as though on fine silk. The bouquet reflects the 58% Pinot Noir and 42% Chardonnay blend with the Pinot Noir giving up spicy savoury notes and the chardonnay chipping in with floral notes and complex white fruits. The ageing of the wine results in its multi-layered yeast and mushroom nuances. The palate is plush with guided power that coats the tongue and dances seamlessly. Goat's cheese soufflé would match.

Charles Heidsieck Millesime 1999 Rose`- A beguiling soft coral hue is complemented by its fine bead. Aromatic complexity abounds with compote of strawberries and hints of spicy fig. Woody peppery notes provide a second tier of aromas and is contributed by 7% Pinot Noir in the mix. This is a silky sexy wine that has subdued sweet notes harmonising with bridging tannins. A most excellent wine that needs some Foie Gras and venison.

Charles Heidsieck Blanc Des Millenaires Millesime 1995- The deep golden hue is enhanced by a slow caravan of bubbles nearly 20 years old. This is a cornucopia of aromatics that begin with the aged slightly cooked effect of peaches, nutty aromas of almonds and enhanced by complex aged yeasty notes. The 100% Chardonnay fruit oozes over the palate in a wave of sensory delights that evokes pleasure and sensuality. Whilst Mr Gray may have toyed with this, Mr Bond would do it justice. No match, just enjoy!

Dr Plonk



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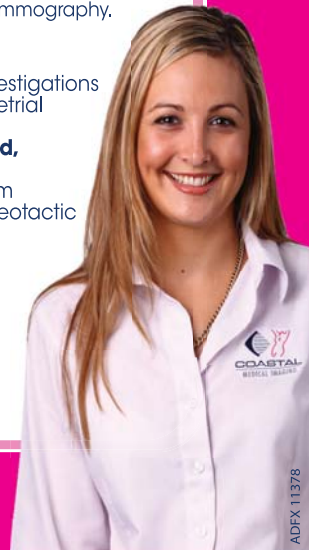
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ReActiv8-A: Investigation of a Therapy for Chronic Low Back Pain.

For many adults, coping with back pain is a daily struggle. Right now, Dr Peter Georgius is conducting a research study that will observe whether a new type of implantable electrical stimulation can influence pain in long-term back pain patients.

Key eligibility criteria for enrolment in the study are:

- Between the ages of 18 and 65
- BMI \leq 35
- Continuing low back pain despite >90 days of medical management.
 - Including, within the last 12 months, at least one course of physiotherapy under management of a physical therapist. Patients who started a physical therapy course but were unable to complete are also eligible.
 - Stable medications for low back pain for the past 30 days.
- No previous back surgery, and no current indication for back surgery
- Leg pain (if any) described as less than back pain
- No radiculopathy (neuropathic pain) below the knees

Please call 07 5447 2144 if you have any patients to refer or for further information.

Bellberry Human Research Ethics Committee have approved the conduct of this study.

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:	
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PRACTICE ADDRESS: This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.				
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	Phone:		Fax:	
ALTERNATE ADDRESS: (if practice address not applicable)				
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	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: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (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).				
1. NAME:		Signature:		
2. NAME:		Signature:		
<u>ANNUAL SUBSCRIPTION (GST included):</u>	(Please tick)	DELIVERY OPTIONS		
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Residents & Doctors in Training	Free	By Email?		
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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: <i>Membership applications will be considered at the next Management Committee meeting.</i>				

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SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.

ANNUAL GENERAL MEETING

Thursday 28 August 2014

MAROOCHYDORE SURF CLUB

NOMINATION FORM

for the SCLMA Management Committee

Nominations are to be proposed by a financial member of the Association, seconded by one other financial member of the Association, and accepted by the nominee.

POSITION: _____

NAME OF NOMINEE: _____

PROPOSER: _____

SECONDER: _____

I, _____
agree to this nomination (please sign)

RSVP: Monday 25 August. Fax to: 5479 3995

or post to: SCLMA PO Box 549 Cotton Tree 4558

SEVENTEENTH ANNUAL GENERAL MEETING

The Sunshine Coast Local Medical Association Inc.

