



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

### Dr Di Minuskin

*Well, the budget certainly has generated some discussion! As predicted, medical practices and the patients are expected to do a lot of the "heavy lifting" called for by the federal government. A strange decision when general practice is the driver of preventative health and also has consistently been the most economical performer in the inflation stakes. A lot is being said by the AMA, RACGP and other peak bodies about potential increased health costs down the track if opportunities for preventative health measures are missed. Any decision that blocks access to primary care when needed, is likely to come back to haunt us financially. Now, this is where I personally have some questions regarding this scheme. I think applying the \$7 copayment to all concession card holders is going to have a significant financial burden on some but not all in this group.*

*I have polled many of my "concession" bulk billed patients in the last few days and have been pleasantly surprised that the majority are happy to pay \$7. A number of comments like "No worries, that's cheap. My naturopath charges \$75" or "Can I just pay the \$70 up front and be done with it?" have surprised me. So there obviously are some patients within this group who can afford to make this contribution. However, I believe there will be a subgroup who will find this a financial "bridge too far".*

*For example, a single income family with 3 children, all unwell at the same time might struggle to find a spare \$21 in the weekly budget. What about the ill patient who shows up at the desk with no money? The government are obviously banking on the moral integrity of doctors who will treat the patient and wear the \$7 loss, and more once the "Low Gap Incentive" is also forfeited. The total loss could add up to some \$11-\$15 dollars if the incentive is similar to the current 10991 value and with rural loading considerations. This represents a more than 25% drop in the payment we currently receive for bulk billing a concession patient. Hardly a financially viable option!*

*On the positive side, I will be happy to see an end to the consultations where a mother having rung and made an appointment for one child with an URTI, turns up with all four of her brood and requests they all get checked out "just in case". Or the patient who requests a pathology form to find out what blood group they are, so that the naturopath can tell them what fruit and vegetables to avoid! {I tell them to become a blood donor and they will find out!} The news that the copayment will not apply to chronic*

*disease management, health assessments and mental health items is welcomed. This will offer a small financial buffer to the chronically ill in our practices but will not guarantee them full immunity from increased costs.*

*I am also pleased to see support for research in this country, with a commitment that \$5 of the copayment will be invested in a Medical Research Future Fund. Some of my colleagues have cynically commented this is purely a tactic to make it more palatable. I am proud of the breakthrough research that Australia, with only a comparatively small population on the world stage, has achieved. If this fund allows our clinicians and academics to work together and push toward better treatment for devastating diseases, without worrying where the next grant is coming from, it can only be a great thing. Just in case I am being naive, may all politicians who have participated in this deception develop a disease that might have been cured by adequately funded research in this country!!!*

*There are many more propositions in the budget that will impact on medical services. Freezing of specialist rebates and changes to state hospital funding deserve comment. Room does not allow me to discuss them all. I am sure my fellow columnists in the newsletter will have more to say. This budget has yet to pass the Senate and Tony Abbott has indicated that he is open to some "horse trading". What changes may come about are yet to be seen. I am keen to hear from our members on this matter and would welcome your emails or perhaps a "Letter to the Editor" if you would like your voice heard on a more open forum.*

*Best Wishes to all,*

*Di Minuskin*



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



**Sullivan  
Nicolaides**  
PATHOLOGY  
Quality is in our DNA



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

**Fax: 5479 3995**

**Newsletter Editor:**

**Email: Dr Marcel Knesl**

**[mknesl@oceaniaoncology.com](mailto:mknesl@oceaniaoncology.com)**

**Disclaimer:** The views expressed by the authors or articles in the newsletter of the Sunshine Coast Local Medical Association Inc. are not necessarily those of the Sunshine Coast Local Medical Association Inc. The Sunshine Coast Local Medical Association Inc. accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any action taken by any person as a result of anything contained in this publication.



**JUNE 2014  
NEWSLETTER**  
Deadline Date for the  
MAY 2014 newsletter  
will be **FRIDAY 6  
JUNE.**

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

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

**Contact Jo: 5479 3979**

**Mobile: 0407 037 112**

**Email: [jobo@squirrel.com.au](mailto: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](http://www.sclma.com.au).**

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

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

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

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

Directory form available on the website.





### Editors Column- May 2014

Welcome to May the autumn newsletter. The days are getting shorter and the home fires are burning on the range. It is time to break out that soup recipe. Hearty minestrone or a rich French onion soup will definitely impress.

*"Jumped the Shark" is a term that I was recently introduced to by a colleague radiologist. We were out cycling and our conversation changed to the recent budget. I was bemoaning the increase in University fees through deregulation and funding cuts. To study medicine you may have to part with upwards of \$35,000 per year. An outrageous amount compared to the current \$9,850. What will this create an elitist group of students from rich parents? What has happened to awarding places on pure academic merit? As it is the current teenage generation will be battling ridiculous house prices, unemployment and now let's add in ridiculous course fees. So I say with this budget the LNP has "jumped the shark."*

*As you can well imagine several regular newsletter contributors have written in commenting on the budget. We all have our own cross to bear and this time for me it's the deregulation of University fees.*

*Once again in this month's newsletter enjoy the variety of articles on offer, from budget comments, to Michael Ryan taking us to Waiheke Island, a 40 minute ferry ride from downtown Auckland. Taste the wines and learn about the special place that Waiheke Island has become.*

*Clive takes us for a drive, Kev gives us Nambour General, SCR simulates our radiology prowess and Poole enlightens our finances. It's all here in this May newsletter.*

*Enjoy while I return to my grumbling about University fees.*

Marcel Knesl

[mknesl@oceaniaoncology.com](mailto: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
- P 18: Exercise Article - Gemma Egan
- P 19: Case Study - Sunshine Coast Radiology
- P 24: Silver Chain - HITH (Health in the Home Service, Sunshine Coast)
- P 25: Update on 'Christmas in July'



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

#### THURSDAY 26 JUNE 2014

**Speaker:** Dr James Challen  
**Topic:** 'Multiparametric Prostate MRI'  
**Sponsor:** Sunshine Coast Radiology  
**Venue:** Ebb Waterfront Dining

#### THURSDAY 24 JULY 2014

**Speakers:** TBA  
**Topic:** 'Tomorrow - Communications Procedures and Practices'  
**Sponsor:** Sunshine Coast Centre for Orthopaedics  
**Venue:** Ebb Waterfront Dining

#### THURSDAY 28 AUGUST 2014

**Sponsor:** QML Pathology  
**Venue:** Ebb Waterfront Dining

**ENQUIRIES:** Jo Bourke  
 Ph: 5479 3979 (M) 0407 037 112  
 Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

#### Meeting attendance:

- Free for current members.
- Non members: \$30.
- Application forms available on night.
- Membership forms also available on the website: [www.sclma.com.au](http://www.sclma.com.au)



# Dr Fionnuala Dunne

MB, MRCPsych, FRANZCP

Now consulting from Cooina Clinic at  
The Sunshine Coast Private Hospital at Buderim

Dr Fionnuala Dunne (MB, MRCPsych, FRANZCP) has been a consultant psychiatrist for more than thirteen years in Australia and the UK. She treats people across the entire spectrum of mental illness, including:

- Early psychosis Schizophrenia,
- Depression and Bipolar
- Forensic and medico-legal
- The psychiatry of old age
- Drug and alcohol problems
- Eating disorders
- Inpatient or outpatient treatment



**Cooinda Clinic,**  
22 Bronzewing Ave,  
Buderim

**Ph 5452 0506**  
Fax 5444 7299  
Email [cooinda.clinic@uchealth.com.au](mailto:cooinda.clinic@uchealth.com.au)

The Sunshine Coast  
Private Hospital  
*at Buderim*

## EXCELLENCE *in* CANCER CARE *on the* SUNSHINE COAST



**Dr John Reardon**  
Medical Oncologist  
Clinical Haematologist



**Dr Hong Shue**  
Medical Oncologist



**Dr Sorab Shavaksha**  
Clinical Haematologist

Established for 15 years, the Sunshine Coast Haematology and Oncology Clinic is specifically designed to offer a pleasant and caring environment for day patients receiving chemotherapy.

Medical Oncologists / Clinical Haematologists, together with specialised trained nursing staff and a skilled administration team provide expert and personalised care in a warm and friendly environment.

*Office Hours : Monday - Friday ... 8.00am - 5.00pm*

*Services include ...*

**CHEMOTHERAPY ... BLOOD TRANSFUSION and blood product support  
BISPHOSPHONATE infusions ... PATIENT EDUCATION and SUPPORT**



**Phone : (07) 5479 0000**

**Day Hospital : 32 Second Avenue, Cotton Tree Q 4558**

**Consult Rooms : Cnr Esplanade & Second Ave, Cotton Tree 4558**

**E : [reception@schoc.com](mailto:reception@schoc.com)**

**[www.schoc.com](http://www.schoc.com)**

# HEALTH SERVICE LINK - MAY 2014

## *with Kevin Hegarty*



Ever increasing demands on health services is a constant that public health services are challenged to respond to and manage. There is perhaps no clearer demonstration of this than the fact that during the March 2014 quarter, over 8,909 new patient referrals were received for specialist outpatient clinics with the Sunshine Coast Hospital and Health Service.

This is a 46% increase compared to the same period last year when 6102 new patient referrals were received.

Such an increase requires the health service to continually innovate and introduce new approaches to provide patient care. For example, at Nambour General Hospital, orthopaedic outpatient referrals have increased by more than 70% with over 1,200 new patient referrals received in the March quarter compared to 717 last year.

