



SCLMA President's Message

Dr Di Minuskin

A month has passed since the federal budget speech sent waves of concern through the medical profession. The consistent message, from health care providers, has been that the proposed changes have inadequate safeguards to protect the genuinely disadvantaged. The suggestion that GPs could continue to bulkbill this group and wear the financial loss has been met with a cool reception. More importantly, patient outcomes are at risk as preventative care is shifted down the list when the family budget is drawn up.

I do acknowledge that the spiralling costs of medical care do need to be addressed. It is not unreasonable to ask those that can afford to pay a little more, to do so. However, it is a blunt tool that continues to transfuse a haemorrhaging patient without attempting to stem the blood loss. I think the copayment solution ignores the elephant in the room, which is inefficiency. There are numerous examples of duplication and wastage in the system that could be addressed with significant savings to be made. Here, we can point the finger of blame throughout the whole process from patients to tertiary care.

- The patient who finds it easier to make an appointment rather than looking for their "lost" prescription.*
- The GP who orders a battery of tests without a thorough history and examination that would have revealed the problem.*
- The hospital that repeats all the investigations that the GP has already done.*
- The stockpile of medicines that accumulate in patients' cupboards often due to nonclinical decisions such as admission to hospital where Statin A does not have a contract, so they are given Statin B.*
- Even the small things like receiving 5 results on one day from a government funded screening program in 5 different envelopes!*

Doesn't it seem more sensible and morally sound, to be striving for efficiency rather than blocking access?

This is not an easy goal, a bit like turning the Titanic I imagine, though I hope with a better outcome. There needs to be clear patient pathways with efficient communication and sharing of clinical information. A difficult task when many of the IT platforms used do not interface with each other. I am reminded of a TV show I once saw called "Junkyard Wars". A highly skilled team were tasked with building a functional piece of equipment from what they could find in the junkyard.

Amongst the discarded items were pieces that were innovative in their day but no longer functional. Pieces that seemed a good idea at the time but never really caught on, and some solid framework pieces that just needed a little "tweaking" to expose their potential.

What we need is our own junkyard team that will shed the health system of inefficient practices and reroute the savings to clinical pathways with proven outcomes. The magnitude of this task is daunting, but that should not make us shy away from this goal. One thing is certain though. Clinicians and front line staff need a say in this process. If politicians with no medical experience drive the agenda, we are likely to end up with an aardvark when we asked for a horse!!

Thank goodness there is a great work balance. It is not all frustration and phone calls on hold. This month I have run the full gauntlet of general practice from the joy of a positive pregnancy test with a couple desperate for children, to holding the hand of a weary old gentleman, delivering the news of his disseminated malignancy. But perhaps the best story to share is that of a consult I had last week. She was a middle age woman who managed to find a problem for every solution that we explored to address her obesity. Her knees hurt when she tried to exercise. Green vegetables gave her "wind". Her husband didn't like it when she served up "rabbit food". However, I did have trouble keeping a straight face when she told me that the reason why she snacked between meals, was that she suffered from "Hippoglycaemia"!!!

Best Wishes to all,

Di Minuskin



**The SCLMA
thanks
Sullivan
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for the
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the monthly newsletter.**



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**JULY 2014
NEWSLETTER**
Deadline Date for the
MAY 2014 newsletter
will be **FRIDAY 4th
JULY.**

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

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

Contact Jo: 5479 3979

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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- June 2014

The mid-winter Christmas function is round the corner.

Saturday 19th July to be precise!

Pelican Waters Golf Resort & Spa have put on some good accommodation rates so dust off your credit cards and let's see you there.

Oli Steele, the newly appointed CEO of The Sunshine Coast Private University Hospital this month writes in with some interesting statistics. The number of patients seen and operations performed is actually quite staggering. I did not know that so many sick people lived on the Sunshine Coast?

Kevin Hegarty, clearly spells out the daily cost of health care on the Sunshine Coast, an impressive figure of \$1.9 million per day.

Welcome to the new AMA Queensland President, Dr Shaun Rudd. (Yes Rudd I hear you say). I agree with Shaun's comments in regards to creating a focus on lifelong exercise. To this I would simply add French food and good red wine.

Which brings me to Michael Ryan's wine column? I hear Sauvignons Blanc is out and Pinot Gris is coming in.

Soup this winter is Leek, Potato and Broccoli. Thinly slice and fry off one leek with 40g of butter. Add 3 peeled and diced potatoes and one head of broccoli. Cook for 3 to 4 minutes and then add 1L of chicken stock. Cover and simmer for 10 to 15 minutes or until vegetables are soft. Season with salt and pepper and wiz with a stick blender, add 2 tablespoons of cooking cream and serve with some crusty bread.

What a great way for getting those veggies in.

Bon Appetite

Dr Marcel Knesl

mknesl@oceaniaoncology.com

HIGHLIGHTS:

P 5:	Kevin Hegarty - Health Service Link
P 6:	Dr Christian Rowan - AMAQ President
P 8-9:	Dr Wayne Herdy - AMAQ Councillor
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P 25:	Update on 'Christmas in July'

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

SATURDAY 19 JULY 2014
SCLMA's YEARLY SOCIAL EVENT!
Pelican Waters Golf Resort & Spa
Entertainment: Local Band - M7
Accommodation & Golf (Sunday) avail
Book now - don't miss this event!

THURSDAY 24 JULY 2014

Speakers: TBA

Topic: 'Tomorrow - Communications Procedures and Practices'

Sponsor: Sunshine Coast Centre for Orthopaedics

Venue: Maroochydhore Surf Club

THURSDAY 28 AUGUST 2014

Sponsor: QML Pathology

Venue: Ebb Waterfront Restaurant
(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: Maroochydhore Surf Club

THURSDAY 23 OCTOBER 2014

Sponsor: Sunshine Vascular Imaging

Speaker: Dr Karl Schulze

Venue: Ebb Waterfront Restaurant

ENQUIRIES:

Jo Bourke

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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**



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HEALTH SERVICE LINK - JUNE 2014

with Kevin Hegarty



Dollars and Cents

The last few weeks have seen media dominated by discussion on the Federal and more recently the State Government budgets for 2014/15.

From the hospital and health service perspective, the State budget provided us exactly what we were expecting. We have received an additional \$55.6 million for our operating budget. This will allow us to fund the full year effect of our contract with Ramsay Health Care for the provision of services to public patients within the Sunshine Coast University Private Hospital. It also contains provision for salary and wages and other cost escalations.

With this additional allocation our operating budget for 2014/15 is \$695.5 million. This equates to an allocation of \$1.9 million a day – seven days a week.