THURSDAY 28 AUGUST 2014

MAROOCHYDORE SURF CLUB FUNCTION ROOM

AGENDA

Business:

- 1 Chairman's opening remarks
- 2 Apologies
- 3 Minutes of previous Annual General Meeting, 22 August 2013.
- 4 Business arising from previous minutes
- 5 President's report
- 6 The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year
7. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year
8. The appointment of an Auditor/Accountant
9. The election of members of the Executive Management Committee
10. General Business:

Close

Wayne Herdy
Honorary Secretary

Sixteenth Annual General Meeting
The Sunshine Coast Local Medical Association Inc.
Thursday 22 August 2013
Maroochydore Surf Club Function Room

(DRAFT) MINUTES

Meeting opened at 7.15 pm by the President, Dr Wayne Herdy.

BUSINESS:

1. **Chairman's opening remarks: Jo Bourke**
2. **Members present: (51)**

Drs Bob Anderson, Kevin Barker, Trevor Beall, Fred Bittar, Fabio Brecciaroli, Jody Bryce, Michael Cross, Chris Dawkins, James Dick, Jon Dick, Clive Fraser, Raouf George, Peter Georgius, David Gillis, Bruce Goldshaft, Graeme Heap, Robyn Hewland, Kirsten Hoyle, Rob Ingham, Raewyn James, Dominic Kenyon-David, Stephen Kettle, Marcel Knesl, Scott Masters, Brian McDonnell, Fiona McGrath, Di Minuskin, Tania Morris, John Murray, Moses Muthiah, Trish Pease, Debbie Pfeiffer, Stuart Polkinghorne, Ian Raddatz, Janette Ritchie, Peter Ruscoe, Carl Scott, John Scott, Hong Shue, Nigel Sommerfeld, Piotr Swierkowski, Mason Stevenson, Karien Treurnicht, James Tunggal, Madeleine Werner, Bel Zoughi, Shyam Sunder, Peter Jacobs, Bill Lindsay, Sue Pavey, Marlene Clout.

Apologies members: (43)

Drs Jean Avery, Russell Bourne, Paul Cadzow, Noel Cassels, Mark Coghlan, Ian Colledge, David Colledge, Lisa Creighton, Peter Dobson, Kevin Feely, Vince Flynn, Adrian Guest, Caroline Hughes, Evan Jones, Barney Kann, Sybil Kellner, David Kirkman, Sabi Kishore, Jugal Kishore, Lisa Knesl, Irene Krajewska, Petra Ladwig, Denise Ladwig, Steven Lawrie, Peter Lee, David Leslie, Wyn Lewis, Bill Meyers, Dana Moisuc, Paul Munchenberg, Clem Nommensen, Damien O'Brien, Heather Parker, Stephen Phillips, Kannan Rajappa, John Reardon, Ian Rivlin, Karl Schulze, Hans Seltenreich, Edward Street, Mark Welsh, Melissa White, Rohan Wilmott.

3. **Minutes of previous Annual General Meeting, 25 August 2011:**

Motion - *'that the Minutes of the Annual General Meeting, 23 August 2012 be accepted'*

Moved: Dr Wayne Herdy. Seconded: Dr Kevin Barker. Carried.

4. **Business arising from previous minutes: Nil**
5. **President's report delivered by Dr Rob Ingham.**

It is an appropriate time to reflect on the last twelve months and speculate on the upcoming year as our AGM approaches. I envisage handing over the presidency to Dr Di Minuskin at the AGM unless there are nominations from the floor. I would like to sincerely thank each member of the LMA committee. In particular, Di Minuskin has been very supportive as Vice President, Scott Masters has proved highly entertaining as meetings convener. Marcel Knesl has excelled in the somewhat difficult role of LMA magazine editor. Jeremy Long has ensured we are well informed on issues pertaining of Nambour General Hospital and Peter Ruscoe as treasurer has kept the books balanced.

Presently I am expecting all current committee members to renominate and Dr Byron Oram will also be joining the LMA committee. I feel it prudent to thank all previous LMA committees for their contributions to the successful organization we all now enjoy.