Past experience evidences that following assessment, it is likely that less than 17% of these patients will require surgery. Given this reality, the Health Service has recently initiated 'non-operational pathways' to reduce the time patients have to wait before commencing treatment. This has the further benefit of maximising orthopaedic surgeons time to see patients who are most likely to progress to surgery. The Orthopaedic Physiotherapy Screening Clinic has seen almost 50 patients each month and the Musculoskeletal Care Pathway over 100 patients each month. This has already seen a 15% reduction in the orthopaedic outpatient waiting list since these pathways commenced in March.

Importantly, to match the increase in demand, as shown by the increase in referrals, there has also been a significant continuous growth in the numbers of patients seen at the Sunshine Coast Hospital and Health Service Specialist Outpatient's Departments at Nambour, Gympie and Caloundra Hospitals.

In the March quarter this year over 29,000 patients were seen, compared to the same period the previous year with 25,839 patients being seen representing a 12% increase.

Whilst these statistics clearly highlight the large volume of patients seen in our Specialist Outpatients Departments, for this same period more than 8,200 patients either cancelled their appointment, requested their appointment to be re-scheduled, or disappointingly simply fail to attend their appointment. This is despite the introduction of a rigorous process to ensure patients confirm their appointments and procedures. When people fail to attend these clinics or the hospital for their surgery or procedures it has a negative impact on the provision of health services. It complicates the appointment rescheduling and means our ability to see or treat other patients is underutilised.

The Health Service will continue to regularly review its processes to ensure resources are utilised efficiently and effectively.

Regards

Kev Hegarty

**Health Service Chief Executive**

Kevin\_Hegarty@health.qld.gov.au



# AMA QUEENSLAND PRESIDENT'S REPORT

## Dr Christian Rowan



Dear members,

Over the past month, there has been significant media speculation surrounding the Federal Budget and its implications for Australia's health care system.

The budget was recently released, confirming the fears of many about increasing patient costs that would ultimately limit the accessibility of the health care system.

Under the new budget, co-payments for patients will increase while many rebates will be frozen or cut, meaning patients will pay more for GP, emergency department and specialist visits as well as prescriptions.

Unfortunately, vulnerable populations who are most reliant on the health care system, such as low income families and patients with chronic illnesses, will be hit hardest by the new copayments.

AMA Queensland understands the importance of achieving a budget surplus, but the new co-payment structure will do more harm than good.

There is a place for co-payments but only when there is a strong safety net in place as evidence shows that disadvantaged populations are the hardest hit by these fees.

The last thing we want is for patients to forgo medical treatment because of cost. Not only is it bad for the patient, but it's counterintuitive to the cost saving motivation behind this budget. We know that general practice, supported by diagnostic services, is one of the most cost-efficient aspects of our medical system.

The role of GPs in early detection, diagnosis and treatment cannot be understated. If patients postpone seeing their GP, it may cause conditions to worsen. Ultimately, this leads to higher costs for the health care system and added distress for the patient.

Some new initiatives will have long term benefits such as reforms to Medicare Locals and new investments in medical research. We welcome these investments, but also need to ensure we are providing patients with the health care they need in the short term.

AMA Queensland will continue to align with AMA and LMA members to advocate for an accessible and efficient health care system that represents the best interest of medical practitioners and patients.

Sincerely,

Dr Christian Rowan

President

AMA Queensland



### Welcome to new SCLMA member ... Debra Furniss

*Dr Debra Furniss is a Radiation oncologist working for GenesisCare formerly Premion at Nambour.*

*Debra qualified as a bachelor of medicine and surgery from Sheffield University in the UK. She trained in Clinical Oncology at Sheffield and obtained fellowship of the Royal College of Radiologists in 2001. She also obtained a Masters of Science in Oncology at Nottingham University in the UK.*

*She worked in England as a specialist clinical oncologist until moving to Queensland in 2013. Debra has a specialist interest in the treatment of cancers of both the upper and lower GI tract, breast, lung and skin, as well as palliative radiotherapy.*

*Debra treats patients at GenesisCare at Nambour and Chermside, she also sees patients at Caboolture private hospital and Saint Stevens Hospital at Hervey Bay.*

*In her spare time she enjoys exploring around the Sunshine Coast and Brisbane with her family.*

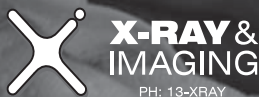




# THANK YOU FOR YOUR SUPPORT SO FAR!

In 2014 X-Ray & Imaging are aiming to donate **\$80,000** to Medecins Sans Frontieres (*Doctors Without Borders*) by donating **\$1** for every patient referred. We are only just shy of our target for the first quarter.

For more information or for referrals  
**Call (07) 5458 4406**



TARGET  
**\$80,000**



December

September

June

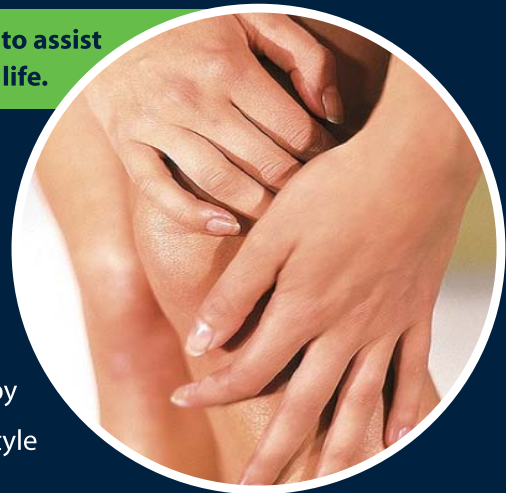
April



## Knee Osteoarthritis

**Sports & Spinal Physiotherapy offer OA management options to assist YOUR patients in progressing towards an improved quality of life.**

- Close liaising with you, the managing GP, in co-ordinating an individualised and successful management plan
- Individualised musculoskeletal assessment
- Hands-on manual therapy (soft tissue and joint mobilisation)
- Individualised diet and weight management
- Individualised exercise programs home, gym and hydrotherapy
- A long-term management focus where exercise, diet and lifestyle compliment patient expectations and improved quality of life



***"Take a positive step in the right direction"***

Veteran Affairs fully covered with GP referral. Exercise Physiology sessions bulk billed on EPC.



**sports & spinal**

**DON'T LET PAIN INTERFERE WITH YOUR LIFE...**

Visit us online:  
[www.SportsandSpinalPhysio.com.au](http://www.SportsandSpinalPhysio.com.au)

Buderim	5476 9068
Caloundra	5437 2679
Coolum	5351 1733
Kawana	5438 8511
Maroochydore	5479 1777
Nambour	5441 2744
Chermside	3833 2555
Sippy Downs	5635 7700

# AMAQ COUNCILLOR'S REPORT

## *Dr Wayne Herdy*

Well, the Budget has been handed down and it is inevitable that my column is going to include a few thoughts on that horror. Because a horror it was, worse for health than predicted in the speculation that led up to the night.

Before we get too entrenched, don't forget that the budget has to get past the Senate before it becomes law, and this draft Budget is not going to escape unscathed.

And an amusing aside, most of the media calls I got on the day following Budget night were asking for comments on controversial issues covering anything but the Budget – the more canny journos were predicting that their readers were getting Budget fatigue even before Joe Hockey made his speech.



### ***The biggest debate is going to be over the co-payment:***

1. A starting point is the near-universal recognition that it was desirable and possibly necessary to send some price signal to the consumer. Health care, especially aged care, is drifting inexorably towards a user-pays basis.
2. The \$7 quantum was a trifle more than the media hype was predicting, but only half of the \$15 recommended by the Commission of Audit.
3. What was unexpected was that there were no exemptions. We all expected to see the very young and the frail elderly excluded from a co-payment scheme. That did not happen. I worry about how some parents will decide whether to take their children to the GP at an early stage of illness. I could speculate very negatively about how this is going to be put into effect in dementia wings of nursing homes, especially during terminal care. Co-payments create another barrier to attracting younger GPs into nursing home practice.
4. We also were surprised to see pathology and radiology included in the co-payment scheme. This will inconvenience the sicker patients, despite the protection of the 10-visit cap.
5. There will be logistic difficulties - we all know that collection of small sums of cash is going to impose an administrative burden which costs almost as much as the amount being collected, but electronic transfers will make that burden less painful.
6. As Labor wailed, this is truly the end of Medicare as we know it. But if Medicare was unsustainable, we could debate that Medicare was beyond its use-by date.
7. Depending on your point of view, doctors will now become forced to collect their private fee that was previously collected for them by the tax office, but the opposite view is that we will now become unpaid tax-collectors for the Treasury. I favour the former view, but I am uncomfortable with the thought that I will become a tax collector.

Moving on from co-payments and on to the massive de-funding of hospitals, my take on this is that more of the cost of hospitals is going to be shifted to the States. This is an opening strategy to force the States to start demanding an increase in GST revenues. A Liberal sacred cow was the fixed rate of GST, and the many exemptions (including health costs). The States will now be forced to accept the blame for a renewed look at GST revenues.

And I have to add my personal cheering squad to a politically unpalatable component of the Budget – the shift from a culture of entitlement to a “culture of opportunity”.



## AMAQ COUNCLLOR'S REPORT

### Dr Wayne Herdy / cont:

The "learn or earn" component will force the young into jobs that they previously didn't want (and were often taken by itinerant overseas workers who took most of their income out of the country).

It's rough on the young unemployed, and their families who will house and feed them until they find their own ways. But I expect that most of my readers have worked and paid taxes all their lives, have never received government cash for doing nothing, and will also applaud the shift away from a mentality of triple-generation social service dependency.