Not only does the HHS have the most critical responsibility of providing the highest quality health care to our community, we accept the added accountability of ensuring that we safeguard and maximise the benefits for the expenditure of the almost \$700 million of public funds. We take both these responsibilities seriously and can justifiably highlight our demonstrated track record of successfully delivering high quality health care efficiently and effectively within our allocated resources.

Then and Now

As I have discussed in several previous columns, our transformation towards a tertiary level health care provider in the context of our development of the Sunshine Coast Public University Hospital is unique. The exponential growth in staffing numbers between now and 2021 is a central to us successfully meeting this challenge. A review of the organisation over the past 10 years produces evidence that we have been an organisation “in training” for such an expansionary journey. Our occupied Full-time Equivalent staffing number was 1,962 with a corresponding head count of 2,527. Roll forward to 2014, we have a FTE of 3,677 and a matching headcount of 4,736. This shows that in both FTE and headcount, we have had an 87% increase over the last 10 years. The range and capacity of services we offer now, compared to 10 years ago is testament to the contribution these resources have made.

Synergies

Of the partnerships that the Hospital and Health Service has with local organisations, two of the longest standing and established are the relationships we have with the University of the Sunshine Coast (USC) and the North Coast Aboriginal Corporation for Community Health (NCACCH). The recent formal launch of the Cluster for Health Improvement research initiative at USC again demonstrates the benefits of our two organisations working closely together. Further information on this initiative can be found at:

<http://www.usc.edu.au/research/research-concentrations/cluster-for-health-improvement>

Likewise the support and contribution of the Health Service to the Well Person's Health Check Day conducted by NCACCH provided a health promotion opportunity to the local Aboriginal and Torres Strait Islander communities.

Regards

Kev Hegarty

Kevin_Hegarty@health.qld.gov.au

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Sunshine Coast University Private Hospital – First Six Month Report *Oli Steele, Chief Executive Officer*



In May the Sunshine Coast University Private Hospital (SCUPH) reached its six month anniversary since opening in November 2013.

In its first six months the hospital admitted 6,500 patients and completed almost 5000 operations.

This is an extraordinary achievement for a new hospital and a tribute to the doctors, nurses and all the non-clinical staff who have not only helped to get this hospital open but worked hard to achieve these record numbers in such a short time.

Most importantly, we have had excellent feedback from patients. We are regularly receiving notes and feedback from patients thanking us for the service they have received whilst in our hospital and this is a tribute to all the hard-working staff.

Under the contract between the Sunshine Coast Hospital and Health Service (SCHHS) and Ramsay Health Care who operates the hospital, public patients are provided access to the equivalent of 110 beds within the new 200 bed SCUPH.

Since the commencement of the arrangement with the SCHHS, over 4000 public patients have been referred to SCUPH receiving care across a range of specialties including orthopaedics, general medicine, cardiology, general surgery and urology.

The access to additional capacity has allowed the Health Service to provide local treatment options to several hundred patients, who were previously on waiting lists in Brisbane public hospitals.

The hospital has also attracted some great new specialists to the region and we are very fortunate to have a wide range of new surgeons and physicians working from our campus. The medical centre is now almost full and is a hub of activity for the new specialists who have rooms there.

Recently, SCUPH was approved by Queensland Health Private Licensing Unit to commence interventional cardiac treatment after installing state-of-the-art equipment to the catheter laboratories. We have a range of leading interventional cardiologists based at the hospital and the Coast's only private cardiology ward. The first patients have had procedures at the hospital and we look forward to growing this service and offering extensive cardiac services at the hospital.

I would like to take this opportunity to thank the entire medical community of the Sunshine Coast for your support during this first six months. We have a long way to go but we are delighted with how things have started and look forward to meeting the needs of the Sunshine Coast community well into the future.

Kind regards

Oli Steele

Chief Executive Officer

Steeleo@ramsayhealth.com.au

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

FEDERAL BUDGET.

It is no surprise to observe that the Federal Budget outlined last month has been unpopular. What is something of a surprise is the ferocity of opposition from an unexpectedly broad cross-section of the community. Arguably this was, to paraphrase Paul Keating's immortal words, the Budget that we had to have, an austere plan intended to reign in uncontrolled and unsustainable spending. But it is not an exaggeration to say that Federal Budget version 001 is in tatters, and we will see major structural and detailed modifications before it gets passed into law.

In the health component, the co-payment attracted most attention. My tip is that we will still see a co-payment, but that its quantum and breadth will be markedly diluted. Especially I expect to see a cluster of exemptions to maintain access to GP services by the most disadvantaged.

Watch this space, because my crystal ball is no less murky than anybody else's.



AMAQ STATE EXECUTIVE.

Our State Branch has seen the handing over of power from Chris Rowan to Shaun Rudd, a GP from Hervey Bay. Chris ended his term in controversy and he was keeping a low profile for the last two months. We can expect to see more vigorous appearances from my old friend Shaun, whose Irish brogue and charm are going to attract media adulation, to be sure to be sure.

The office of Chair of Council has passed to Bill Boyd, a gynaecologist from Mackay. Bill served as Chair some years ago and ran for Presidency (but there are no second prizes in politics). Council can look forward to fair and efficient conduct of meetings, and central Queensland is probably going to enjoy a higher media presence by the AMA as long as Bill has a voice there.

COAG REFORM COUNCIL.

With all the media attention on vociferous public debate over the Budget, another significant Federal initiative slipped under the radar for most health practitioners. On 30th April, John Brumby released the COAG Reform Council's report "Healthcare in Australia 2012-13: Five Years of Performance" (OK, I didn't get the title either, but I can work out that 2012-13 is not five years).

This is basically a report card on progress in provision of health services over the past five years. As a report card, it has quite a few interesting observations, a few of which I outline below. Those curious enough to read the entire report (and at 128 pages, it doesn't take a lot of reading) can find it on the Net – just Google COAG Reform Council or go to www.coagreformcouncil.gov.au.

But as a report card, it SHOULD BE most useful as a blueprint to guiding health policy for the next five years. It would be a shame if this document just gathers dust on the shelves and does not find some practical application by forward thinkers.

