



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

### Dr Roger Faint

*The SCLMA Annual General Meeting and election of the management committee was held on 20 September.*

*I thank you for allowing me to be President for the third year. It is a great privilege to represent the medical profession of the Sunshine Coast, both public and private, both general practitioner and specialist and both junior and senior.*

*The SCLMA is here to represent the interests of its members and I believe it does this quite well. There is a large committee to represent all interests and specialities and there is a low yearly membership fee which includes a popular high quality monthly clinical meeting at the Maroochydore Surf club. The SCLMA talks regularly with our local health district Chief Executive, the President of AMA Queensland, the management of private hospitals, local politicians and other important organisations and persons.*

*Our website is improving and communication is improving through our Facebook page which now has over 180 followers.*

*What local issues has the SCLMA achieved and contributed to with this year? Issues have included Orthopaedic registrar training concerns, the necessary withdrawal of surgical outsourcing to SCUPH, Medicare funding for specialist services and of course public hospitals accessing private health funding.*

*There are also internal operative issues of course which we are improving month by month. For example, we will have a membership survey soon to ensure we are representing our members' interests in the future.*

*The Sunshine Coast is growing in population, as is our state population and with this growth is the need for health services.*

*Of course this increase in population has created imaginative ways to improve funding, provide medical*

*services and communicate within and outside of the public and private health systems.*

*There are good things happening such as the improved variety specialist services, both public and private, the ongoing excellent work by our GP liaison officers and the work of community services such as our local PHN.*

*However there is frustration and concern about how funds are raised through Medicare and private health funds to support the local hospital and state health system.*

*Through the SCLMA's lobbying, Dr Dilip Dhuphelia (AMA Queensland) and Dr John Wakefield (Qld Health Deputy-Director General, Clinical Excellence Division) will be visiting our clinical meeting in November this year. This is the SCLMA members' opportunity to show support and ask the hard questions regarding the funding of QH public hospitals through Medicare and private health funds. I encourage all to attend.*

*Again thank you to all members for your support*

*Thank you*

*Dr Roger K Faint*



**The SCLMA thanks Sullivan Nicolaides Pathology for the distribution of the monthly newsletter of the Sunshine Coast Local Medical Association.**



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

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## OCTOBER NEWSLETTER Deadline will be FRIDAY 19th OCTOBER 2018

### DO YOU HAVE SOMETHING TO SAY?

- Perhaps you might like to comment on articles published.
- What would you like to see in the newsletter?
- Do you have some jokes we can publish (and not offend anyone!!).

**Our circulation via email, post and courier (Sullivan Nicolaides Pathology) reaches more than 1,000 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.



Editorial .....

*The first condition of progress is the removal of censorship -*  
- George Bernard Shaw

*In a week that has seen a managing director and chairman gone amid allegations of political interference, there remains a significant lack of transparency around what has occurred within the taxpayer funded Australian Broadcasting Corporation. However, already leaked emails are starting to expose some truths of the machinations behind the scenes - and to this end, technology is the people's friend.*



*Technology, digital records and data have changed the way we work, communicate and even socialise and there is no doubt that technology can enhance much of what we do and can achieve but it is a Faustian bargain - giving and taking away, sometimes in equal measure, sometimes more in one way than the other.*

*At the September LMA meeting, members were presented with an update of the MyHealth Record which answered many questions but allowed the more sceptical to catechize. While the MHR ostensibly offers improved communication between medicos - and ameliorated issuance is surely a step in the right direction - significant doubts have yet to be mollified. This is evidenced by the 900,000 Australians who have already opted out of the system. The MHR is not subject to the same privacy/security laws as doctor's notes, can be altered by patients (and therefore threatens its integrity and reason for being) and does not guarantee to maintain currency as it is still reliant on people, principally GPs, to upload information. Thus, the current MHR is as threatening as it is enlightening and more work needs to be done.*

*Former US President and Chief Justice, William Howard Taft said, "substantial progress toward better things can rarely be taken without developing new evils requiring new remedies." While recognising that time and tide wait for no man, we must ensure to modulate procession with exactitude and sagacity.*

Cheers

Kirsten

e. [kirsten@eximious.com.au](mailto:kirsten@eximious.com.au)

## HIGHLIGHTS in this issue:

- P 5: Adj. Prof Naomi Dwyer, CE, SCHHS
- P 6: AMA Queensland Report
- P 9: My Health Record - Dr Jon Harper PHN
- P 12: Wallis Westbrook - BHP Update
- P 19-17 Attention - Surgeonline members!
- P 19: Dr Clive Fraser - Airbags
- P 23: Dr Wayne Herdy - Variety Bash!
- P 26: Poole Group - Lighthearted Look
- P 28: Travel - The Baltics
- P 34-35: Minutes and Advertising Guidelines