It has been my aim in the preceding twelve months to improve communication and processes between various medical groups and the Nambour Hospital. I feel open and efficient communication is essential for the betterment of health outcomes and that the LMA is well situated to assist in this area.

The next twelve months will be interesting as the formation of the new Sunshine Coast University Hospital moves forward. Sippy Downs will be the site for a superclinic and one can only hope that the September elections bring about a more stable government.

There have been increasing concerns regarding the structure of the SCUH and its impact on medical services. We will be monitoring this situation closely and hope to present a management plan in the not too distant future.

I have enjoyed my tenure as LMA president and look forward to a continued participation in 2014. Lastly I would like to acknowledge the ongoing support and assistance of Sullivan Nicolaides in delivering the monthly newsletter.

6. Treasurer's report delivered by Dr Peter Ruscoe:

The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the LMA for the last financial year.

Dr Ruscoe reported that current membership is 291. It is expected that the annual subscription rate will stay at the discounted rate of \$55.

Dr Peter Ruscoe moved - *'that the Treasurer's Report be accepted'*

Seconded: Dr Jeremy Long. Carried.

7. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial Year:

Dr Peter Ruscoe moved – *'that the Auditor's report be adopted'*.

Seconded: Dr Wayne Herdy. Carried.

8. The appointment of an Auditor/Accountant:

Dr Peter Ruscoe moved *'that Smart Steps Accounting be approved as the Auditor for the following financial year.'*

Seconded: Dr Trevor Beall. Carried.

9. The election of members of the Executive Management Committee.

The nominees for positions for 2013 - 2014 were as follows:

ROLE	NOMINEE	PROPOSER	SECONDER
President	Dr Di Minuskin	Dr R Ingham	Dr W Herdy
Vice President	Dr Rob Ingham	Dr W Herdy	Dr P Ruscoe
Secretary	Dr Wayne Herdy	Dr N Sommerfeld	Dr R Ingham
Treasurer	Dr Peter Ruscoe	Dr D Minuskin	Dr M Knesl
Comm & Newsletter Editor	Dr Marcel Knesl	Dr D Minuskin	Dr P Ruscoe
Comm & Meetings Convenor	Dr Scott Masters	Dr K Hoyle	Dr P Ruscoe
Comm & Hospital Liaison	Dr Jeremy Long	Dr N Sommerfeld	Dr M Knesl
Committee	Dr Kirsten Hoyle	Dr R Ingham	Dr M Knesl
Committee	Dr Mason Stevenson	Dr M Knesl	Dr D Minuskin
Committee	Dr Nigel Sommerfeld	Dr J Long	Dr M Knesl
Committee	Dr Byron Oram	Dr R Ingham	Dr S Masters
Committee	Dr Denise Ladwig	Dr R Ingham	Dr W Herdy

All nominees were elected unopposed.

10. General Business: Nil

Incoming President Dr Di Minuskin thanked the outgoing committee and congratulated all elected committee members. She expressed her desire for a productive year ahead for the Association.

Wayne Herdy

Honorary Secretary

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 22 MAY 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee meeting 26 June 2014)**

The meeting opened 1810.

Attendance: Drs Di Minuskin, Rob Ingham, Mason Stevenson, Scott Masters, Byron Oram, Marcel Knesl, Nigel Sommerfeld, Fiona McGrath, Denise Ladwig and Jo Bourke (Secretariat).

Apologies: Drs Wayne Herdy, Jeremy Long, Scott Phipps, Peter Ruscoe and Peter Dobson.

Minutes of last meeting: 24 April 2014.

The Minutes were accepted. Moved: Rob Ingham.
Seconded: Mason Stevenson.

Business arising from Minutes: Nil.

President's Report: Dr Di Minuskin.