The bits I thought interesting (some of which are eminently well known already):

- Australians enjoy one of the highest life expectancies in the world, and we are getting even better (life expectancy at birth now 79.9 years for men, 84.3 years for women) – hey, if Australian GP's haven't been doing their job properly as Nicola Roxon once infamously said, somebody sure has
- as the AMA is fond of saying, the report confirms that "effective primary and community health help to keep people out of hospitals" – another public laurel for us humble GP's
- cancer has overtaken circulatory disease as the leading cause of death

AMAQ COUNCLLOR'S REPORT

Dr Wayne Herdy / cont:

- lung cancer has increased in women but decreased overall, and other cancer rates changed little over the five years
- the national smoking rate fell from 19.1% in 2007-8 to 16.3% in 2011-12, but COAG still aims at a rate of 10% by 2018
- Australia's rate of NIDDM compares with the developed world (well, maybe a smidgin better), but our obesity rate is sending a warning (although I think the report understates the urgency of that warning)
- half of NIDDM patients are not managing their diabetes effectively
- the cost of attending a GP was a barrier to only 5.8% of patients, compared with the cost of prescriptions being a barrier to getting scripts filled for 8.5%, and the cost of access to dental care was a barrier for 18.8% (rising to 25.1 for the most disadvantaged)
- patients seeking urgent access to their GP had an appointment within 4 hours in 64.1% of cases (a lot better than our general perception), but 24.1% reported that they had to wait more than 24 hours
- unfortunately, the report is silent on whether the cost of seeing a specialist is a significant barrier, and did not report on waiting times for specialist consultations
- waiting times for elective surgery increased generally, but the results varied from State to State, and cataract surgery was singled out for special negative mention
- older people seeking admission to residential care have been waiting for longer times, the proportion waiting for more than 9 months increasing from only 3.3% in 2008-9 to a massive 14.1% by 2012-13
- COAG reminds us that the growth in rates of aged care places has stalled at around 110 places per 1000 people over 70, but the Commonwealth has set a target of 125 places per 1000 by 2020-21
- potentially preventable hospital admission rates fell overall, mostly because of better community care for chronic conditions, but it is worrying that the rates of admission for vaccine-preventable conditions rose from 70.8 per 100,000 to 82.2 per 100,000.

The strongest messages for future planners and lobbyists:

- the rate of obesity is a major future health risk, especially for diabetes
- vaccine-preventable hospital admissions have risen significantly
- elective surgery waiting times are increasing, with cataract surgery earning a special mention
- the growth in rates of aged care places has stalled and older people are waiting longer to get into residential and community care places
- dental care is unaffordable
- lung cancer rates are still rising in women.

The opinions expressed in this column are, as always, those of your correspondent,

Wayne Herdy

(North Coast Branch Councillor, AMAQ)

JUNE 2014 UPDATE

Dr Sandra Peters - GPLO

Sunshine Coast Hospital & Health Service

Danielle Causer GP Liaison - Clinical Support,

Focus Health Network.

Hospital news (SCHHS GPLO & FHN GPLO CS)

Advanced Care Planning is something we all need to consider. Be it young, old, healthy or frail, we are all going to die – don't you want to be in charge of your health in its final days? A sombre topic, I know, but something we all need to discuss and document both as clinicians and personally. The HHS along with FHN and SCML are working to create documenting these end of life decisions more user friendly way without the cumbersome Advanced Health Directive document.

Upcoming Workshop with FHN:

- July – Depression and Mental Health. More information to come

What's New on the FHN website?

- List of Procedural GPs
- The latest 'Starters and leavers' list

Musculoskeletal Pathway of Care (MPC) update for GPs of the Sunshine Coast.

This innovative and comprehensive non-operative model of care for patients referred to orthopaedic services at SCHHS has now been operational for 3 months of the 6 month pilot project. Results so far are very positive and at this stage the pilot is meeting many of its objectives.

Just a quick recap for those who have not yet had many patients triaged to this service. The pilot was established to address the increasing orthopaedic waiting list which was growing faster than patients were able to be seen. This in association with a very low conversion to surgery rate suggested that many more patients required a non-operative than operative management plan and thus would potentially be best served by a comprehensive allied health assessment as part of a multi-disciplinary team model of care.

The activity data collected so far (13 weeks – 54 working days) supports that the original premise was correct. A total of 1201(40%) patient referrals from the category 2 waitlist have been triaged. Of these 668 (56%) were determined to be unsuitable for MPC and remained on the waitlist to see the orthopaedic surgeon. Surprisingly 32 (13)% of patients either stated that no management was required or were assessed as requiring no management and were removed from the orthopaedic Wait List (OWL). Of the 533 patients referred to MPC, 156 have been assessed and returned to their nominated treating GP with a management plan. Those GPs who have had a patient returned with a management plan will be asked to complete a "GP Experience Survey" the results of which can then be directly compared with the "Patient Experience Survey" results.

Patient satisfaction with the service so far (n =176) is very high. 99% of respondents stated their needs were met on the day and they felt they had a clear plan of direction post assessment.

The number of patients who stated they would have preferred to see a doctor was 7%.

The number of patients who feel that surgery is required to manage their problem is 6%.

A total of 133 patients have been referred to outpatient physiotherapy services SCHHS and a further 35 referrals have been made to CIMMS and offered the opportunity to participate in two group programs – "Health Reset" and "Move it or lose it". "Health reset" is a six week course that helps point you in the right direction with your health. Participants attend for 3 hours once a week. A team of health professionals from SCHHS including physiotherapists, dieticians, nurses, social workers and health promotion staff help the patients explore practical skills designed to assist with shopping for and preparing healthy food, increasing activity, managing stress and setting realistic health goals. "Move it or lose it" is an eight week low intensity program for adults with mild to moderately severe musculoskeletal disease. Participants attend a 1 hour exercise group twice a week and practice what they have learnt at home.

The aim of the MPC is to delay the need for surgery and improve quality of life for patients in the interim. We know a significant number of patients wait for extended periods of time for a surgical procedure which they may not be a suitable candidate for. This program offers a more appropriate care pathway for these patients.

Sunshine Coast Medicare Local Update

Dr Peter Dobson

Board Chair Sunshine Coast Medicare Local



I am very pleased to announce that the Board has appointed the new CEO of Sunshine Coast Medicare Local.

Mrs Pattie Hudson has ably occupied the position of Acting CEO for the past two months, and we were pleased to offer her the position permanently.

Pattie will continue to drive the organisation forward over the next 12 months, leading the establishment of the new Primary Health Network (PHN) that will replace the Medicare Local in July 2015.

We expect the new PHN to continue to support primary and preventive health in the region, with a focus on GP and community participation, however no details have been provided at this stage.

The PHNs are likely to cover a wider area than the current Medicare Local regions, developing partnerships between existing Medicare Locals, but again, no further information has been confirmed by the Department of Health at this stage.

We welcome feedback and comments from you about what you would like to see in your new Primary Health Networks. Please contact us at communications@scml.org.au

We are also delighted to announce that Sunshine Coast Medicare Local recently received accreditation under Medicare Locals Accreditation Scheme. This required a concerted effort on behalf of staff, management and board, and reflects the high level of professionalism within the organisation.