**Please 'like', 'share' and 'follow' our Facebook page: [sunshinecoast local medical association](https://www.facebook.com/sunshinecoast.local.medical.association).**

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

**Welcome to new members over the past few months!**

- **Dr John Corbett (Neurophysiology)**
- **Dr John Moore (ICU)**
- **Dr William Phillips (GP)**
- **Dr Rachel Noovao (Developmental and Behavioural Paediatrics)**
- **Dr Michael Barrett (Retired)**

**Application form is published in every newsletter and also on our website: [www.sclma.com.au](http://www.sclma.com.au)**

## CLINICAL MEETINGS:

### THURSDAY 25 OCTOBER 2018

Presenter: **Dr Nicole L.N. Chia**  
Topic: **'Genetic Testing and Reproductive Health'**

Presenter: **Dr Sybil Kellner:**  
Topic: **'Immunotherapy for Cancer - A whole new world'**

Venue: Maroochydore Surf Club  
Sponsor: QML Pathology

### THURSDAY 29 NOVEMBER 2018

Presenter: **Dr Peter Georgius**  
Topic: **'Neuromodulation'**  
Sponsor: **Stimwave.**

Venue: Maroochydore Surf Club

*(Dr Dilip Duphelia, President, AMA Qld and Dr John Wakefield (Qld Health Deputy-Director General, Clinical Excellence Division) will attend the Committee meeting and general meeting.*



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# HEALTH SERVICE LINK - SEPTEMBER 2018



*Hi SCLMA Colleagues,*

## ***Digital Journey .....***

The days of the paper patient record at SCUH and Nambour are coming to an end, with our implementation of the integrated electronic medical record (ieMR) only weeks away at SCUH, to be followed at Nambour General Hospital in early 2019.

This new, interconnected digital system will enable our clinicians to have real-time access to patient information when and where they need it with recognised benefits for improved patient safety.

The introduction of digital health is a disruptive change for any healthcare organisation requiring significant planning and training effort to ensure clinicians are proficient in the new digitised clinical workflows. We are training over 3500 of our SCUH team ahead of our clinical go live early November with high levels of support for our team. With strong clinician leadership of the ieMR roll out, we are well placed to learn from other digital health services to ensure we safely manage the expected disruption that is initially associated with such a major change of this scale. There are a number of readiness checks that we must pass in order to progress to 'go live' and as you would expect, assurances about clinical safety are a priority. We will only go live when our clinicians consider we are safe to do so.

We look forward to keeping you informed about this exciting change, and particularly sharing the thoughts of our Clinicians as they lead and experience this major change to health service delivery.

## ***Our SCUPH Partnership ...***

Last week I caught up with Oli Steele, Chief Executive Sunshine Coast University Private Hospital to acknowledge the end of our contract which facilitated the delivery of high quality care to our public patients in his private hospital over the last few years. As you know, this was a planned strategy to enable the commissioning and expansion of our capacity at SCUH. This has been a very positive partnership between the public and private sectors to deliver care to our community, and we extend our thanks to Oli and his team.

I am also very happy to report that our planned increase in beds across SCUH and Nambour Hospital to return this public care into our HHS is going very well, and the announcement of our new Hospital in the Home Provider, which is also part of our expanded capacity to meet growing demand is imminent.

Until next time,

Naomi

Adj. Professor Naomi Dwyer

**Chief Executive**

**Sunshine Coast Hospital and Health Service**

[Naomi.Dwyer@health.qld.gov.au](mailto:Naomi.Dwyer@health.qld.gov.au)



### **Mandatory Reporting laws**

In August, the Council of Australian Governments (COAG) Health Council agreed to a targeted consultation process, with a very short turn around period, for amendments to mandatory reporting requirements by treating practitioners. The results of the targeted consultation process will inform a Bill to be presented to the Queensland Parliament in the near future. AMA Queensland has continually lobbied to overturn the unintended consequences of the current law that leads to doctors not seeking treatment out of fear of the consequences. In August, we met with the Department of Health's Legislative Policy representatives and pushed for changes in accordance to agreed principles at Federal AMA level.

### **Rural maternity health services**

The issue of safe rural birthing services has been in the news lately.

AMA Queensland's position has always been of an obstetrician-led model of care in collaboration with midwives to provide the best and safest outcomes for mothers and babies. In response to media reports, AMA Queensland issued two media statements, which can be found at [www.amaq.com.au](http://www.amaq.com.au).

We have appointed Past President and Obstetrician, Dr Gino Pecoraro, onto the Ministerial Rural Maternity Taskforce that will assess and review the current state of Queensland's rural and remote birthing services. We will keep members abreast of progress on this issue.