This is hard love indeed, but we really cannot afford to have over 30% of the population living exclusively on government handouts while the taxpayer struggles to balance his own home budget.

My final thought turns to the proposal to review eligibility for the disability pension. While the media shows images of profoundly handicapped individuals drooling in wheelchairs, the reality is that most DSP recipients function at much higher levels, many enjoy part-time employment, and every GP knows of one or two pensioners with bad backs who obviously hang out substantial parts of their lives at the gym, or at least making the most of a good day on the surf beaches.

The medical profession has a responsibility to facilitate (but not ensure) that DSPs go to those who really need it. We are responsible for recording the relevant clinical information on which DSP eligibility is based. Since we are duty-bound to remain advocates for our patients, we have to give the government information that helps each patient obtain the maximum benefit that the system has to offer – but the treating doctor should never be the decision-maker who determines whether that patient actually receives a government benefit.

As always, the thoughts herein remain those of your correspondent,

Wayne HERDY.

**premion**  
first in cancer care

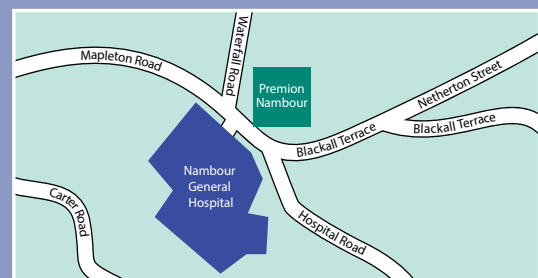


## Nambour Radiotherapy Treatment Centre to remain open

We are very pleased to inform you that, with the support of GenesisCare, the Premion Nambour Radiotherapy treatment centre will be remaining open.

GenesisCare is the largest provider of radiation therapy services in Australia treating over 1200 patients a day across 22 centres. The partnership will bring the best of both organisations to improve cancer services across Australia. We look forward to working with you to provide patients of the Sunshine Coast and the surrounding regions with the best possible levels of care.

- No wait
- Rapid access for patients
- Affordable radiation treatment
- Flexible payment options
- Experienced care
- Standard application of modern treatment techniques, including IMRT and IGRT
- Accommodation assistance
- Transport & travel allowances



**GenesisCare**

**Premion Nambour**  
10 Mapleton Road Nambour QLD, 4560

**To make an appointment or for further information about our services, please call us on:**  
Telephone: 07 5441 4311, or Fax: 07 5441 3511  
Office hours: Monday to Friday between 8.00am to 4.00pm

© CGEC0013 12x3

# MAY 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)

Work continues on transfer of care documents back to primary care (I wince less if I don't use the words "discharge summaries"! especially from Emergency Departments. There are a number of barriers which the consultants have identified, specifically that it is difficult to predict which GP the patient will actually follow up with. Despite best efforts there is a 30% inaccuracy rate in emergency department systems in identifying patients' GP. Whilst it may be hard to imagine this is the case when one has a reliable stable relationship with one's patients; we have to accept that this is the experience in Emergency and we are currently exploring options to overcome this difficulty.

A small randomised patient satisfaction survey was completed within the Nambour General Hospital Fracture Clinic. This is to be directly comparative to an off-site fracture clinic to measure any change in patient satisfaction with the initiative. The survey is an approved alteration of a number of questions taken from the NHS outpatient survey tool.

## Upcoming Workshops with FHN:

- Palliative Care Education Day - Sunshine Coast - Tuesday 27 May 2014
- 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

Initial feedback for the musculoskeletal clinic is very encouraging. The project officer is writing a business proposal to make this a permanent service. This will see non-operative patients diverted from the Orthopaedic wait list to a more appropriate assessment/treatment service again improving access for patients who need surgical intervention.

## Reminder re: change to process for referrals to Nambour Emergency Department.

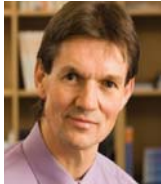
For those referrals where the GP believes **immediate hospital care is required** the referral can be faxed to a designated number in Emergency. For those where **advice is sought** or urgent pre-admission care is required in the practice whilst awaiting ambulance transport there will be a dedicated GP line to the Clinical Co-ordinator in Emergency. The Clinical Coordinator is a senior medical officer within ED who can assist with pre-hospital care advice and suitability for referral/transfer to the Emergency Department. This will reduce the amount of time busy GPs and Emergency Department Clinicians spend on the telephone without compromising patient safety at transition of care. **THIS FAX NUMBER IS FOR REFERRALS TO EMERGENCY DEPARTMENT ONLY.** There is no change to the current process for acute referrals to inpatient teams or outpatient services. Nambour General Hospital Emergency Department direct fax line: **5470 5480**. Nambour General Hospital Clinical Co-ordinator direct telephone: **5470 5170**.

If you have any enquiries about this process then please contact:

- Sandra Peters GPLO - Ph: **07 5470 6541**
- Email: [Sandra.Peters@health.qld.gov.au](mailto:Sandra.Peters@health.qld.gov.au)
- Deon Strydom (SMO Fast Track NGH) - Ph: **07 5470 5159**
- Email: [Deon.strydom@health.qld.gov.au](mailto:Deon.strydom@health.qld.gov.au)

## OFFER YOUR PATIENTS THE BEST POSSIBLE IVF JOURNEY

Since 1997, IVF Sunshine Coast Specialists have offered your patients the most extensive pool of expertise and knowledge that is available in the region. Consulting from Redcliffe to Gympie, your patients are provided with individualised care plans that best address their unique challenges and fertility aspirations.



**Dr James Moir**

Sunshine Coast Private Hospital  
Ph 07 5444 0799



**Dr Jeff Tarr**

Sunshine Coast Private Hospital  
Ph 07 5444 0369



**Dr Petra Ladwig**

Kawana Private Hospital  
Ph 07 5437 7244



**Dr Bogdan Benga**

Sunshine Coast Private Hospital  
Ph 07 5452 6926



**Dr Dana Moisuc**

Sunshine Coast Private Hospital  
Ph 07 5478 3533



**Dr Pravin Kasan**

Peninsula Private Hospital (Kippa-Ring)  
Ph 07 3284 4211



**Dr Mahilal Ratnapala**

Caboolture Private Hospital  
Ph 07 5495 9440

**IVF SUNSHINE COAST** in association with Queensland Fertility Group  
Kawana Private Hospital Phone 07 5493 7133 [www.ivfq.com.au](http://www.ivfq.com.au)  
IVF Sunshine Coast offers all patients a free initial interview.



**SUNSHINE COAST RADIOLOGY**

## Sunshine Coast Radiology is now open at **Sippy Downs**

Sunshine Coast Radiology has practices located across the region.

When visiting any Sunshine Coast Radiology location, patients will enjoy a caring experience with highly trained staff and the most up-to-date imaging equipment.

When referring patients to our practices, doctors will experience fast and reliable service to complement their delivery of excellent health care.



### Services in Sippy Downs:

- X-Ray
- Bone Densitometry
- Ultrasound including: Muskuloskeletal, Obstetric, Vascular and General Ultrasound
- OPG
- Procedures

2/1 Chancellor Blvd  
Sippy Downs QLD 4556  
[info@scradiology.com.au](mailto:info@scradiology.com.au)

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

For all Appointments  
Call **07 5430 3900**

**Your local imaging specialists**



# SUNSHINE COAST MEDICAL LOCAL

## Message from Pattie Hudson, Acting CEO

Sunshine Coast Medicare Local is disappointed with the Government's approach to primary healthcare in the Federal Budget. Scrapping Medicare Locals and replacing them with near-identical Primary Health Networks is far more costly than it would be to implement the recommendations of the recent Hovarth Review to simply improve on the existing system. A good PHN would build on the existing collaborations and partnerships that we have developed over the past two years.

All of the findings in the Review; improving patient pathways, working across the entire health system; highlighting the importance of general practice; operating efficiently; the importance of flexibility to plan locally; are currently being delivered efficiently and cost-effectively by Sunshine Coast Medicare Local.

Best practice evidence shows that primary health care is the most economical way to manage the cost of health service delivery. 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.

Our region is fortunate to have highly skilled and professional General Practitioners, allied health and health service providers. SCML will continue to work collectively with our local Hospital and Health Service, private hospitals, general practitioners, health service providers, Aboriginal and Torres Strait Islander Health Organisations and NGOs to promote primary healthcare to keep people well and out of hospital.

We look forward to leading the establishment of the Primary Health Network for our region.



## Mental Health Skills Training

Sunshine Coast Medicare Local in association with Check UP is pleased to provide Mental Health Skills Training (MHST); an interactive course which focuses on the assessment, planning and review cycle of common mental health conditions and the development of mental health treatment plans.

Cost: \$357.50 (this is a discounted rate, normal price \$429)

This course is accredited by the General Practice Mental Health Standards Collaboration, RACGP, ACRRM and ACMHN.

GPs who complete this training will be able to claim MBS item numbers 2715 and 2717 for the preparation of a Mental Health Treatment Plan.