Accreditation recognises the robust quality management system of policies, procedures and systems that the organisation has established in its first two years of operation, and which will stand the organisation in good stead for the year ahead.



Welcome to new SCLMA member ... James MacKean

Dr James MacKean is a Radiation oncologist working for GenesisCare formerly Premion at Nambour.

James qualified as a bachelor of medicine and surgery from the University of Tasmania. He trained in Radiation Oncology in NSW and obtained fellowship of the Royal Australian and New Zealand College of Radiologists in 1999.

James worked in England for a fellowship year at Mt Vernon Hospital in London, before moving to Queensland in 2000. James has a specialist interest in the treatment of genito-urinary cancers, cancers of the lower GI tract, and Lymphoma, as well as palliative radiotherapy.

James treats patients at GenesisCare at Nambour, and in Brisbane at the Wesley Medical Centre and at Chermide. At The Wesley Hospital, James is involved with LDR and HDR Prostate Brachytherapy, in conjunction with local Urologists.

In his spare time he enjoys reading, swimming and walking along the beaches of the Sunshine Coast.





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EPIPLOIC APPENDAGITIS

Findings

A small focal area of fat stranding is seen adjacent to the distal descending colon with mild thickening of the bowel wall.

Diagnosis

Findings in keeping with epiploic appendagitis.

Discussion

• Epidemiology

This condition usually affects patients in their 2nd to 5th decades with a predilection for women and obese individuals, presumably due to larger appendices.

• Clinical presentation

Clinically patients present with abdominal pain and guarding. It is essentially indistinguishable from diverticulitis and acute appendicitis (depending on location) and although an uncommon condition, it accounts for up to 7% of cases of suspected diverticulitis. Since there is focal peritoneal irritation, pain maybe more localized than in the other causes of acute abdominal pain.

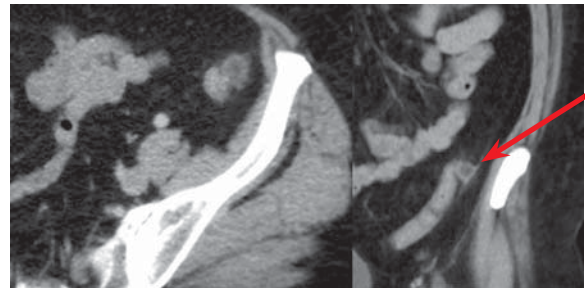
• Pathology

Epiploic appendagitis merely denotes inflammation of the one or more appendices epiploicae, which number

50-100 and are distributed along the large bowel with variable frequency.

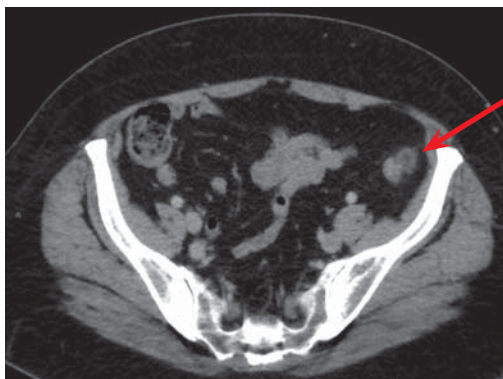
- rectosigmoid junction - 57%
- ileocecal region - 26%
- ascending colon - 9%
- transverse colon - 6%
- descending colon - 2%

The pathogenesis is thought to be due to torsion of a large and pedunculated appendix epiploicae, or spontaneous thrombosis of the venous outflow, resulting in ischaemia and necrosis.

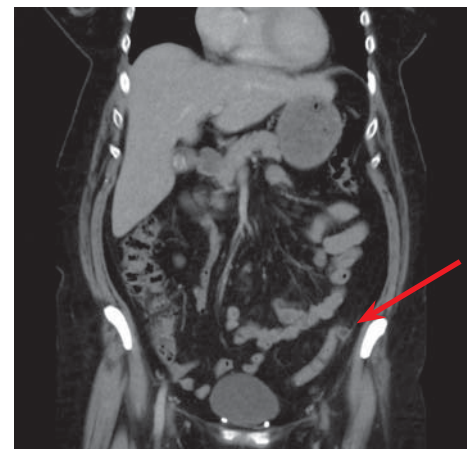


• Treatment and prognosis

Epiploic appendagitis is a self limiting disease, and thus correct identification on CT prevents unnecessary surgery. Although it sometimes mimics acute abdominal diseases for which surgery is required, treatment options for epiploic appendagitis often do not include surgery.



CLINICAL HISTORY:
6 days history
of left iliac fossa
pain, tenderness
and bloating. No
bowel changes.
Ultrasound normal.



www.scradiology.com.au - June 2014

REFERENCES

http://radiopaedia.org/articles/epiploic_appendagitis

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Program

6.45am Registration & buffet breakfast

7.00am Welcome & introduction

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Dr Peter Georgius, *Pain Medicine Physician*

8.00am Evaluation & Close

When: Friday, 25 July, 2014

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RSVP: Monday, 21 July, 2014

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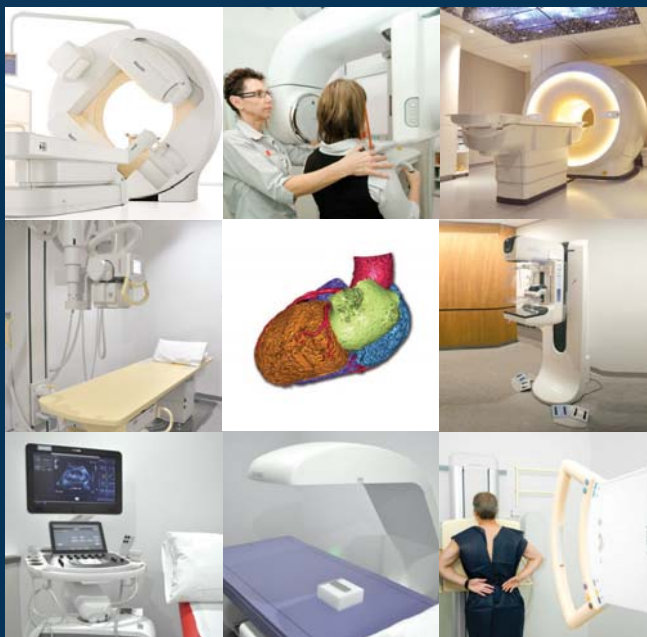
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By Kerri Welsh

How is Your Financial Fitness?

Are you making the most of your resources? How long is it since you assessed your Financial Fitness? Is it slowly declining or in need of CPR?