### **Meeting with members to discuss local issues of importance**

In the coming months, AMA Queensland will be meeting with members, both locally and regionally and attending local medical association (LMA) meetings across the state. In August, Dilip met with the Toowoomba and Darling Downs LMA and the Central Queensland LMA and visits to the Sunshine Coast, Redcliffe, Brisbane North, Fraser Coast and Cairns are all planned before year's end.

### **Dilip will be meeting with the Sunshine Coast LMA on Thursday 29 November,**

We consider the LMA meetings invaluable to understanding local issues of concern, directly from the practitioners on the ground in those areas. It also presents members with a chance to directly address the President about how they can contribute to AMA Queensland's policy and advocacy work.

If you have any issues you feel need AMA Queensland's attention, please send us your thoughts directly via [membership@amaq.com.au](mailto:membership@amaq.com.au).

**Dr Dilip Dhupelia**, President AMA Queensland



**Jane Schmitt**, CEO AMA Queensland



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# GP Liaison: Your Hospital Connection – SEPTEMBER 2018



Transitions can bring both opportunities and challenges. In upcoming months, the SCHHS is rolling out a number of new IT platforms important for modern care delivery. The two important changes GPs should be aware of are;

## 1. **iEMR: Welcome to the digital hospital era.**

The iEMR program heralds the start of a digital era within the hospital, replacing paper-based patient files and integrating multiple care delivery platforms into a single software solution.

## 2. **SmartReferrals: A modern, integrated referral solution built with GPs in mind.**

The QLD Health SmartReferrals program, once fully implemented, will deliver an end-to-end digital eReferral solution with a state-wide digital address book and electronic notifications to GPs. The Sunshine Coast project team (Dr Sandra Peters as clinical lead) is tasked with developing the GP eReferral interface. It will integrate with current GP software, and contain speciality-specific clinical requirements for ease of use.

Combined, these IT changes will affect every facet of outpatient and inpatient care delivery over the next 12 months at certain sites within the district. The project teams have been working hard to anticipate risks and manage change safely, and we do expect some impacts to service delivery:

- **Non-urgent SCUH outpatient appointments will be partly scaled back** between Oct 15 - Dec 12 to safely accommodate iEMR implementation. This will allow SCUH staff time to familiarise with the new system and is safer for patients seen during transition. There will be no impact on Rapid Access or Category 1 (Urgent) appointments, these patients will be prioritised.
- **Communication methods to GPs (including letters) will evolve and change** over the next 12 months, as we embed the new systems and look for digital opportunities to improve timeliness and quality clinical handover to GPs. Communicating for patient safety remains a major priority of the GPLO Unit and the HHS.

We thank our GP colleagues for their patience in the next few months, encourage their patient advocacy, and welcome their feedback if they identify opportunities for improvement.



## Sunshine Coast Hospital and Health Service

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## Contact the GP Liaison Unit

Dr Michelle Johnston (GPLO)  
Dr Marlene Pearce (GPLO)  
Dr Edwin Kruys (GPLO)  
Merrin Godwin (Clinical Nurse)  
Peta-Maree Willett (Project Officer)  
Sue Hawkins (Administration)

Email SCHHS-GPLO@health.qld.gov.au  
Phone 07 5202 3822  
Mobile 0439 591 731  
Fax 07 5202 1044

Sunshine Coast University Hospital  
6 Doherty Street Birtinya 4560  
PO Box 5340 Sunshine Coast MC 4560

# WANTED:

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# CONTACT:

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# Where is the value in My Health Record?

*by Dr Jon Harper, GPLO Central Queensland, Wide Bay, Sunshine Coast PHN*

I would like to thank the SCLMA for the opportunity to present the My Health Record Expansion Program at the last meeting on 20 September. I found great value in hearing your thoughts and hope you found the open Q&A session useful in answering your queries and concerns.

As health professionals, the My Health Record system presents us with an opportunity to not only improve efficiency in our workflow but also to improve patient care. Much of our time is spent chasing up key information such as test results and current medication lists. This presents a significant period where our attention is focused on administrative rather than clinical issues. My Health Record gives us an opportunity to spend more time with patients, ensuring they receive the best possible treatment and care.

Every year there are around 230,000 hospital admissions caused by medication errors. This comes with an estimated cost of \$1.2 billion every year and highlights an area with room for significant improvement. It presents not only a risk to patients but also an unnecessary strain on the health system where the money could be better invested elsewhere. The My Health Record platform is equipped to display current medication lists, known allergies and PBS prescribing information.

There is, therefore, clear potential to reduce unnecessary hospitalisations and morbidity.

This isn't the only strain and, as we know, the joint burdens of chronic disease and an ageing population are leading to a greater demand for care. They are also placing a greater demand on medical professionals who are spending more time on increasingly complex presentations. Managing chronic and complex conditions generally means numerous pathology and diagnostic imaging reports which are often duplicated due to difficulty accessing previous reports. The My Health Record expansion includes uploading pathology and diagnostic imaging reports directly from the test providers. Evidence suggests that the use of an electronic health record provides an 18% reduction in test duplication.