Visit the 'What's On' page under 'News' on the SCML website [www.scml.org.au](http://www.scml.org.au)

## Chronic Disease Prevention and Management – How can we help you?

- Provide information management advice and support including practice software
- Support Primary Care Networks (GP's, Nurses, Practice Managers)
- Installation, aggregation, data cleaning support for effective use of data
- Assist your team in assessing the needs of your local practice population affected by chronic disease, find your at risk patients early
- Developing disease registers
- Support and enhance your business systems including use of the Medicare Item numbers, PIP incentives and Recall and Reminder systems

***If you are a new GP to the area or would just like some support with MBS item numbers, tools or resources, please contact Vanessa Lynn or Louise Collins on 07 5456 8100 or [vlynn@scml.org.au](mailto:vlynn@scml.org.au)***



## IRRESISTIBLE TEMPTATION MEETS IMPECCABLE TIMING

Rarely do opportunities align so perfectly. Five of the most desirable and dynamic Lexus lines - CT, IS\*, ES\*, GS and RX are now available for a low 1.8% comparison rate\*. Drive the car you've always wanted with not only a financial offering that is equally intelligent but, exclusive to SCLMA members, with the benefits of the Lexus Corporate Programme. The Lexus Corporate Programme includes benefits such as three year / 60,000km complimentary scheduled servicing, the convenience of complimentary service loan cars and the peace of mind of four years roadside assistance.

Please contact Michael Stewart on 0411 675 236 to discuss the Lexus Corporate Programme and all the benefits that are afforded to you as an SCLMA member.

# 1.8%

Comparison Rate\*

**LEXUS**  
OWNERSHIP SOLUTIONS

**THE LEXUS END OF FINANCIAL YEAR EVENT. ENDS JUNE 30.**

**LEXUS OF MAROOCHYDORE**

63 Maroochy Boulevard, Maroochydore | [lexusofmaroochydore.com.au](http://lexusofmaroochydore.com.au) | [f/LexusofBrisbaneGroup](https://www.facebook.com/LexusofBrisbaneGroup)

\*1.8% comparison rate available to approved Personal Applicants and a 1.8% annual percentage rate is available to approved Business Applicants of Lexus Financial Services for the financing of a new CT, IS (2013 build only & excluding IS F & IS 250C), ES (2013 build only), GS and RX models while stocks last. Excludes demonstrators. Finance applications must be received and approved between 1/5/2014 and 30/6/2014 and vehicles registered and delivered by 30/6/2014. Maximum finance term of 36 months applies. A balloon final payment option is available up to a maximum of 40%. Additional interest charges accrue whenever a balloon final payment option is selected. Conditions, fees and charges apply. Comparison rate based on a 5 year secured consumer fixed rate loan of \$30,000. WARNING: This comparison rate is true only for the examples given and may not include all fees and charges. Different terms, fees or other loan amounts might result in a different comparison rate. Lexus Financial Services is a division of Toyota Finance Australia Limited ABN 48 002 435 181, AFSL and Australian Credit Licence 392536. Lexus reserves the right to extend any offer.

## Two Specialist Imaging Centres

## One Convenient Location

### State-of-the-art equipment Hands-on radiologist

At Coastal Medical Imaging we provide a comprehensive radiology practice with state-of-the-art True Digital, low dose imaging equipment for all your general imaging needs.

We also provide a full-time, hands-on local radiologist on site that referrers can speak to anytime.

- Thoughtful relevant reports
- Lowest dose 16 slice CT scans
- Urgent referrals accepted
- Accurate image guided interventions
- No unsupervised ultrasound
- No off site or overseas reporting

Bulk Billing  
CT, X-Rays  
& General  
Ultrasound

**COASTAL**  
MEDICAL IMAGING CENTRE

### The Coasts only Comprehensive Advanced Women's Imaging Centre

The Specialist Women's Imaging Centre is the Sunshine Coasts only comprehensive Advanced Women's Imaging Centre. We have a highly experienced team of doctors and technologists. We offer the highest level 3-D diagnostic ultrasound in Obstetrics & Gynaecology, the only 3-D Diagnostic Breast Ultrasound available on the Sunshine Coast and the lowest dose Full Field True Digital Mammography.

Services include:

- **HyCoSy and HSG** for fertility investigations
- **Hysterosonography** for endometrial assessment
- **Advanced Obstetric Ultrasound**, including amniocentesis
- **Breast Biopsy**, including Vacuum Assisted core biopsy, Digital Stereotactic core biopsy and FNA.

Specialist  
Women's  
Imaging  
Centre



Ask your  
doctor for a  
referral today

**07 5413 5000**  
[coastalxray.com.au](http://coastalxray.com.au)

**724 Nicklin Way**  
Currumbundi QLD 4551

**Dr Janusz Bonkowski**

NEUROSURGEON &amp; SPINAL SURGEON

Specialising in:

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

**Dr Terry Coyne**

NEUROSURGEON &amp; SPINAL SURGEON

Dr Coyne visits SCUPH monthly and specialises in:

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

**Consulting at:****Sunshine Coast University  
Private Hospital**Medical Suite 11  
3 Doherty Street  
Birtinya QLD 4575**Noosa Hospital**Suite 4, Ground Floor  
111 Goodchap Street  
NOOSAVILLE QLD 4566

IN PARTNERSHIP WITH



PROUD SUPPORTER OF

**Local Care**

07 5493 5100

07 5493 6100

scbrainandspine.com.au

Sunshine Coast's first resident neurosurgeon and spinal surgeon

**PROTECT YOUR WILD SIDE**

At Sunshine Coast Dive  
& Travel Medicine,  
we specialise in dealing  
with difficult and  
complex travel problems.

- A full range of vaccines available for any destination; Rabies, Japanese Encephalitis, Tuberculosis (Mantoux test & BCG), QFever, Yellow Fever, Malaria
- Comprehensive travel advice for everyone; families, children and pregnancy
- Travel Medicine Alliance & International Society of Travel Medicine member

**Dr John Kenafake**  
M.B.B.S (QLD)**ph. 07 5443 2122**

www.traveldivemedicine.com.au

7 Day Medical Centre  
150 Horton Pde, Maroochydore  
(opposite Hungry Jacks)



## Letters to the Editor .....



Dear Colleagues

*It's time after 84 years of life to resign as a member of this wonderful Association and to go back to the roots where I came from, back to Switzerland.*

*I spent 20 years of my retired life in this wonderful country Australia and I spent a good time with the SCLMA where I could follow the progressive development and state of the art in medicine as well as the newest trend in health politics. Thank you!*

*I wish the SCLMA all the best! Be strong and think that we are not a Union but a very strong Association!!  
With kind regards*

Fernand Michot  
2 April 2014



### **Co-payments, and why they're not always appropriate ..... Edwin Kruys**

*A one-size-fits-all approach doesn't work in my job. There are always plenty of valid reasons why a particular approach or treatment works for one person but not for another.*

*One-size-fits-all healthcare is bad medicine. Bulk billing everyone doesn't make sense. It's not necessary and doesn't cover the costs. In the same way, charging a co-payment across the board doesn't make sense either.*

*There are people out there doing it tough, such as Melbourne mother Kaye Stirland who wrote treasurer Joe Hockey a letter that went viral on social media. Kaye represents a group of people who cannot afford to pay \$7 to see their GP.*

*The co-payment also puts healthcare providers in a difficult position. RACGP president Liz Marles said in Medical Observer: "There will be times with patients we all see – mentally ill patients, young people, homeless people, people just doing it really tough – where GPs will have to waive that money. That will mean that GPs will not only lose that \$5 but if they are a concession card holder you're also losing the \$6 bulk-billing incentive."*

*I believe there's nothing wrong with co-payments in general. In the end bulk billing is not sustainable if Medicare rebates don't keep up with inflation and business costs.*

*AMA president Steve Hambleton was quoted by MO saying this: "If the minister says he thinks people should pay a co-payment if they can afford to do so, the AMA has no problem with that. (...) But we believe there are people who can't afford to... We need to know what we're going to do about low-income earners."*

*Some vulnerable groups should be excluded from paying co-payments when they visit their healthcare providers. Co-payments are not always appropriate.*

*Edwin Kruys is a GP at Golden Beach Medical Centre. He blogs at [Doctorsbag.net](http://Doctorsbag.net).*

# MEDICAL MOTORING

with Doctor Clive Fraser



## Holden Kingswood

### “On Budget”

Regular readers of this column know that I always do my best to steer clear of politics.

After all this is the “motoring column” and I’m not Andrew Bolt.

But it’s been difficult since the Federal Budget to think about anything else and in particular its impact on those that I regard as vulnerable and less fortunate.

Whilst there are undoubtedly those that will be better off after Joe Hockey’s song and dance I dare not mention their names for fear of being barraged with mail from medical researchers and pregnant company executives.

But I did want to spare a thought for university students, unemployed youth, pensioners, families, the poor, the sick, asylum seekers and any Australian born after 1965.

When university students staged an overly long protest on Q&A recently Federal Education Minister and Leader of the House Christopher Pyne remained remarkably calm and tight-lipped when he responded by asking the audience to “wait and see” what was in the Budget.

As if he didn’t already know?

At the other end of life we can now expect to officially have the world’s oldest retirement age at 70 whilst those workers from Pakistan, India, China, Russia and Ukraine down tools at 60.

Even John Howard retired at 68.

Coming from Queensland it’s not surprising that none of these cutbacks were mentioned in the lead-up to the last election and we should all just accept that none of this would be happening if it wasn’t for that nasty right-wing Commission of Audit.

Whilst there have been accusations of broken election promises, I’d simply see what’s happening as prevarication.

Not that we should expect anything else, they are politicians after all.

But for me the lowest point of all in the recent debate was when our Federal Health Minister and member for Dickson the Honourable Peter Craig Dutton MP likened Medicare to a Holden Kingswood in a speech last month.

My aversion to Mr Dutton started in 2001 when he won the seat of Dickson from The Honourable Ms Cheryl Kernot.