Below are a few suggestions for taxpayers to make the most of what they have:

- Wise up, knowledge is King. Surround yourself with advisors that are actionary rather than reactionary. Be armed with the knowledge that your current structure and assets are working most efficiently for you.
- Change what you do. Reinvent yourself or the services you offer. Retrain yourself or think about improvements to your products in line with consumer demand and technology advances. Do you want fries with that?
- Value You. If you are a Medico the value of YOU is in medical services, it is not in accounting services, financial planning, insurance agent etc. Surround yourself with the right people to help you so that you are free to do what you do best.
- Change how you do it. In this ever changing world there are always new ways to do things. The most recent Cloud Accounting products are fantastic and they will save you a huge amount of time whilst providing you with timely information. Xero is a excellent Cloud product and here at Poole Group we find our clients love it. You don't have to be an IT junkie to use these products, again value YOU.
- Think about what you want in Retirement. Not just the monetary amount but your lifestyle as well. So many clients I talk to say "I'm going to retire on my super". The sad truth is that a common response when asked "when did you last review your super" is "haven't looked at it in years". No nest egg or garden, if you want to use a comparison, will grow without watering, weeding, spraying, sunshine and nurturing. You will never achieve the retirement lifestyle you desire if there is no monetary super to support it. Start planning now and reviewing and rereviewing.
- Tighten that Belt. Review all of your costs, both personal and business. Saving money doesn't always mean scrimping, it just means getting value for money. The easiest items to review are always going to be the ones that someone else reviews for you such as Insurance and Finance costs. Brokers do a fantastic job in sorting through these for you and negotiating best rates.
- Have you thought about your business exit strategy? Its best to work on a strategy at least 5 years out from your magic end date. Succession planning when done properly can yield you a superior return.
- Is your will up to date? Talk to your solicitor and update / review. Have you thought about leaving a digital legacy?

www.kickthebucketlist.com is a fantastic secure site to store your digital legacy.

June & July are a good time to start the financial year fresh and review your Financial Fitness. We would love to help you achieve this. If you need any help please call me on **07 5437 9900**.

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TARGET
\$80,000



December

September

June

April



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DOCTORS WITHOUT BORDERS

MEMBERSHIP NEWS

*Current membership is **315** and climbing each month!*

*More than half our members are listed on the SCLMA website.
Are you?*

A Directory form is included in this newsletter if you wish to be included or if you wish to change existing details. Please fax to 5479 3995.



www.sclma.com.au

This month we have applications from:

Dr Tau Boga - Cardiology

Dr Bernadette Burke - Anaesthesia

Dr Leith Banney - Dermatology

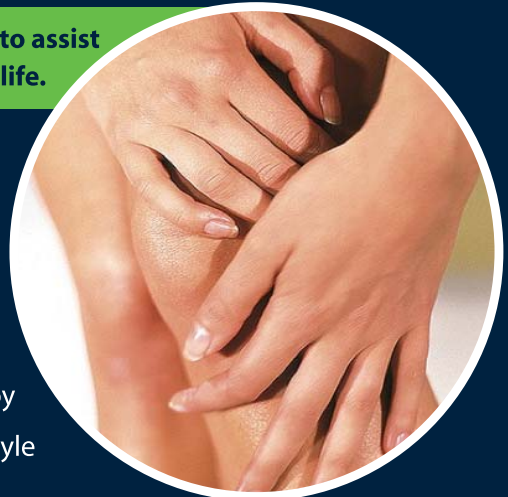
We welcome the chance to introduce new members via our newsletter so please email a photo and short bio ..

Christmas in July updates including names of sponsors available on the SCLMA website.

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FAIR SUCK OF THE SAVVY ...



Asking drinkers' opinion on a foundation grape like Sauvignon Blanc (SB) is like asking State of Origin fans to clap when the opposition scores a try. It polarizes a room. "Aromatic, sharp, crisp and zesty" all fit with its description.

Aromas of the green spectrum abound such as grass, gooseberries and nettles. To the unabashed hater of Savvy, it is often described as "feline urine passing through a Juniper bush". Sometimes passion fruit and lychee notes with a hint of flintiness or minerality are present. Methoxypyrazines and thiols are responsible for this (wine nerd fact No.17)

Its origin is probably the Loire Valley in France (previously thought to be Bordeaux). DNA studies show, along with Cabernet Franc, it to be the parent of Cabernet Sauvignon, with itself being the progeny of Sauvignin; a more wild type of vine with a longer history. It is also a probable grand sibling of Pinot.

It is widely planted around the world but appreciates the cooler climate. It is the 3rd most planted white in France, after Ugni Blanc and Chardonnay. The Loire Valley is its home with Sancerre and Pouilly-Fume being regions of significance. If the wine is exposed to oak, it is termed Fume Blanc, terminology coined in California. In Bordeaux it is often blended with a close relation, Semillon.

I've also heard it referred to as the Accountant's wine. The reason being it is picked, quickly fermented in stainless steel, has no oak exposure and can be bottle early and released within 4-6 months of picking. Hence getting the cash flow started.

New Zealand Sauvignon Blanc remains the darling of whites in the new World of wine. Strong passion fruit and tropical aromas are evident with tight bucket loads of acid. It remains the chief export at 70% of NZ wine. All regions except the Auckland of the North Island are renowned in producing SB with Kumea Estate (in Auckland) being the exception. Marlborough is the most prolific area with recognized multiple sub regions.

Australia produces more herbal grassy styles with Tasmania understandably getting the aromas similar to NZ. Adelaide hills, Western Australia, Coonawarra and Limestone Coast are major producers. SB finds its way into the Semillon blends that are prolific in Western Australia.

Chile produces more earthy styled wines. It is believed that a lot of this wine is actually from Sauvignonasse grapes; the genetic bastardry rolls on. South Africa's SB is somewhat grassy and tropical. California, Oregon

and even Mexico make some SB. Russia, Ukraine and Romania have some plantings. Austria and Switzerland also grow SB.

Wines Tasted

Neederberg Winemakers Reserve 2012 Sauvignon Blanc South Africa

Colour is light lime. The nose exhibits zesty lime and green pea fragrances with floral herbal notes. Palate is juicy and forward with subtle acidity. Overall enjoyable and sitting somewhere between Australian and NZ styles.

Cono Sur Especial 2012 Valle de Casablanca Sauvignon Blanc Chile

Colour- Light Yellow. Nose- complex blend of gooseberries, nasturtiums, florals and hints of ginger. Palate – generous fruit, mild acidity with a funky, earthy taste. Very pleasant but idiosyncratic.