Di stated that the Federal Budget has certainly forecast some changes for the delivery of medical services. Di reported that she had spent many hours in the last 10 days seeking responses from both colleagues and consumers. On Wednesday 14 May, Di addressed a group of 50+ women, ages ranging from 50 to 90 years, with only 5 in that group not being pensioners or concession card holders. Di also attended medical meetings where this topic dominated the conversation, with support for the concept of copayment by those who can afford it. However, Di believes that there is insufficient protection and flexibility in the proposed scheme for those who are truly unable to make a contribution. It should not fall back on the GP to accept a financial loss in this situation.

Di also noted:

- Concerns about the impact on DEMS;
- Concerns about changes in state funding for health from Federal funds;
- Concerns about the vaccination rates;
- Concerns about preventative medical care;
- Concerns about getting patients back to discuss abnormal results and the legal implications of this;
- Concerns re the administrative burden of collecting the copayment.

The problem is that the Government has assumed all pensioners and health card holders have the same capacity of pay and this is not so.

Di supports the principal that those who can contribute financially do so. Di also spoke re the impact of freezing specialist rebates for 2 years.

Di has a meeting scheduled with Oli Steele, CEO SCUPH for Friday 23 May; also a meeting scheduled for 2nd June with HSS re sharing of clinical information. On that topic it is likely the demise of Medicare Locals will mean a restructuring of the GP liaison function yet again. Perhaps there is a role for the SCLMA to step up to the mark.

Vice President's Report : Dr Rob Ingham.

- Rob also discussed the Budget and its effect on General Practice; disagrees with the copayment and its decrease in rebate for the GP, leading to the defunding of General Practice.
- Discussion (with Fiona) re referrals for Specialist appointments. Medicare guidelines were looked at. Rob and Fiona to investigate further.

Secretary's Report: Dr Wayne Herdy - Apology.

Correspondence In:

- Sarah Thompson – Appeal for donation for Cancer Research
- AMAQ Insurance Solutions – Public Liability Insurance Pre-Renewal.
- Russell Ousley, USC – re Donor Recognition Wall
- Dr Jenny Grew, QML – re proposed topic for August Clinical meeting

Correspondence Out: Nil

Business arising from Correspondence:

- USC Donor Wall Recognition – Jo to contact USC re SCLMA's correct details

Treasurer's Report : Dr Peter Ruscoe - Apology.

Accounts to be paid: (Tabled by Past Treasurer, Dr Mason Stevenson).

- Australia Post – Account April 2014
 - Office National – Account April 2014
 - Jo Bourke – Secretariat April 2014
 - Snap Printing – May 2014 Invites
 - Snap Printing – May 2014 newsletter
 - Jo Bourke – May 2014 newsletter
 - Pelican Waters – Progress payment Christmas in July function
 - Genetique Design (C Bourke) – website updates
 - AMAQ Insurance – Advisernet Australia
- Dr Mason Stevenson moved... 'that the Treasurer's report be noted and that the payments be approved'.
Seconded: Di Minuskin. Passed.

(b) Membership Report. Nil.

AMAQ Councillor's Report: Dr Wayne Herdy - Apology.

Mason Stevenson delivered a report as AMAQ GP Representative.

- The AMA Queensland Presidential Inauguration will be held 13 June 2014. Dr Shaun Rudd will be sworn in by current President, Dr Christian Rowan. (Shaun has asked to attend the SCLMA August meeting).
- Mason has not renominated as a Branch Councillor (General Practitioner, Craft Group)

**SCLMA MANAGEMENT COMMITTEE MEETING
THURSDAY 22 MAY 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:**

- Wayne Herdy is renominating as North Coast Area Representative
- Dr Chris Zappala will be AMAQ President Elect
- The AMAQ Constitution has been changed to allow two-year Presidential terms.

Mason also announced that he has been granted 3 additional years as a SCHHS board member from 2014, in conjunction with 3 other Board members.

Meetings Convenor Report: Dr Scott Masters

- Christmas in July Saturday 19 July at Pelican Waters Golf Resort and Spa.
- Discussion re entertainment – it was decided to engage the local band M7
- There will be 3 attractive raffle prizes via (members) lucky numbers

Focus Health Network Report: Dr Scott Phipps – Apology.

Medicare Local Report: Dr Fiona McGrath.