Just like Gareth Evans I loved Ms Kernot very much especially for her ability to work with political opponents for the good of the people.

But is Peter Dutton being un-Australian by taking a swipe at our national icon (the Holden Kingswood)?

And Mr Dutton will need to watch his words with the Motoring Enthusiast Party having such a strong position in the Senate.

I’d dare say that the Holden Kingswood and Medicare have nothing in common.

For starters the Kingswood was an affordable and popular vehicle targeted at meeting the needs of Australian families.

Replacing a long line of Holden Specials the first HK Kingswood rolled off the production line in 1968 when John Gorton was PM.

The HK carried over the 186 cubic inch motor from the much-loved HR Holden, but for the first time in Holden’s history you could order a Kingswood with a Chevrolet 307 cubic inch (5.0 litre) V8.

It wasn’t until the next HT model that automatic transmissions came with three speeds (Tri-Matic).

Up till then autos only had a two speed Powerglide transmission, but the three speeder was prone to failure and came to be known as the Traumatic.

The HG had only minor cosmetic changes until the all-new HQ which had two new sixes (173 and 202) and a choice of three V8’s (253, 308 and 350).

The HQ had coil springs on the rear, but handling was limited by cross-ply tyres.

## MEDICAL MOTORING /cont:



The HJ went metric with the engine displacements becoming 2.85, 3.3, 4.2, 5.0 and 5.7 litres.

In 1975 Gough Whitlam gave Australia Medibank and Holden gave us the Kingswood Vacationer which had radial tyres, carpets and a radio.

Emission controls saw the HX drop the 2.85 litre six, but handling didn't receive attention until the very popular HZ with its radial tuned suspension.

Anyone who has read this far will agree that (unlike the Federal Government and Medicare) Holden made incremental changes to the Kingswood culminating in a vehicle that is still much loved.

Perhaps the only way I can excuse Mr Dutton for his comments about the Kingswood is to note that he wasn't even born when it was released and he was only 10 years old when production ceased in 1980.

**Holden Kingswood HK HT HG HQ HJ HX HZ (1968 – 1980)**

**For:** Spawned its own TV series (Kingswood Country)

**Against:** Large cars didn't need to be as large as families became smaller.

**This car would suit:** Anyone who doesn't believe that the age of entitlement is over.

**PS** In the sit-com Kingswood Country Ted Bullpit would constantly ask, "Where's the bloody Kingswood" and prophetically said, "No wonder the country's in a mess!"



Safe motoring,  
Doctor Clive Fraser

Email: [doctorclivefraser@hotmail.com](mailto:doctorclivefraser@hotmail.com)

ADVERTISING/LOCAL BUSINESS PROFILE

## Restoring your confidence with bladder control

Dr Petra Ladwig from Suncoast Women's Centre understands the problems most women face after giving birth. One of the most embarrassing side effects is often incontinence which can occur due to weakened pelvic floor muscles. A lot of women simply put up with this as the natural course of being a woman after child birth but this need not be the case. If addressed early these problems can be managed, improved and even cured by something as simple and painless as sitting in a chair, fully clothed for 20 minutes!

The pelvic floor controls your urinary, bowel and sexual functions yet these muscles are your most neglected. The new 'Wave Brilliance' Magnetic Pelvic Floor Stimulation chair (magnetic chair) uses magnetic fields to stimulate nerve impulses which rapidly flex and tighten your pelvic floor muscles. This is the equivalent of approximately 200 pelvic floor contractions every minute at 20 times greater the intensity than the patient can do themselves! It is the ideal way to kick start or regenerate the pelvic floor and surrounding muscles to restore strength, endurance and continence.

Treatments are tailored to individual patients but a typical therapy program consists of two 20 minute treatments per week for eight weeks. Of course children are most welcome to attend with you and can simply sit and play whilst you undergo your treatment. For more information about the new Wave Brilliance magnetic chair treatment phone the Suncoast Women's Centre on 5437 7244 or visit Suite 5, 5 Innovation Parkway, Birtinya (Kawana). Medicare rebates available.

## Dr Petra Ladwig

Infertility and Gynaecology



### Providing:

- IVF and Infertility Services
- Colposcopy and treatment with abnormal smears
- Pre-conceptual counselling and antenatal shared care
- Pelvic floor reconstruction/incontinence surgery
- Contraception and menopause counselling
- General gynaecology
- Magnetic chair pelvic floor rehabilitation

Director of IVF Sunshine Coast



**SunCoast Women's Centre**

Suite 5 Sunshine Coast Surgical & Specialist Centre  
5 Innovation Parkway, Birtinya Q 4575  
**Phone: 07 5437 7244**  
Fax: 07 5437 7027



## Exercise is Medicine Literature Review – Gemma Egan – B.ClinExSc,ESSAM,AEP

---

According to the World Health Organisation (WHO) Physical Inactivity is responsible for 5.5% of deaths globally and has been identified as the fourth leading risk factor for mortality in the world. Worldwide the levels of physical inactivity are rising with gross implications for the health of people globally. It is estimated that physical inactivity attributes to approximately 30% of the ischaemic heart disease burden, 27% of diabetes incidences and 21–25% of the breast and colon cancer burden<sup>1</sup>. In Australia, in the year 2003 physical inactivity was responsible for approximately 6.6% of the disease burden<sup>2</sup>.

The Australian Institute of Health and Welfare (AIHW) reported that over 7 million Australians aged 18-75 years which is 54% did not participate in sufficient physical activity to achieve adequate health benefits; based on data collected in The National Physical Activity Survey 2000. The AIHW revealed that over 2 million of these individuals lead sedentary lifestyles, meaning they did no physical activity in their recreational time<sup>3</sup>. The most recent survey by the Australian Bureau of Statistics in 2011-12 revealed that almost 70% or 12 million of Australian adults are either living sedentary lifestyles or have insufficient levels of physical activity<sup>4</sup>.

In Australia, it has been established that not only does physical inactivity have major health consequences for the population but it also results in hefty economical costs. In 1993-1994 the total cost of physical inactivity in Australia was estimated to be \$377 million and this total consisted of \$161 million for coronary heart disease, \$101 million for stroke, up to \$56 million for depressive disorders, \$28 million for type two diabetes, \$32 million for colon and breast cancers<sup>5</sup>.

It has been shown that participation in regular physical activity can reduce the occurrence rate of cardiovascular disease & high blood pressure by 40%, the risk of breast cancer mortality and recurrence by approximately 50%, the risk of colon cancer by greater than 60% and the risk of Type II diabetes occurrence by 58%. It has also been shown to the lower the risk of Alzheimer's incidences by 40%, decrease the risk of stroke by 27% and reduce the effects of depression more effectively than some drugs and psychological therapies<sup>6</sup>.

The American College of Sports Medicine recommends that adults should participate in at least 150 minutes of moderate-intensity cardiorespiratory exercise per week. Resistance training is also important adults should train each major muscle group two or three days per week with the use of a variety of exercises<sup>7</sup>. It is also stressed that those unable to meet recommended guidelines can still benefit from some physical activity because some is better than none. With the use of the dose-response concept exercise as medicine can be illustrated. The dose-response concept explains the correlation between the amount or dose of physical activity and a health outcome. The dose can be quantified in terms of a single component of activity such as frequency, duration, intensity or as the total amount of activity. This concept is comparable to the prescription of a medication where the expected response will vary as the dose of the medication is modified<sup>8</sup>.

### References

1. Global health risks: mortality and burden of disease attributable to selected major risks [Internet]. Geneva:WorldHealthOrganization;2009[cited 2014 April 21]. Available from: [http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf)
2. Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia 2003. [Internet]. Canberra: Australian Institute of Health and Welfare; 2007 [cited 2014 April 20]. Available from: <http://www.aihw.gov.au/publication-detail/?id=6442467990>
3. Australian Government. Australian Institute of Health and Welfare [Internet]. Canberra ACT: Australian Institute of Health and Welfare; 2013 [cited 2014 April 26]. Available from: <https://www.aihw.gov.au/risk-factors-physical-inactivity/>
4. Australian Government Department of Health. The Department of Health [Internet]. Canberra ACT: Department of Health; 2014[updated 2014 February 7; cited 2014 April 26]. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/copyright.htm>
5. Stephenson J, Bauman A, Armstrong T, Smith B, Bellew B. The costs of illness attributable to physical inactivity in Australia: a preliminary study. [Internet]. Canberra: Department of Health and Aged Care and Australian Sports Commission; 2000 [cited 2014 April 12]. Available from: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459747>
6. Fact sheet: EIM Factsheets [Internet]. Exercise is Medicine (US); 2010 [cited 2014 April 20]. Available from: [http://exercisemedicine.org/documents/EIMFactSheet\\_all.pdf](http://exercisemedicine.org/documents/EIMFactSheet_all.pdf)
7. Garber C, Blissmer B, Deschenes M, Franklin B, Lamonte M, Lee I, Nieman D, Swain D. Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise. American College of Sports Medicine [Internet]. 2011 [cited 2014 April 26];43(7):1334-1359. Available from: <http://acsm.org/about-acsm/media-room/news-releases/2011/08/01/acsm-issues-new-recommendations-on-quantity-and-quality-of-exercise>
8. Physical Activity Guidelines for Americans Summary [Internet]. Washington D.C.: Office of Disease Prevention & Health Promotion, US Department of Health and Human Services; 2008 [cited 2014 April 26]. Available from: <http://www.health.gov/paguidelines/pdf/paguide.pdf>



# Ulna-Lunate Impaction Syndrome

## Findings

Chondromalacia at the ulnar head, ulnar side of the lunate and the radial side of the triquetral bone. Small focus of increased signal is seen in the triangular fibrocartilage suspicious for a small central tear. Findings are suggestive of ulnolunate impaction. Fluid is seen in the sheath of the extensor carpi ulnaris suggestive of tenosynovitis.