Middle Earth Nelson 2013 Sauvignon Blanc NZ-

Colour- slightly deeper green/yellow. Nose- Classic NZ gooseberries, passion fruit with flinty minerality. Palate- generous fruit with acids complimenting the overall mouth feel. Moderate sweetness and structure make this wine a little more complex than Marlborough SBs.

Shaw and Smith Adelaide Hills 2013.

Colour- pale green. Nose- grassy floral notes. The wine maker tells me there is a hint of grapefruit present. Certainly some passion fruit aromas. Palate- this is bone dry with lip-smacking crispness. It is a very good representative of what Australian SB is like.

Cloudy Bay Te Koko 2010 Marlborough Sauvignon Blanc

Colour- deep yellow, tinge of green. Nose –complex lemon herbal aromas with mandarin and spices like ginger. Palate a full rich wine with subdued acidity. Overall a lush complex version of a NZ SB. This wine is made with wild yeast ferment and some lees contact. This with some bottle age adds to the layers of complexity. My personal favorite of the SBs.

Dr Plonk



FINAL UPDATE

SCLMA 'CHRISTMAS in JULY'

SATURDAY 19 JULY 2014



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GUARANTEED..... SOFT MUSIC during dinner!! YES!!

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The Unknown World of Burma

Discover the captivating exotic locations and dive deep down the scintillating beauty of Burma

A country with wide heritage of history, culture and customary traditions and people free from the today's tech life, Burma is a one stop destination for those who are craving to spend their holiday at a new place. One of the beautiful and unexplored countries in South East Asia, Burma offers plenty of popular tourist attractions and a lot more unknown and unexplored places. Mystical yet alluring, Burma is a place, which brings to something for everyone!

Magnificent cultural heritage, splendid architecture, lavish green forests and diverse exotic Asian animals along with warm and smiling people, Burma is perfect destination for your holidays.

Cultural highlights

Burma has been culturally influenced by Buddhism and you will see the eminent impression of Buddhism on the entire architectural heritage.

Showcasing more than 2000 Pagodas and Buddhist religious places, the Great Ruins of Bagan should be the first place on your itinerary. It's a window to look back into the history of Burma and its culturally rich archaeological background.

Ancient cities of Mandalay are not to be missed, if you want to gain a first-hand experience of traditional art and crafts of Burma. U Bein Bridge, Sagaing Hill and the famous Irrwaddy River offer panoramic views and impressive lifestyle of countryside. Mahamuni and the Tri-pitaka can also be visited if you want to gain knowledge about Buddhism.

One more popular destination to explore the culture and ethnic groups of Burma is Inle Lake, which offers unparalleled and breath-taking views promising to give you goose-bumps. Yes, you heard it right!! Floating built in-houses and gardens over the lakes, one-legged rowing fisherman, floating markets selling ethnic goods and floating Pagodas...is what you will see on the Inle Lake!

For the love of flora and Fauna

If nature is what gives you a kick, then Burma offers one of the most beautiful botanical gardens in the world – The famous National Kandawgyi Gardens. Adjacent to hill town of Pyin Oo Lwin, it is spread in sprawling 437 acres and is a habitat of many species of birds, mostly peacocks and swans. You will also find vast varieties of beautiful orchids and miraculous bamboo forests with breath-taking lake view in the middle of the garden.

The hills of Pyin Oo Lwin also offer opportunities of trekking and hiking activities to the nearby waterfalls, which will definitely leave you craving to return.

What's in our Box for you?

We have put together some beautiful and exciting locations of Burma, keeping in mind the different tastes of everyone.

- **Great Ruins of Bagan** - The journey starts by understanding the culture of Burma and Great Ruins of Bagan offers incredible opportunities to get in touch with Burmese culture. Our experts will take you on guided tours to the heart of the city and to traditional cultural sites.
- **Mandalay** – The main attraction will be cruising on Irrawaddy River, visiting U-Bein Bridge and trekking to the nearby Sagaing hill leaving you in awe to savour the natural beauty of countryside.
- **Visit Inle lake-** Get yourself fully soaked up in the exciting lifestyles of ethnic group of Inthas. Its definitely a ocean in the hills. Get to market and buy some memories for your friends back home.

So, do not wait! Book right now and explore all the wonderful places Burma has to offer.

Cheryl Ryan www.123Travelconferences.com.au



INVITATION

SCLMA 'CHRISTMAS IN JULY'

SATURDAY 19 JULY 2014



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Table? _____

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MEMBERSHIP APPLICATION

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	Area of Speciality:			
<u>PLEASE NOTE:</u> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
<u>PROPOSERS:</u> (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).				
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<u>Please note:</u> <i>Membership applications will be considered at the next Management Committee meeting.</i>				

The Sunshine Coast Local Medical Association has Public Liability Insurance

WORKPLACE RELATIONS MANUALS 2014



**NEW MANUAL
FOR 2014!**

- Work Health & Safety Manual
- Employer Manual
- Employee Policy & Procedure Manual
- **NEW** Starting & Working in Private Practice

The AMA Queensland Workplace Relations Department is dedicated to providing support and advice for private practice members so you can concentrate on getting back to the business of caring for your patients. As well as providing free Workplace Relations phone advice, AMA Queensland has developed four Workplace Relations manuals available to order.

These user-friendly manuals provide you with practical advice on the fundamentals of establishing an efficient and legally compliant medical practice. The manuals guide you through legislation relevant to your practice, and provide you with policies and processes to assist you in dealing with the issues of everyday employment.

18 - 19 JULY | VICTORIA PARK GOLF CLUB, BRISBANE

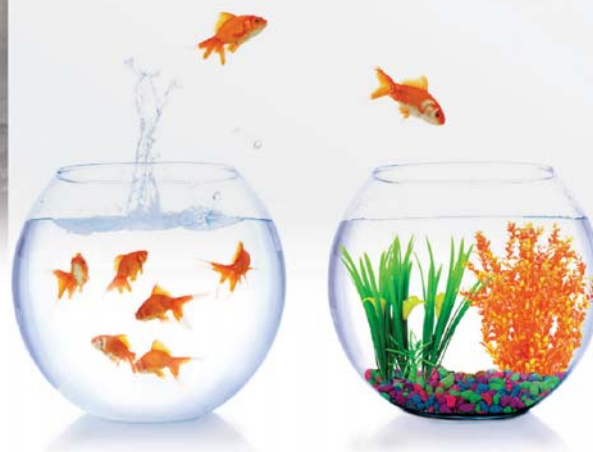
FRESH THINKING

STARTING & WORKING IN PRIVATE PRACTICE
CONFERENCE 2014

22

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- ☐ Fresh Thinking Conference

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NAME: _____

PRACTICE: _____

EMAIL: _____

PHONE: _____

SCLMA WEBSITE - MEMBER DIRECTORY

www.sclma.com.au



SAMPLE:

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

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 24 APRIL 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee meeting 22 May 2014)**

The meeting opened 1810.