Since the commencement of the opt-out period there have been many questions raised by health professionals concerning privacy, security and complex cases such as victims of domestic violence. The My Health Record website ([myhealthrecord.gov.au](http://myhealthrecord.gov.au)) provides a useful toolbox of resources to support you and your patients to separate fact from fiction.

In moving forward with the expansion program we want to ensure that health providers find value in the system for it to be information rich and meaningfully incorporated into their clinical workflow, rather than another tick box during patient consultation.

If you require more information or further support to register and use the My Health Record system, please contact the Health Systems Improvement team (Practice Support) at the PHN on **5456 8100**.



## ***SCLMA Clinical Meeting 20 September 2018***

*Presenters (from left)*

*Abbey Notley  
My Health Coordinator, PHN*

*Kate Ellis (Australian Digital Agency,  
PHN Education & Support Lead,  
Clinical Consumer Division)*

*Dr Jon Harper  
GP Liaison Officer, PHN and  
Clinical Lead, Sunshine Coast Health  
Pathways.*



Dear SCLMA colleagues,

Thanks once again for allowing me to update you on key news and developments taking place at the Buderim Private Hospital this month.

### **Rehabilitation service rates highly in AROC report**

The Australasian Rehabilitation Outcome Centre's (AROC) latest report showed our service is one of the top performing rehabilitation centres in Australia. Our rehabilitation service consistently rated highly in terms of achieving high functional independence for patients in a short period of time, as well as achieving excellent outcomes for patients in 8/8 of our eligible measures, which included orthopaedic fractures, orthopaedic replacements, other orthopaedic surgeries and reconditioning.

Our rehabilitation team, which consists of experienced doctors, nurses and allied health professionals, work very hard to achieve these outcomes for our patients and it is wonderful to see their efforts recognised through AROC's report.

Our rehabilitation service offers the only end-to-end service for orthopaedic patients needing pre-surgery conditioning, inpatient and outpatient rehabilitation and priority care pathways for cardiac, maternity and women's health services.

If you would like to refer your patient to our rehabilitation service, send your referral to Dr David Eckerman or Dr Gerrit Fialla via Medical Objects or fax to 07 5430 3072. The referral form is available by visiting [buderimprivatehospital.com.au/rehabilitation](http://buderimprivatehospital.com.au/rehabilitation)

### **Gold standard screening at the Breast Clinic**

Ahead of National Breast Cancer Awareness Month in October where there is historically a spike in the number of people seeking mammograms, I would like to touch on the topic of 3D mammography.

Evidence continues to prove that 3D mammography (tomography) is superior to 2D mammography in cancer detection, reduction in interval cancer findings (i.e. those cancers that are detected between screens) and reduction in extra mammographic views required to investigate areas of perceived mammographic density which are actually just superimposed normal tissues.

Dense breast tissue is recognised as an independent risk factor for the development of breast cancer and 'missed' cancers. 3D mammography, with additional expert ultrasound examination, is vital in the setting of dense breast tissue for the detection of lesions which are invisible on 2D mammography.

3D mammography is also very useful in less dense breast tissue to easily identify areas of superimposed normal tissues negating the need for extra views (and therefore extra radiation) and/or unnecessary biopsies which may create discomfort and/or anxiety.

Correlation of clinical and imaging findings in a dedicated facility staffed by breast experts ensures optimum outcomes, including the very earliest cancer detection, decreased interval cancers, reduced unnecessary intervention, expert image interpretation, expert explanation of findings, expert care and peace of mind that patients have experienced gold standard screening.

If you would like to refer your patient to our Breast Clinic for this service, visit [buderimprivatehospital.com.au/breastclinic](http://buderimprivatehospital.com.au/breastclinic) to download the referral form or call our Breast Clinic on 5452 0500 to order your referral pad.

Until next month,

Wallis Westbrook, General Manager

E: [wallis.westbrook@uhealth.com.au](mailto:wallis.westbrook@uhealth.com.au)

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# Got a patient with spinal issues?



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Practising from the Nucleus Medical Centre at Buderim Private Hospital, Dr Finch specialises in the treatment of all spinal conditions. So if you're looking to refer a patient with a neck or back problem to a local specialist, contact Dr Finch today. He'll **bend over backwards** to help your patients out.

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- microscopic spine surgery
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- adult spinal deformity
- cervical spine surgery
- spinal tumours
- spinal trauma



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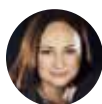
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### Dr Colin Dicks

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### Dr Marcel Knesl

Has practised on the Sunshine Coast since 2006 and is currently Director of Radiation Oncology at Icon Group. Particular interest in breast, gastrointestinal, genitourinary and lymphoma malignancies.