## Diagnosis

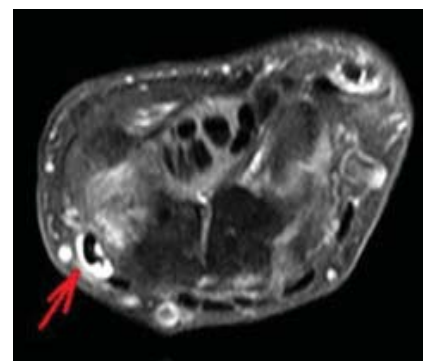
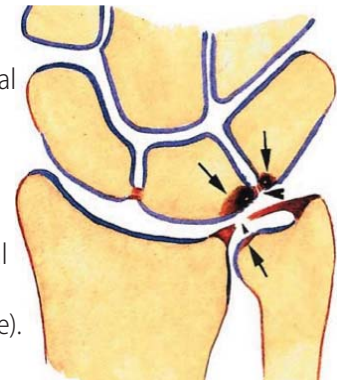
Ulnolunate impaction syndrome.

## Discussion

Ulnar impaction syndrome, also known as ulnar abutment or ulnocarpal loading, is a degenerative condition characterized by ulnar wrist pain, swelling, and limitation of motion related to excessive load bearing across the ulnar aspect of the wrist. Chronic impaction between the ulnar head and the TFC complex and ulnar carpus results in a continuum of pathologic changes- degenerative tear of the TFC; chondromalacia of the lunate bone, triquetral bone, and distal ulnar head; instability or tear of the lunotriquetral ligament and finally, osteoarthritis of the ulnocarpal and distal radioulnar joints.

## Treatment

Treatment of symptomatic ulnar impaction is complex in that it varies with the amount of ulnar variance, the Palmer lesion class (of TFCC), the shape of the sigmoid fossa and ulnar seat and the presence of concomitant lunotriquetral instability. Briefly, patients with no TFC perforation are managed with an open wafer procedure which consists of surgical resection of the distal most 2–3 mm of the dome of the ulnar head or formal ulnar shortening (ie, excision of a slice [generally 2–3 mm wide] of the ulnar shaft followed by rigid fixation). When the TFC is already perforated the head of the ulna can be burred down with the help of arthroscopic instrumentation (arthroscopic wafer procedure). This procedure is minimally invasive, highly effective, and allows rapid return to normal activities. More advanced cases are managed with salvage procedures such as complete or partial ulnar head resection (Darrach procedure and similar procedures) or arthrodesis of the distal radioulnar joint with distal ulnar pseudoarthrosis (Sauve-Kapandji procedure).



**CLINICAL HISTORY:** Intermittent right wrist pain with tenderness over ulna since accident one month ago. No evidence of fracture on a plain radiograph.

REFERENCES:  
RadioGraphics 2002 ; 22:105–121

[www.scradiology.com.au](http://www.scradiology.com.au) - May 2014

Your Local Imaging Specialist



## Waiheke Island “A Slice of Heaven”



What could be more perfect? A 40 minute ferry ride from one of the most stunning natural harbours in the world, a four minute cab ride over undulating and serpiginous roads to enter upon a world where the visionary has transformed a windswept terrain into patchworks of floral bouquets. This is Mudbrick Vineyards on Waiheke Island, in the Auckland harbour precinct.

Originally reputed more as a high end restaurant with stunning views looking back to Auckland, Mudbrick has come of age in a vinous sense. It has reversed the “restaurant with a winery” tag to be a winery with a serious portfolio. Purchased in 1992 by owners Nicholas and Robyn Jones, two disillusioned accountants in their mid twenties, Mudbrick became their Nirvana. A second parcel of land is located at Shepherd’s Point in Onetangi. Overcoming the challenges of climate, vandalistic herbivores and the fiscal woes of being a small producer, the Jones’s philosophy of quality leading to longevity has paid off. So too has the efforts of sustainability with vegetable matter recycling.

1996 was the first vintage and the sinusoidal learning curve has lead to a better sense of outcome. Nick tells me that they trellis high and hand pluck leaves to expose the fruit to sunlight to reduce stalky and unripened characteristics in the wine. Sunburn is not an issue in a mild growing climate that sees Cabernet being handpicked long into April. The maturation of wind break tree planting has aided in reduced fruit damage. Varieties grown on the island include Cabernet Sauvignon, Merlot, Shiraz, Viognier, and Chardonnay. They produce about 20,000 bottles per year from their vineyards and have delved into sourcing varietals such as Marlborough Sauvignon Blanc and Central Otago Pinot Noir. Why? Because the punters expect this from NZ wineries.

It might appear to be a little tent, but there’s a big show on inside. The recent accolades are testament to this and include an Air New Zealand trophy winning Syrah and other gold medal performances. The 2010 vintage was stellar according to Nick. Unfortunately to obtain these wines, you have to have them sent to Australia and get in quick as they sell out fast. I believe that for \$90 per carton transport fees and the strong Aussie dollar make a carton or two wise monetary sense. More importantly, Mudbrick has soulfulness.

As with a lot of boutique productions, the sense of being and connection to the land is palpable especially when you are back home sipping on that newly arrived cool climate Syrah and you are immediately transported back to high cliffs, azure blue expanses dotted with agitated flickering sails that is Auckland harbour.

### Wines Reviewed

#### **Mudbrick Waiheke Island Viognier 2010**

- handpicked and fermented in 2 and 3 year old barrels and left for 10 months. Yellow in colour with classic apricot nose with a hint of citrus and Asian spices. Broad palate with a touch of acidity that would match Tesuya’s famous Spanner crab, Foie Gras and Tofu entree.

#### **Mudbrick Waiheke Island Rose` 2011**

- made from Syrah grapes with only an hour of skin contact. Pale ruby colour, with notes of strawberry and black pepper. Subtle juicy fruit taste with mild tannins and acidity that make this a great anti-pasto match or aperitif.

#### **Mudbrick Waiheke Island Reserve Cabernet Merlot 2009**

- a good ripening year which has lead to rich plum and cassis fruit aromas combined with hints of chocolate. An intense fruit taste across the palate leaving lingering balanced tannins. Try with a nouveau style Coq au Vin.

#### **Mudbrick Waiheke Island Reserve Syrah 2010**

- An exemplary year of good vineyard conditions has lead to this trophy winning wine being lauded as one of their best. Deep purple colour with dark spicy plum nose scented with violets, black pepper and hints of chocolate. A luscious balanced palate that says decanter for at least one hour or give me 7 years in the bottle. Try with slow braised lamb rack and spiced quince jelly.

Dr Plonk .....







# Every step could be doing you damage. **We fix your feet – for life.**

We use new patented evidence-based Orthotic Technology!

## **Guaranteed Outcomes**

- Evidence-based research in Biomechanics and Kinetic Orthotic therapy
- Leading therapeutic technology including:
  1. Shock Wave therapy Machines, excellent for treating chronic plantar fasciitis and Achilles tendonitis.
  2. New Photodynamic Fungal Nail Therapy Unit, highly effective and significantly safer than existing laser for this treatment
- Passionate and experienced Team committed to delivering the best possible treatment for our patients on the Sunshine Coast and in Brisbane.

## **Locations**

Maroochydore, Noosa, Nambour, Caloundra, Morayfield and Indooroopilly, with satellite practices at Mapleton and Kenilworth.

**All EPC patients Bulk Billed**

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

**Phone: 1300 130 410**





## An Expedition to South-East Asia

**Destinations which have so much to offer that one wants to come again and again!**

Cambodia and Vietnam in South-east Asia offer an unforgettable family experience. They are uncharted territories for tourists and activities range from a pony ride, to visiting vast spaces uninhabited by man, and from amusement parks to visiting museums. It is a destination that can enthrall young to old!

Whether one is adventurous, shopaholic or a historian, South East Asia leaves everyone's hunger for travel completely satiated.

### For Shopaholics

Ho Chi Minh City has long been synonymous with lacquer ware because it's considered to be unarguably the best in the world. Check out the lovely pieces of jewellery, local handicrafts, amber, furniture, antiques, silk and apparel to delight your shopaholic soul.

Siem Reap offers a wide bouquet of items to choose from. It ranges from pretty feminine cotton frocks, stylish clothing, world famous artificial jewelry, original art, lacquer ware, colorful elephants and sculpted Buddha images and beautiful scarves.

### For Nature Lovers

- An old fashioned elephant ride in the land not inhabited by the humans
- Riding a horse in the country side!
- Beautiful jungles while visiting Angkor.

### Food to binge on

Ho Chi Minh City offers seafood, cheap chilled beer and a locally made coffee as a local cuisine. Added to this, there are plenty of drinks available on streets. It is said that one should leave their houses without drinking water as there are plenty of drinks available to quench thirst. Some of the popular drinks include coconut juice, sugarcane juice, smoothies of all kinds, and Nuoc Sam or herbal tea. Stir up your taste buds and satiate your thirst!

Siem Reaps' local cuisine is most interesting amongst all the Asian countries. It offers big black spiders served on a platter with butter and garlic! It is a lifetime experience even though you might be feeling a little weird while reading this! Believe me, I stayed well away from this!