Attendance: Drs Di Minuskin, Rob Ingham, Wayne Herdy, Mason Stevenson, Scott Masters, Jeremy Long, Byron Oram, Marcel Knesl, Kirsten Hoyle, Nigel Sommerfeld and Jo Bourke (Secretariat).

Apologies: Drs Denise Ladwig, Scott Phipps, Peter Ruscoe, Peter Dobson and Fiona McGrath.

Minutes of last meeting: 27 March 2014.

The Minutes were accepted.

Moved: Di Minuskin. Seconded: Rob Ingham.

Business arising from Minutes:

There was no quorum at the previous meeting, so business was completed by a flying minute. That business was concluded by email on 28 March, so all payments could be approved.

President's Report: Dr Di Minuskin.

- Had recently returned from her trip to Rumania;
- Noted that Dr Tony Harrington has moved from his former clinical role at NGH to an administrative role at SCUPH;
- Noted with approval that the QHealth contract dilemma has been moving towards a satisfactory conclusion.

Vice President's Report : Dr Rob Ingham.

- Access by GPs to clinical information from NGH continues to be refined. The LMA expresses a view that the hospital would preferably be progressing this without the need for continuing pressure from the LMA and GPLO collective;
- Latest GPLO meeting was more productive but there are more efficient ways of achieving the outcome;
- Budget proposals – Medicare Locals, \$6 copayment – wait and see what the Budget produces. There was some discussion around speculative proposals arising from the Audit Committee.

Secretary's Report: Dr Wayne Herdy.

Correspondence In:

- Dr Fernand Michot – resignation and thanks
- Dr Piotr Swierkowski (to Rob Ingham) – re GPLO meeting (by email)
- Oliver Steele – re Consultancy role Dr Tony Harrington
- Email correspondence between President, Vice President and NGH CEO re GPLO and hospital communications.

Correspondence Out:

- Dr Rob Ingham – to Piotr Swierkowski – re GPLO meeting (by email)
- Dr Di Minuskin – to (Piotr, Rob, Sandra) re GPLO FAC meeting (by email)

Business arising from Correspondence: Nil

Treasurer's Report : Dr Peter Ruscoe - Apology.

Accounts to be paid:

(Tabled by Past Treasurer, Dr Mason Stevenson).

- Australia Post – Account March 2014
- Jo Bourke – Secretariat March 2014
- Snap Printing – April 2014 Invites & April 2014 newsletter
- Snap Printing – Christmas in July invitations & With Compliments stationery
- Jo Bourke – April 2014 newsletter
- Pelican Waters – Progress payment Christmas in July function
- ATO – BAS - Jan-Mar quarter 2014

Dr Mason Stevenson moved... 'that the Treasurer's report be noted and that the payments be approved'.
Seconded: Wayne Herdy. Passed.

(b) Membership Report.

- Dr Edwin Kruys, General Practice;
- Dr Joanna Perry-Keene, Pathology (Anatomical);
- Dr John Evans, Radiology & Nuclear Medicine;
- Dr Melissa Whitehouse, NGH;
- Dr Deon Malone, Radiation Oncology;
- Dr James MacKean, Radiation Oncology;
- Dr Debra Furniss, Radiation Oncology.

Dr Mason Stevenson moved... 'that the Membership report be noted and that the applications for membership be accepted. Seconded: Wayne Herdy. Accepted.

AMAA Councillor's Report: Dr Wayne Herdy.

There has been considerable discussion in medico-political circles around speculation on possible content of next month's Federal Budget:

a) Medicare Locals:

- Peter Dutton promised at two successive National Conferences that Medicare Locals would be "defunded", but he has toned down that language during the election and subsequently.
- Medicare Locals are expensive

(b) \$6 Copayment:

- This is not likely to affect many patients in practice, so remains politically safe. However is it likely to be

**SCLMA MANAGEMENT COMMITTEE MEETING
THURSDAY 24 APRIL 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:**

the thin edge of the wedge for future governments to develop;

- The AMA believes that there will be no additional money to pay doctors, so if doctors' incomes are going to be maintained or increased, it will be necessary to draw funding from the private sector. A starting point is added user-pays contribution, either directly by copayments or indirectly via private insurers.

(c) The age of Retirement:

- This is problematic and will have medical consequences. A worker in a sedentary occupation might happily work to age 70, but physical occupations are not so flexible.

Meetings Convenor Report: Dr Scott Masters

- Christmas in July invitations have been finalised and will be circulated with the next newsletter;
- Saturday 19 July at Pelican Waters Golf Resort and Spa.

Focus Health Network Report: Dr Scott Phipps – Apology.

Medicare Local Report: Dr Fiona McGrath & Dr Peter Dobson - Apologies.

Hospital Liaison Report: Dr Jeremy Long,

- It is expected that the contracts will be accepted and signed by the due date (31 May is a Sunday).
- Contestability and Privatization: pharmacy will remain fully public, only limited clinical services are currently subject to tender.
- The COO position is under review. With the current transition, there is a need to upgrade the administrative staff and structure, but there is no additional funding to support this.
- The two campus policy will not see all clinical services move to Kawana in three years, and NGH will retain an Emergency Dept with sufficient support resources.
- There was some discussion around future proposals to introduce electronic records, including costs, reliability, confidentiality and interface.

General Business: Nil.

Meeting Close: 1900

Next Meeting:

Thursday 22 May 2014, Maroochydore Surf Club .

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"

EATING IN THE FIFTIES*

1. Pasta was not eaten in Australia.
2. Curry was a surname.
3. A takeaway was a mathematical problem.
4. A pizza was something to do with a leaning tower.
5. All potato chips were plain; the only choice we had was whether to put the salt on or not. And wrapped in old newspaper.
6. Rice was only eaten as a milk pudding.
7. A Big Mac was what we wore when it was raining.
8. Brown bread was something only poor people ate.
9. Oil was for lubricating, fat was for cooking.
10. Tea was made in a teapot using tea leaves and never green.
11. Sugar enjoyed a good press in those days, and was regarded as being white gold. Cubed sugar was regarded as posh.
12. Fish didn't have fingers in those days.
13. Eating raw fish was called poverty, not sushi.
14. None of us had ever heard of yoghurt.
15. Healthy food consisted of anything edible.
16. People who didn't peel potatoes were regarded as lazy.
17. Indian restaurants were only found in India.
18. Cooking outside was called camping.
19. Seaweed was not a recognised food.
20. "Kebab" was not even a word, never mind a food.
21. Prunes were medicinal.
22. Surprisingly, muesli was readily available, it was called cattle feed.
23. Water came out of the tap. If someone had suggested bottling it and charging more than petrol for it they would have become a laughing stock!!
24. *The one thing that we never ever had on our table in the fifties elbows!*

GOLFER AT THE DENTIST.