### Dr Myo Min

Is experienced across a wide-range of cancers and research. He has particular interest in head and neck, gastrointestinal, lung and skin cancers.



### Dr Dinesh Vignarajah

Has special interests in gynaecological, genitourinary, CNS and haematological malignancies, as well as stereotactic radiation therapy.

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TREATMENT CLINIC



**18 September 2018**

*Dear Surgeonline members,*

On Friday, Surgeonline sent out an email warning of the MBS Review Taskforce Principles and Rules Committee's proposal to remove surgical assistant item numbers from the Medicare Benefits Schedule. It's crucial to understand everything that's at stake so please consider the following information carefully:

- 1 Key Points of the Proposal**
- 2 Impact on Surgical Assistants**
- 3 Cost to Primary Surgeons**
- 4 What You Can Do About It**

### **1. Key Points of the Proposal**

To recap and expand on the key points discussed on Friday, the major recommendations of the PRC's proposal are as follows:

- To prevent surgical assistants from directly claiming MBS patient benefits for their work.
- To force surgical assistants to become contracted employees of primary surgeons.
- To prohibit surgical assistants from charging their patients an out-of-pocket fee.
- To allow primary surgeons to claim a new, smaller MBS patient benefit to compensate them for employing an assistant.
- To set the fee for the new benefit to 25% less than the existing MBS surgical assistant item fees.

### **2. Impact on Surgical Assistants**

Make no mistake, as a surgical assistant, the proposed changes would destroy your ability to claim proper remuneration for your work. Instead, you would need to negotiate employment contracts with your surgeons. Since their claims would not be visible to you, you would not see the fees they charged for your services. Their fees may not have been claimed accurately, paid in full, or paid at all. Put simply, you would no longer be in control of your income.

The freeze on indexation of the MBS has seen the gap between claimable patient benefits and the true cost of providing a service steadily increase. For example, surgical assistants performing a straight-forward operation on a patient privately insured with BUPA are currently eligible to submit a No Gap Scheme claim for \$86.30, which is just 35% of the AMA's recommended fee for a surgical assistant. Having the option of providing your patients with Informed Financial Consent and charging them a small out-of-pocket fee allows you to compensate, making your total remuneration somewhat more reasonable for a fully trained and experienced professional doctor travelling between hospitals to provide valuable patient care. The PRC's proposal aims to remove this right.

The PRC has proposed that the primary surgeon be able to claim an additional MBS patient benefit to compensate for employing you as an assistant. They concluded that the current calculation based on 20% of the surgeon's MBS fee is too high, and that the patient benefit claimable for using an assistant should be reduced to 15% of the surgeon's MBS fee. When you combine this 25% reduction in benefits, the removal of your right to charge the patient an out-of-pocket fee, and the fact that surgeons will most likely pass on the administrative costs of processing assistant fees, you stand to be paid vastly less for your work as a surgical assistant.

Apart from the financial costs, entering an employment agreement with your surgeon would mean you as the surgical assistant would likely face:

- Increased pressure to work whenever your surgeon needs you, reducing your capacity to work with many different surgeons.
- A higher likelihood of having to work emergency cases after hours and on weekends.
- Difficulty negotiating holidays.
- Very little scope to negotiate a portion of the surgeon's patient gap charges given that many surgeons who charge patient gaps are already charging at the health funds' Known Gap scheme limits.



### 3. Cost to Primary Surgeons

The RACS published an early submission to the MBS Review back in November 2015 in which they stated:

We encourage review of surgical assistant fees, including procedures that generate an assistant's fee, and discourage the bundling of surgical assistant, anaesthetist and surgery items on the schedule because it will inevitably result in greater out of pocket expenses for the patient, and could introduce a perverse incentive to minimise use of assistants where an operation should not be done without an assistant.

To understand why the RACS came to this conclusion, consider the following issues:

- Surgical assistant billing is complex and involves a high rate of rejections, particularly for privately insured patients. Including assistant fees on surgical claims would result in an increase in rejections and partially paid invoices that would require practice staff to spend a great deal more time chasing up claims.
- Depending on the employment arrangement, the surgeon could be responsible for an additional member of staff, their pay, sick leave, holidays, superannuation, medical indemnity insurance, and WorkCover.
- The fees claimable on behalf of the assistant would be at least 25% lower than current levels. Assistants would also not be able to charge patients their own out-of-pocket fee. To come close to paying an assistant what they currently earn, surgeons would need to significantly increase patient out-of-pocket fees.
- Surgeons who currently charge patients out-of-pocket fees in accordance with the health funds' Known Gap Schemes would likely run into the \$500 limit, if they haven't already. As soon as that limit is exceeded, the health funds fall back to contributing just 100% MBS instead of their Known Gap rate, significantly increasing the total gap charge for the patient.