### For the Historians

Angkor offers temples, monasteries and buildings which have not been overwhelmed by the jungle. It's an exhilarating travel of a rich cultural past. It's not only for the intelligentsia but the normal people as well. The Kurukshetra wars, Good v/s evil war, are some of the thousands of artifacts available on display to the public.

The three museums, Hi Chi Minh, Revolutionary and Vietnam History Museum in Vietnam keep one aware of the rich cultural heritage of the land.

### City Person

The co-existence of modern sky scrapers with hawkers selling clothes and food is a sight like no other. The marriage of modernity and traditional Vietnamese ethos leaves one completely overwhelmed.

### Adventure is fun!

The activities range from elephant rides, conventional dancing and horse riding. It's noteworthy to mention the boating experience the city offers. Millions of people throng the city for boating competition and the wild nightly fireworks in the month of October.

### What has been planned for you?

The itinerary has been developed by keeping in mind all the must-see attractions of South East. It's our endeavor to ensure we have everything for everyone!

- Shopping - We explore the best shopping places in south East Asia. We ensure that we take you to all the places. Our experts will guide you to the oldest shops to collect souvenirs for family and friends.
- The must do – Visiting Elephant Terrace. We explore the museums on foot and if desired from a locally arranged pickup truck. Our experts will guide you of the rich cultural heritage and nudge you through the elephants.
- Get the Thrills - Go Boating - enjoy the wonders of the sea world. For the less adventurous, just sit back, relax and enjoy the pristine environment in a thatched hut.
- Visit Angkor Wat; This is a walking tour to explore the wonders of flora and fauna of the most ancient temple of South-East Asia.

**Get ready to explore the wild country side and rich cultural heritage, get ready for South-East Asia.**

**Cheryl Ryan** [www.123Travelconferences.com.au](http://www.123Travelconferences.com.au)





## **The Importance of Reviewing your Insurance Policies**

I was recently referred a client who has a range of personal insurance policies including Term Life, Total & Permanent Disability (TPD), Trauma and Income Protection. The policies were set up via another adviser over 5 years ago and the client's main concern was that he had not heard from the adviser since the initial policy was taken out and he believed he was paying a hefty premium compared to his partner's policy.

On review of the policies, I discovered that the client had a 50% premium loading on his Term Life and TPD cover, 100% premium loading on the Trauma and Income Protection and a bowel cancer exclusion on the Trauma contract.

I initially reviewed the existing policies against the market on a like for like basis and it was still in the client's best interest to remain with his existing insurer due to the type of definitions and products they offer for self-employed clients and the premium remained competitive. The second process was reviewing the existing loadings and exclusion with the senior underwriter to see what could be removed or lowered given the client's current health. I discovered that the reason for the initial premium loadings and exclusion was due to a combination of family history issues with bowel cancer and the fact that the client was diagnosed with Atrial Fibrillation approximately 6 years ago.

An important aspect with the insurance company was that they had a product upgrade 2 years ago where existing clients could apply to upgrade their policies to the new contracts without any medical underwriting. The new contracts also provided more favourable underwriting terms especially in regards to family history issues.

I completed a new upgrade application with the client which also simply involved a copy of the most recent colonoscopy and cardiologist report. After a meeting with the senior underwriter the insurance company agreed to remove all premium loadings and exclusions. The result in dollar terms was a **premium reduction of over \$2,700 p.a.** The client now also has a Trauma policy with full cover in regards to bowel cancer and the new contract also provides greater flexibility in regards to heart attack, melanoma and prostate cancer.

If the client's existing adviser was doing his job and reviewing policies annually, the above result could have been achieved 2 years ago which would have already saved the client over \$5,400. More importantly, if the client was diagnosed with bowel cancer in the last 2 years he would not have been covered under his existing adviser.

We prepare an annual review for all clients. If you would like to talk about your situation or have a simple question please call Hayden White, Risk Specialist at Poole Group **5437 9900**.



**Media Release**

15 May 2014

**SILVER CHAIN QUEENSLAND'S HOSPITAL IN THE HOME SERVICES COMMENCE ON THE SUNSHINE COAST**

A new, free service enabling patients with acute conditions to be treated in the comfort of their own home has commenced on the Sunshine Coast. Hospital in the Home (HITH) is delivered by not-for-profit organisation Silver Chain Queensland in partnership with RSL Care and Telstra Health.

Hospital in the Home is available to patients from the Sunshine Coast Hospital and Health Service, including Nambour Hospital, Caloundra Hospital, Maleny Hospital, and Gympie Hospital. Hospital level treatment will be provided at home under the care of a medical practitioner for conditions including skin, urinary tract and lung infections, plus blood clots in the legs and lungs. HITH is available 24 hours a day, seven days a week.

Moir Goodwin, Queensland State Manager, says Silver Chain Group is excited to give the Sunshine Coast community the option to receive safe, sustainable, high quality hospital level care at home.

"Hospital in the Home gives people the ability to receive hospital level care from qualified nursing and medical staff in their own home. It reduces the disruption to the patient's life, gives them more independence and involvement in their own treatment, and it means family and friends can visit anytime. It also reduces the risk of infection."

Silver Chain, alongside partners RSL Care and Telstra Health, already provide HITH services in Brisbane. The Silver Chain led team is professionally trained to deliver quality services and coordinate care requirements, and will bring experience, knowledge and expertise to benefit the Sunshine Coast community.

Mrs Goodwin adds: "Silver Chain has sector leading capacity to deliver complex healthcare in the home. Since 2009, Silver Chain Home Hospital in Western Australia has provided a large scale HITH program throughout metropolitan Perth, where we provide approximately 110 virtual 'beds' as an alternative to hospital based acute care for conditions that often lead to hospitalisation.

Most recently we've been involved in the launch of the HITH services for Metro North Hospitals in Brisbane where we've delivered care to 80 patients."

Hospital in the Home is a publicly funded service, free to eligible patients. Participation in HITH is voluntary, with access depending on the patient's condition and treatment. Some patients may be directly admitted from the emergency department or may have a stay in hospital first, and then be transferred into HITH to continue their treatment at home.

Silver Chain Group has over 3,000 staff and 400 volunteers and assists over 87,000 people throughout Western Australia, South Australia, Queensland and New South Wales to remain living in their homes and community each year.

To find out more about Silver Chain Group visit [www.silverchain.org.au](http://www.silverchain.org.au).

6 Sundercombe Street, Osborne Park, WA 6017

Tel (08) 9242 0242 | Fax (08) 9242 0268  
info@silverchain.org.au | www.silverchain.org.au

Silver Chain Nursing Association (Incorporated) ABN 77 119 417 018

# UPDATE .....

**SCLMA 'CHRISTMAS in JULY'**

**SATURDAY 19 JULY 2014**



**PELICAN WATERS GOLF RESORT  
PLAN A TABLE WITH FRIENDS!  
DON'T MISS OUR ONLY SOCIAL  
EVENT OF THE YEAR!**

**ENTERTAINMENT WITH A DIFFERENCE !!  
WE HAVE BOOKED LOCAL BAND - "M7"**

M7 was formed after seven local business people decided to pursue their passion for music with weekly jam sessions in July last year. The band includes doctors Michael Ryan and Roger Morris, Osteopath Andrew Urbahn, Solicitor Mark Bray, Medical-Rep Shane Harvey, IT Guru Nathan Kennedy and School Teacher Ken Kiernan.

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

**SPONSORSHIP TO DATE ....**

**Sullivan Nicolaides Pathology, Sports & Spinal  
Physiotherapy, The Sunshine Coast Private Hospital,  
NabHealth & Medfin, Ramsay Health (4 hospitals),  
Oceania Oncology and Snap Maroochydore.**

**THANK YOU!**

# JDC 2014

AMA QUEENSLAND JUNIOR DOCTOR CONFERENCE

LEARN FROM **TODAY,**  
INSPIRATION  
FOR TOMORROW.

**SATURDAY - SUNDAY**  
**28 - 29 JUNE 2014**

**PULLMAN HOTEL**  
KING GEORGE  
SQUARE BRISBANE

**BE AN  
EARLYBIRD AND  
YOU COULD WIN!**

All earlybird registrations go in  
the draw to win a \$1,500  
Qantas gift voucher  
proudly provided  
by premium  
sponsor  
Investec\*

## EARLY-BIRD OFFER

- **\$199 - STUDENT/INTERN**  
(two days + cocktail party ticket)
- **\$275 - JUNIOR DOCTOR 2-5 YRS**  
(two days + cocktail party ticket)
- **\$350 - SENIOR DOCTORS**  
(two days + cocktail party ticket)

Early-bird prices are available  
until 1 May 2014

## CALL FOR ABSTRACTS

Junior doctors are invited to submit  
abstracts for short 10 minute research  
presentations, or alternatively, their  
'best moment in medicine'. Go to [www.amaq.com.au](http://www.amaq.com.au) for more information.



For all conference details visit  
[www.amaq.com.au](http://www.amaq.com.au)

Proudly supported by  
the Queensland Government

Premium sponsor

Proudly sponsored by



Queensland  
Government



MDA National





**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084****MEMBERSHIP APPLICATION**Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: [jobo@squirrel.com.au](mailto:jobo@squirrel.com.au)

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

The Sunshine Coast Local Medical Association has Public Liability Insurance

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 27 MARCH 2014  
Ebb Waterfront and Dining Restaurant, Maroochydore  
MINUTES  
(Accepted at Committee meeting 24 April 2014)**

The meeting opened 1815. (A very stormy night)

**Attendance:** Drs Di Minuskin, Rob Ingham, Peter Ruscoe, Wayne Herdy, Kirsten Hoyle and Nigel Sommerfeld. Dr Fiona McGrath (Medicare Local) joined the meeting later.