- As per the announcement in the Federal Budget, funding to Medicare Locals will cease from July 2015, and MLs will be replaced by larger Primary Health Networks (PHNs). Any under spend is to be returned to the Government.
- Sunshine Coast Medicare Local will continue to support practices and provide professional development for

general practitioners, deliver mental health services via the Partners in Recovery, ATAPS and RPHS programs, implement initiatives to improve aged care services, improve immunisation rates, and prioritise rural and regional health, and Aboriginal and Torres Strait Islander health. It is unknown what activities will continue after July 2015.

- Fiona reported that Acting CEO, Patty Hutson was elected as CEO at the recent Board meeting.

Hospital Liaison Report: Dr Jeremy Long - Apology

General Business: Nil.

Meeting Close: 1900

Next Meeting:

Thursday 26 June,

Ebb Waterfront & Dining, Maroochydore.

Jo Bourke,

(filling in for Dr Wayne Herdy, Honorary Secretary).

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au or email: 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"

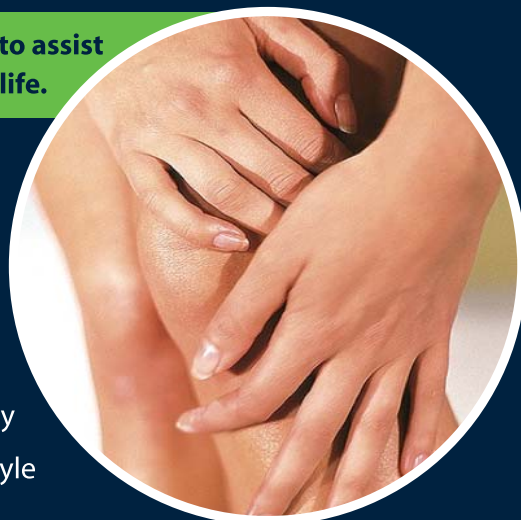
Paragraph (f) "Claim that the services provided by a particular regulated health profession are better, as safe as or safer than others"

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

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Sippy Downs	5635 7700



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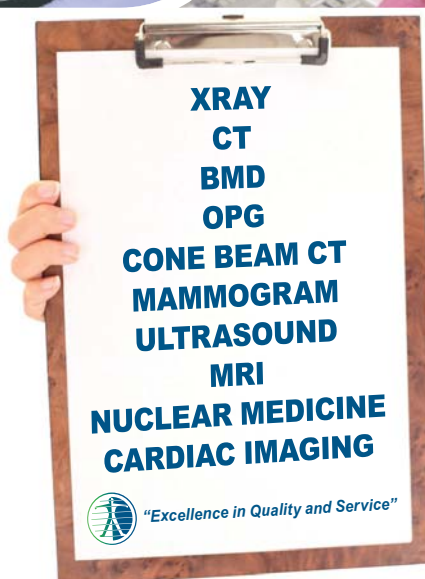


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Caloundra
18 Mayes Avenue
Ph: 5438 5959

Maroochydore
Unit 1, Cnr Horton &
Plaza Parades
Ph: 5443 8660

Noosa
Noosa Private Hospital
Pav A, 111 Goodchap St
Ph: 5430 5200

CLASSIFIEDS

DR JEFF TARR OBSTETRICIAN & GYNECOLOGIST NEW CLINIC

Ochre Health Medical Centre
9 Ochre Way Sippy Downs 4556

All Appointments: Ph: 5476 6356 Fax: 5476 5849

Email: drejtarr2@westnet.com.au

Website: www.drtarr.com.au

July 2014

PSYCHIATRIST - DR MICHELLE LIEN CHANGE OF ADDRESS

Dr Michelle Lien is a general adult psychiatrist who provides specialist consultation on a wide range of psychiatric conditions including mood, anxiety and psychotic disorders for patients aged eighteen and above. New referrals welcomed.