If surgeons want to avoid increasing out-of-pocket expenses to their patients, they will be forced to reduce the number and quality of surgical assistants that they use. Whether they employ less experienced surgical assistants or run more operations without an assistant, the result would be longer anaesthetic times and worse clinical outcomes. Lists would take longer and fewer operations would get done.

The current position of the RACS on the PRC's proposal is not yet clear, but there can be little doubt that to maintain the high quality of patient care that's necessary for a strong flow of referrals, surgeons would have no choice but to increase out-of-pocket expenses to patients.

### 4. What You Can Do About It

It is vitally important that surgeons and surgical assistants take a stand to reject the PRC's proposal outright.

The Medical Surgical Assistants Society of Australia is the political body best positioned to fight the MBS Review Taskforce on this issue. The MSASA employs experienced political lobbyists who have succeeded in blocking similar proposed changes to other medical specialties in the past. But the MSASA needs your help! Politics is a numbers game and for a small fee you can make a difference and be part of the fight to block the proposal. It's a very small price to pay to secure your financial future!

What you need to do:

- Join the MSASA, if you haven't already.
- Urge every assistant you know to join the MSASA as well.
- Tell your surgeons how the proposed changes will affect them and ask them to spread the word.
- If you are a FRACS, email the College President urging the RACS to reiterate their position that bundling surgical assistant items will inevitably result in greater out-of-pocket expenses for the patient.
- Warn your anaesthetists that if this proposal succeeds, they will be next!
- Do not delay! If this proposal isn't blocked clearly and comprehensively, it will soon be too late!

Kind regards,

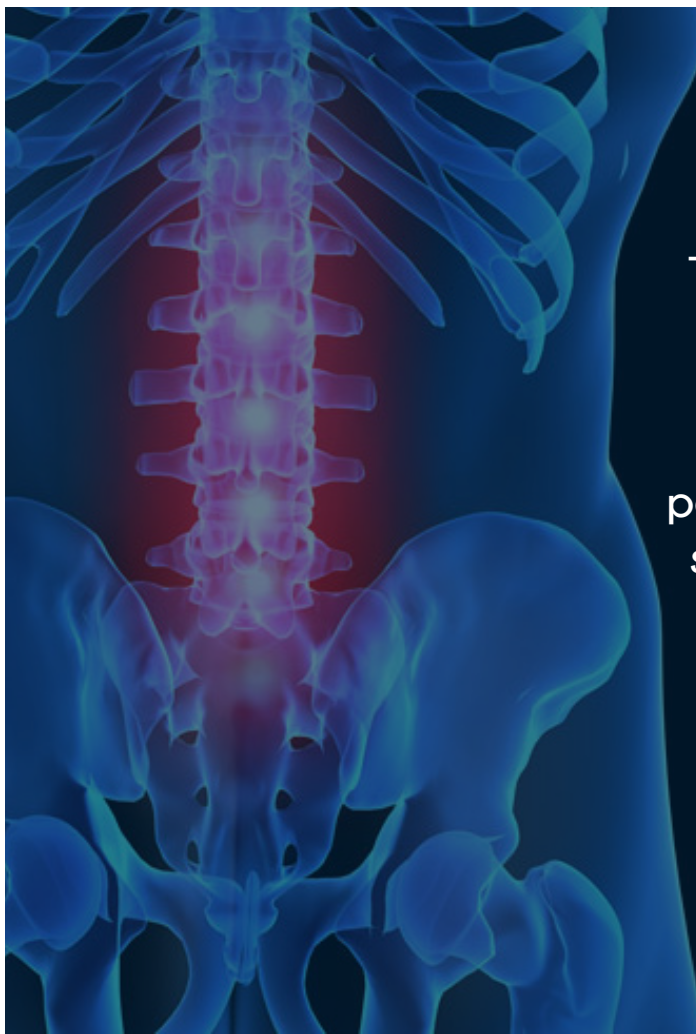
**Dr. Tim Harris**  
Director

**Surgeonline Pty Ltd**

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# Medical Motoring .....

## Airbags!



In 1953 an American engineer (John Hetrick) patented a "safety cushion assembly for automotive vehicles".

Hetrick remarked that, "In the spring of '52, my wife, my seven-year-old daughter, Joan, and I were out for a Sunday drive in our 1948 Chrysler Windsor. About three miles outside Newport, we were watching for deer bounding across the road. Suddenly, there was a large rock in our path, just past the crest of a hill. I remember hitting the brakes and veering the car to the right. We went into the ditch, but avoided hitting both a tree and a wooden fence.

"As I applied the brakes, both my wife and I threw our hands up to keep our daughter from hitting the dashboard. During the ride home, I couldn't stop thinking about the accident. I asked myself, 'Why couldn't some object come out to stop you from striking the inside of the car?'"

Having been an engineer in the US Navy, he was familiar with compressed air being used to drive torpedoes. And it would be compressed air that he thought would inflate his safety cushion.