**Apologies:** Drs Mason Stevenson, Marcel Knesl, Denise Ladwig, Scott Phipps, Byron Oram, Jeremy Long and Scott Masters.

*In view of the fact that there was no quorum, the attendees determined that they could proceed with the meeting but could not pass any motions that would bind the Association or the members.*

**Minutes of last meeting: 27 February 2014.**

The Minutes were accepted. Moved: Kirsten Hoyle. Seconded: Rob Ingham.

**Business arising from Minutes: Nil**

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

- Ongoing issues re discharge planning and discharge summaries at SCUPH. Correspondence from Oli Steele (CEO SCUPH) does not address the previous concerns raised about post-op physician cover adequately. Di will be meeting with Oli again in May. Di feels it will be valuable to take up his offer of 3 monthly meetings.
- Issues with medical record access at SCHHS. Di had a long chat with Piotr Swierkowski and he has sent a letter clarifying the policy at his end, Di has suggested a copy of the details in this letter be published in the newsletter as well as approaching Medicare Local and Focus Health Network to do the same on their websites.
- Di pointed out further education is required at their end to reduce the burden of 6,500 requests per year – (a) if doctors want us to follow up then make sure we get the results; (b) keep in mind time frames.

**Vice President's Report: Dr Rob Ingham.** Nil additional.

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

**Correspondence In:**

(correspondence circulated to committee members prior to meeting)

- Dr Roger Morris – to Di Minuskin, Oli Steele & Dr Doug Maclean (by email)
- Mr Oliver Steele, CEO, SCUPH – re patient concerns (Dr Roger Morris)
- A/Prof David Coman – re Next Generation Sequencing Testing

**Correspondence Out:**

- Dr Di Minuskin – to Roger Morris re patient concerns (by email)

**Business arising from Correspondence:**

- President Di Minuskin will conduct ongoing discussions with SCHHS CEO with regard to discharge information; GPs are particularly concerned that information is not transmitted in a timely fashion.

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

Accounts to be paid:

- Australia Post – Account February 2014
- Australia Post – PO Box Renewal
- Office National – Account February 2014
- Jo Bourke – Secretariat February 2014
- Snap Printing – March 2014 Invites
- Snap Printing - March 2014 newsletter
- Jo Bourke – March 2014 newsletter
- Jo Bourke – Equipment upgrade (Dropbox – for newsletter/photos etc)
- C Bourke – Website updates Feb – March 2014

*In the absence of a quorum, committee could not pass a motion to approve payments; this motion will be moved, seconded and approved by email involving the full committee within the next 24 hours.*

**(b) Membership Report.**

- Dr Edwin Kruys, General Practice
- Dr Joanna Perry-Keene, Pathology (Anatomical)
- Dr John Evans, Radiology & Nuclear Medicine

*In the absence of a quorum, committee could not pass a motion to approve applications.*

*These applications will be tabled at the Committee meeting to be held 24 April 2014.*

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

Discussion ranged around an update of the rather uneven "negotiations" between QHealth and the public hospital doctors over the contracts offered.

Doctors are regrettably not in a strong bargaining position in this process:

- There are a significant number of cases where doctors have at least taken advantage of their former contracts – although only a handful of cases of fraud or dishonest dealing have been proven by the audit, anecdotally there are numerous cases known to the government;
- Australian public hospital doctors (not only Qld) are paid about 40% more than their counterparts abroad;
- Trainees are dependent on the public hospital system as a basis for their entire future;

**SCLMA MANAGEMENT COMMITTEE MEETING  
THURSDAY 27 MARCH 2014  
Ebb Waterfront and Dining Restaurant, Maroochydore  
MINUTES /cont:**

- If there is a mass resignation, the private sector does not have the capacity to employ the dislocated workforce;
- The government probably does have the power and the logistics and the will to replace all resignees with doctors from overseas;
- The negotiations are being hijacked by rogue splinter factors, some almost untraceable, who are fragmenting what should be a united front;
- The medical profession has not succeeded in winning widespread sympathy among the voting public, our patients – we have not conscripted our potentially most powerful weapon.
- And the deadline of 30<sup>th</sup> April for signatures on those awful contracts is descending on us with an inevitable pace.

**Medicare Local Report: Dr Fiona McGrath.**

- Change of CEO.
- Progress of programs commenced last year – especially mental health support, intent to bill multiple agencies including housing and employment.

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

**General Business: Nil.**

Meeting Close: 1900

**Next Meeting:**

**Thursday 24 April 2014,**

**Maroochydore Surf Club .**

Dr Wayne Herdy,  
Honorary Secretary.

**Meetings Convenor: Dr Scott Masters - Apology.**

**Focus Health Network: Dr Scott Phipps – Apology.**

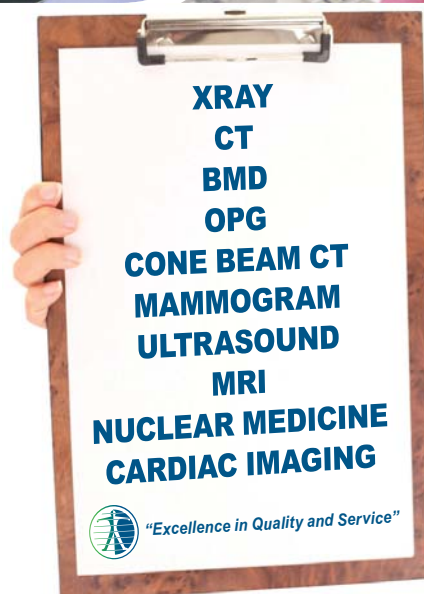


**AFFORDABLE, ACCESSIBLE  
QUALITY DIAGNOSTIC SERVICE**

**BULK  
BILLING\***

**Same Day appointments  
available for X-Ray, Ultrasound,  
CT, MRI and Nuclear Medicine\*\***

\*FOR ALL MEDICARE ELIGIBLE SERVICES. SOME EXCEPTIONS APPLY.  
\*\*SOME EXCEPTIONS APPLY.



**Buderim**  
Sunshine Coast Hospital  
Medical Centre  
Ph: 5444 5877

**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



**CLEVER WORDS FOR CLEVER PEOPLE ...**

1. ARBITRAITOR - A cook that leaves Arby's to work at McDonald's
2. BERNADETTE - The act of torching a mortgage.
3. BURGLARIZE - What a crook sees through
4. AVOIDABLE - What a bullfighter tries to do
5. EYEDROPPER - Clumsy ophthalmologist
6. CONTROL - A short, ugly inmate.
7. COUNTERFEITER - Workers who put together kitchen cabinets
8. ECLIPSE - What an English barber does for a living.
9. LEFT BANK - What the bank robbers did when their bag was full of money.
10. HEROES - What a man in a boat does
11. PARASITES - What you see from the Eiffel Tower
12. PARADOX - Two physicians
13. PHARMACIST - A helper on a farm
14. POLARIZE - What penguins see through
15. PRIMATE - Remove your spouse from in front of TV
16. RELIEF - What trees do in the spring
17. RUBBERNECK - What you do to relax your wife
18. SELFISH - What the owner of a seafood store does
19. SUDAFED - Brought litigation against a government official
20. PARADIGMS - 20 cents

**FIGHT COMPETITION**

The shopkeeper was dismayed when a brand new business much like his own opened up next door and erected a huge sign which read BEST DEALS.

He was horrified when another competitor opened up on his right, and announced its arrival with an even larger sign, reading LOWEST PRICES.

The shopkeeper was panicked, until he got an idea. He put the biggest sign of all over his own shop-it read... MAIN ENTRANCE.



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

**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"

# CLASSIFIEDS

## 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](mailto: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](mailto: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.

- An unusual combination on 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 and toilet. All air conditioned. Off street parking.
- FIRST FLOOR, immediately above but with its own entrance, a large single bedroomed 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. Although quite separate, they are on the same title and therefore share all outgoings - eg rates and body corporate charges.

Listed for sale with Ray White Commercial, Maroochydhore (Christine Freney, 0417 757 645). Further info if you wish from owner Dr (ret'd) Peter Lee,

Ph: 5444 5933 or 0404 932 900.

April 2014

## COOLUM BEACH QLD- PARTNER OR BUYER

- Doctor wishing to retire now - looking for working partner or buyer of business. Will stay on if required for 1 or 2 days work per week.
- Currently Locum doing 2 days per week as well on a long term basis.
- Located in business centre, all systems in place, third generation of patients.
- No after hours or week end work

Please contact Sharon Ph: 0408341150

Email: [sharon.coolum@gmail.com](mailto:sharon.coolum@gmail.com)

March 2014

*Classifieds remain FREE  
for current SCLMA members.*

*\$110 for non-members*

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

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

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



## SCLMA CLINICAL MEETING - 24 APRIL 2014

Maroochydore Surf Club Function Room, Maroochydore  
Dr Sam Hutson, Consultant Geriatrician - 'Dementia - The Essentials'  
Sponsor: Ingrid Walker, Nutricia



Rod Fanner & Ingrid Walker from Nutricia  
with Dr Bruce Goldshaft



Presenter Dr Sam Hutson, Consultant Geriatrician  
with Dr Geoff Hawson



Dr Brian Kimbell and Dr Clive Fraser



Dr Bert Pruim, Dr Petros Markou with new  
SCLMA member, Dr John Evans



Dr Michelle Lien with Dr Sue Pavey



Dr Lisa Knesl with Dr Sam Hutson