A man and his wife walked into a dentist's office.

The man said to the dentist, "Doc, I'm in one heck of a hurry I have two buddies sitting out in my car waiting for us to go play golf, so forget about the anesthetic, I don't have time for the gums to get numb. I just want you to pull the tooth, and be done with it! We have a 10:00 AM tee time at the best golf course in town and it's 9:30 already... I don't have time to wait for the anesthetic to work!"

The dentist thought to himself, "My goodness, this is surely a very brave man asking to have his tooth pulled without using anything to kill the pain."

So the dentist asks him, "Which tooth is it sir?"

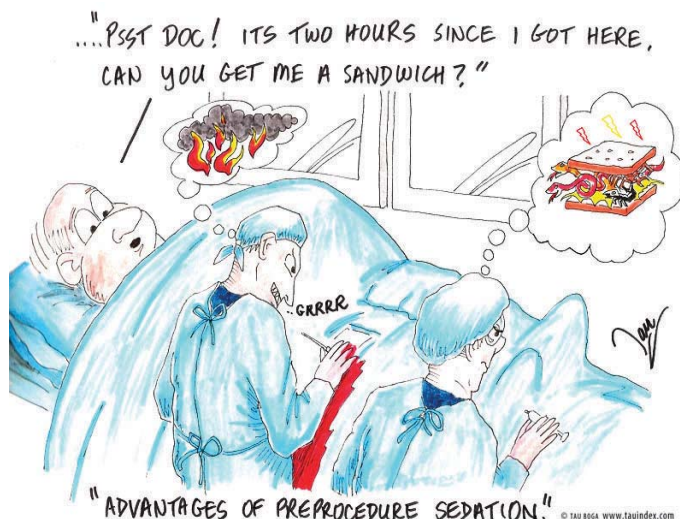
The man turned to his wife and said, "Open your mouth Honey, and show him . . .

PHYLLIS DILLER QUOTES

- Whatever you may look like, marry a man your own age. As your beauty fades, so will his eyesight. -
- Housework can't kill you, but why take a chance?
- Cleaning your house while your kids are still growing up is like shoveling the walk before it stops snowing.
- The reason women don't play football is because 11 of them would never wear the same outfit in public.
- Best way to get rid of kitchen odors: Eat out.
- A bachelor is a guy who never made the same mistake once.
- I want my children to have all the things I couldn't afford. Then I want to move in with them.
- Most children threaten at times to run away from home. This is the only thing that keeps some parents going.
- Any time three New Yorkers get into a cab without an argument, a bank has just been robbed.
- We spend the first twelve months of our children's lives teaching them to walk and talk and the next twelve years telling them to sit down and shut up.
- Burt Reynolds once asked me out. I was in his room.
- What I don't like about office Christmas parties is looking for a job the next day.
- The only time I ever enjoyed ironing was the day I accidentally got gin in the steam iron.
- His finest hour lasted a minute and a half.
- Old age is when the liver spots show through your gloves.
- My photographs don't do me justice - they just look like me.
- I admit, I have a tremendous sex drive. My boyfriend lives forty miles away.
- Tranquilizers work only if you follow the advice on the bottle - keep away from children.
- I asked the waiter, 'Is this milk fresh?' He said, 'Lady, three hours ago it was grass.'
- The reason the golf pro tells you to keep your head down is so you can't see him laughing.
- You know you're old if they have discontinued your blood type.



One of our new members (Dr Tau Boga) is a talented cartoonist in his spare time email Marcel or Jo if you would like to see more cartoons in our monthly newsletters



CLASSIFIEDS

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

DR WENDY BOURKE, PSYCHIATRIST

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

Ph: 0417 657 700. Referrals welcome.

May 2014

SEEKING PT VR GP

- Small busy family medical practice is seeking a PT VR GP to work with our team.
- Our practice is fully computerised with MD & Pracsoft software.
- Nursing staff to provide assistance, with a highly competent administration backup.

Contact John mobile 0414 539 977

April 2014

CONSULTING ROOM FOR LEASE IN SURGICAL PRACTICE AT SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL

- Sunshine Coast General Surgeons have recently completed their new practice fit-out on the ground floor of the Sunshine Coast University Private Hospital.
- Consult room 3 (of 3) is available for immediate lease. It has been tastefully designed and fitted out in line with the rest of the rooms.
- Electricity, cleaning and private car parking space is included in the lease. Provide your own or use our existing Internet, phone and secretarial services.
- Lease available on a sessional, short or long term basis.

Enquiries: Craig Richmond Ph 0414 472 774

April 2014

FOR SALE. MEDICAL PROFESSIONAL AND RESIDENTIAL INVESTMENT PROPERTY IN SEA-FRONT HIGH-RISE BUILDING AT ALEXANDRA HEADLAND.

- TWO floors but ONE title. Could be just what someone is looking for - to use or for investment, or both.
 - GROUND FLOOR: Professional office space (zoned medical) comprising two consulting rooms, waiting room, kitchenette & toilet. All air conditioned. Off street parking.
 - FIRST FLOOR, its own entrance, large single bedroom luxury apartment, recently fully renovated with fully detailed kitchen and bathroom. Air conditioned. Lets for \$325.00 per week.
 - Both units have access to swimming pool and deck overlooking Alexandra Headland Beach. On same title & share all outgoings - e.g. rates & body corporate charges.
- Listed for sale with Ray White Commercial, Maroochydore (Christine Freney, 0417 757 645). Further info if you wish from owner Dr (retd) Peter Lee:

Ph: 5444 5933 or 0404 932 900.

April 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 3 months unless notified.

SCLMA CLINICAL MEETING - 22 MAY 2014

Maroochydore Surf Club Function Room, Maroochydore

Dr George Parker, Orthopaedic Surgeon - 'Arthroscopic Surgery of the Knee. A Panacea?'

Sponsor: Margo Bowers, Queensland Diagnostic Imaging



Sponsor Margo Bowers, Qld Diagnostic Imaging
with Kelly Williams, nabhealth



Presenter Dr George Parker
Orthopaedic Surgeon



Dr Jonathan Last with Dr John Evans



Dr Frieder Lehmann-Waldau, Dr Wendy Bourke,
Dr Stuart Polkinghorne and Dr Stacey Wirth



Dr Richard Pope with Dr Noel Cassels

New member
Dr Edwin Kruys