About three months later a German engineer (Walter Linderer) also took out a patent on a remarkably similar device.

Seatbelts were being offered as an option in US cars around that time, but their fitment wouldn't become mandatory until 1968.

America's obsession with Constitutional rights meant that US States were reluctant to legislate for their citizens to be forced to wear a seat belt.

So it would be the introduction of airbags in the mid-1970s that would be relied upon to protect vehicle occupants in the event of a crash.

Across the Pacific a Japanese seat belt manufacturer (Takata) started making airbags in 1988 and by 2014 it held 20% of the world market.

But in 2013 recalls of Takata airbags began due to injuries and fatalities associated with airbag deployment.

In 2014 there was the case of a pregnant woman who was killed in a collision involving her 2003 Honda Civic which contained a defective airbag.

The 42 year old woman died when a metal fragment from a ruptured driver's airbag sliced into her neck in the crash.



The deployment of the airbag occurred when she was travelling at 30 km/h in what should have been a survivable collision.

Her daughter, delivered after the mother's death, died three days later.

It seemed likely that affected airbags had been in cars for over ten years.

So the very device designed to protect an occupant in a crash could actually kill you and 53 million vehicles worldwide have been recalled.

In many US States the fine for not wearing a seatbelt can still be as low as \$10.

The good folk of New Hampshire are still not required at all to wear a seatbelt (children must be restrained).

With the State's motto being "Live Free or Die" I can't see much possibility of legislative change in New Hampshire any time soon.

And for residents hoping that an airbag is all they need in a crash they may need to be reminded that airbags for safety also rely on properly worn seat belts.

Safe motoring,

Doctor Clive Fraser.







## New integrated cancer centre coming to Buderim



SUNSHINE COAST, QUEENSLAND – Cancer patients in the greater Sunshine Coast will benefit from a \$10 million state-of-the-art treatment centre, set to open in Buderim in early 2019. Sunshine Coast Haematology and Oncology Clinic and GenesisCare are partnering to develop the comprehensive cancer centre, which will have the ability to deliver an estimated 15,000 treatments to more than 1,200 patients in the first year alone.

Currently patients in the region have to travel to multiple locations across the Sunshine Coast or Brisbane for their oncology treatments, and will soon be able to access the most commonly needed oncology care at a single central location. The facility will include radiation therapy, chemotherapy and haematological services, along with other allied health support such as oncology massage, dietetics, exercise physiology and psychology.

GenesisCare's Queensland Medical Director of Oncology, Dr Marie Burke, said that the announcement of this new integrated centre is great news for the Sunshine Coast community: "We're thrilled that patients on the Sunshine Coast will benefit from Sunshine Coast Haematology and Oncology Clinic's local expertise and GenesisCare's international experience at this cutting edge, comprehensive cancer care centre. The service will be linked to local surgical, medical and imaging health professionals, and our clinical and allied health teams will be strongly focused on integrating with existing services in the local community.

"A cancer diagnosis can be very challenging for an individual and their loved ones, and our patients have told us that having access to world-class treatment close-to-home helps to ease some of the burden. It's a privilege for us to work collaboratively with such a well-regarded partner as we expand our services in regional Queensland," Dr Burke said.

GenesisCare will relocate its existing radiation therapy services and team of healthcare professionals from its Nambour centre to the new integrated hub to offer a more holistic service to patients. Radiation therapy is a highly effective weapon in the fight against cancer, involved in around 40 per cent of all cancer cures. It uses a highly-sophisticated machine called a linear accelerator that precisely delivers radiation beams to target cancer cells.

Leanne Tones, CEO of Montserrat Cancer Care Services, has been working closely with all parties to ensure patient expectations are exceeded.

"Streamlining access to patient services will make an immeasurable difference to patients throughout their cancer journey. Importantly, Sunshine Coast Haematology and Oncology Clinic will be continuing to





provide the same high-level of expert care that the community has come to recognise over the past 20 years. Our clinical, allied health, nursing and administrative teams are excited for the opportunities that this collaborative approach to cancer care will provide," said Ms Tones.

Sunshine Coast Haematology and Oncology Clinic and GenesisCare both have a long history of serving patients on the Sunshine Coast and leading the way with cutting-edge clinical advancements.

GenesisCare Radiation Oncologist, Dr Debra Furniss, who has been consulting on the Sunshine Coast since 2013, said she is thrilled to be one of the leading radiation oncology physicians involved in introducing high-end techniques at the new facility: "The centre will be home to some exciting innovations, including a technique called stereotactic for highly targeted treatment, in partnership with technology providers Varian and Brainlab. Stereotactic radiation therapy precisely targets radiation in fewer high-dose treatments than traditional therapy, which can help preserve healthy tissue and minimise side-effects," said Dr Furniss.