Dr Lien has relocated to:

The Sunshine Coast Private Hospital - Cooina Clinic
12 Elsa Wilson Drive Buderim QLD 4556

Phone: 07 5452 0506

Fax: 07 5444 7299

cooina.clinic@uchealth.com.au

July 2014

DR WENDY BOURKE, PSYCHIATRIST

Dr Wendy Bourke has commenced Private Practice. Referrals welcome. 56 Blackall Tce, Nambour 4560
Postal: PO Box 5097 Nambour 4560

Ph: 0417 657 700. Referrals welcome.

May 2014

BREASTSCREEN QLD NAMBOUR - SENIOR MEDICAL OFFICER (SMO) - TEMPORARY PT/CASUAL POSITION 11/6/14 – 8/8/14 (possibility of extension)

Breastscreen Nambour is seeking a female General Practitioner with sound experience in women's health to assist with our Assessment Clinics every Wednesday and Friday mornings, and alternate Thursdays, from approximately 0800-1300, (slightly flexible). This position is required to backfill a permanent SMO who is taking leave, with a view to probably additional SMO hours available in the coming year. The position could be offered to more than one applicant.

Duties include the clinical examination of women who have been recalled for a screen-detected breast abnormality requiring further assessment, consenting for procedures, and the provision of verbal and written results. Training in the performance of image-guided fine needle and core biopsy may be offered but is not obligatory.

There is a formal job advertisement on the Queensland Health "Work for Us" website at:

https://smartjobs.qld.gov.au/jobtools/jncustomsearch.searchResults?in_organid=14904&in_jobreference=QLD/SC119494

Although the advertised closing date is 4th June, late applications will be accepted. Interested General Practitioners may call 5470 5033 for further information.

June 2014

RE-LOCATION OF ORAL & MAXILLOFACIAL SURGERY PRACTICE - DR EDWARD STREET AM

Dr Street wishes to advise that he has re-located within the Kawana Specialist Centre to the Ground Floor, Suite 6/ 5 Innovation Parkway Kawana Waters.

Dr Street continues to practise at the following locations on a regular basis.

- 83 Blackall Tce; Nambour Qld 4560,
- 301 Margaret St; Toowoomba Qld 4350
- St Andrew's Place Level 2 – 33 North Street Spring Hill Qld 4000

All correspondence and appointments can be made through our Brisbane Office in Spring Hill. Please don't hesitate to contact the Brisbane Office for referral pads, or any further information you may require.

Contact details:

Email dr.street@sawmh.com.au

Ph: (07) 3832 4410 Fax 3832 1391

Free Call from Landline only 1800 681 207.

Kerry Potter Practice Manager.

May 2014

GP REQUIRED – GOLDEN BEACH

GP required for weekends and evening work for doctor owned Family Medical Centre in Golden Beach, Caloundra. Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.

For further information please contact Practice Manager: Karen Clarke on 07 5492 1044

Email: gbmedcentre@bigpond.com.au.

(Afterhours on 0438 416 917)

May 2014

RETIREMENT

Dr Richard John is pleased to announce his retirement. If notes/summaries of my former patients are required by any of my colleagues, please fax requests to:

Fax: 5479 0529

I'll endeavour to reply ASAP. There may be delays due to our travels.

July 2014

*Classifieds remain FREE
for current SCLMA members.*

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

*Classifieds remain on the list for 3months
unless notified.*

SCLMA CLINICAL MEETING - 26 JUNE 2014

Ebb Waterfront Restaurant, Maroochydore

Dr James Challen, Radiologist - 'Multiparametric Prostate MRI'

Dr Jonathan, Cardiologist - 'New Novel Anticoagulants'

Sponsors: Sunshine Coast Radiology and Heartcare Sunshine Coast



Presenter Dr Jonathan Cherry, Di Grant with Tony Dempsey, Sponsor, Heartcare Sunshine Coast



Dr Noel Marginson with Dr James Challen, Presenter, Sunshine Coast Radiology



Drs Robert Vickers, Trish Pease with Dr Geoff Byrne



Dr Vince Flynn with SCLMA Life Member, Dr Wyn Lewis



Dr Kevin Farrell with Dr Paul Munchenberg



Dr Joanna Perry-Keene with Dr Noel Cassels