The new Sunshine Coast service will be part of the strong network of Montserrat Cancer Care Clinics and GenesisCare nationally and internationally which boast leading oncology experts.

It will be located at the Buderim Health Precinct at 10 King Street and is expected to open early 2019.

#### About Sunshine Coast Haematology and Oncology Clinic, and Montserrat Cancer Care:

The **Montserrat Cancer Care** vision has always been to create a hospital environment that is comforting to patients and staff while housing some of the most talented Haematologists and Oncologists across Australia. Our centres facilitate a care philosophy of wellness through treatment for cancer, rather than illness.

In 1998, responding to an unmet need, Dr John Reardon, together with his wife Sandra, founded and established the **Sunshine Coast Haematology and Oncology Clinic**, as part of the Montserrat Cancer Care group. This was the first free-standing day-hospital in Queensland, specifically designed for patients receiving treatment for haematology (blood) and oncology (cancer) conditions. Medical Oncologists and Clinical Haematologists, together with specialised nursing staff and a skilled administration team provide expert and personalised care in a pleasant and caring environment.

#### About GenesisCare:

GenesisCare provides innovative treatments and care for people with cancer and heart disease, the two largest disease burdens globally. We employ more than 2,500 highly trained health professionals and support staff, across Australia, the U.K. and Spain, including some of the world's most experienced specialists. Every year our teams see more than 160,000 people at more than 130 locations. For radiation therapy, that includes 12 centres in the UK, 21 in Spain and 30 in Australia. We also offer cardiology and sleep services at more than 80 locations across Australia.

Our purpose is to create care experiences that get the best possible life outcomes for patients. We believe that care should be focused on the individual, not the condition, and are proud of our patient satisfaction ratings, which place us in the top 1 per cent of outpatient healthcare organisations in the world.

More information about Sunshine Coast Haematology and Oncology Clinic, or GenesisCare, and patient specific cancer treatment therapies can be found at:

[www.schoc.com.au](http://www.schoc.com.au) and [www.genescare.com](http://www.genescare.com)



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# BASH !

For a third year in a row, your correspondent participated in the Variety Bash.

Variety Queensland is a long-established children's charity, and the Bash is its biggest fund-raising event of the year. This year, the Bash raised \$1.3M and used the proceeds to make gifts to the disadvantaged children of Queensland.

Team 5555 have established themselves as members of the Variety family. Dr Wayne Herdy and co-driver Bernard Ballantine from Palmwoods have got the Bash routine down pat. Our car, "Goldie" is now more or less fully set up to keep appearing in future Bashes. What we never have enough of is fund-raising to meet the endless needs of the kids who are ultimately the reason for it all. Each year, we have been grateful for the contribution that the LMA has made towards our total.

Goldie is a 1986 Mercedes Benz 300E, maybe getting harder to recognize under all the Bash paraphernalia, but nevertheless Benz to the core. As we cruise across the rough dirt roads and farmers' tracks of central Queensland, we are repeatedly reminded that the strong and reliable German marque is untroubled by adverse driving conditions. We often sail past other Bash cars that boast a lot more muscle than our modest power plant, taking advantage of the balance and stability built into our car's design. And at the end of the day our team clearly has the advantage of less driver fatigue than the lesser manufacturers. I don't have to sound like a Mercedes salesman, when the 30-year-old car is testimony to the product.

This year, the Queensland Bash had 3 Mercedes entrants. When we joined the Victorian Bash at Charters Towers, even I was surprised to find that Victoria had entered – ready for it? – no fewer than 17 Mercedes Benzes. For lovers of other luxury cars, I am sorry to inform you that there was not a single Beemer in sight. Check out the car sales websites for cars over 30 years old – lots of Benzes but very few Beemers or Jags or Porsches.

My favourite car this year was "Grannie", a 1939 Bedford with an unmistakable hillbilly theme, even down to the pig (named Oinker) and the chook in a cage. The crowning glory was the corrugated iron roof.

Building on last year, we continued our medical theme. Last year, our best day was the RBT (Random Breast Testing) day, with the support of Breast Screen Queensland. We are now running a public safety campaign – our Health First theme has transformed into "if Health comes First, What comes Last?" attached to the sticker with "Live safely, Drive safely". This was not so much planned, but an accident that the wizard costume that I sometimes wear makes me look more like the Grim Reaper.

The Bash has short stops at a succession of schools in little country towns every day. The kids there go quite manic over the funny cars, the funny costumes worn by many of the crews, and the many little gifts that we hand out at every stop. Looking back at the 10kg or so of sugar that 5555 handed out, it is as well that we have a medical theme and not a dental theme.



Our stops in country towns are significant events both socially and economically. We are fed by contractors such as Lions or Rotary or school P&Cs and church groups. Between catering and fuel and personal expenses, each stop leaves about \$90,000 in the kitty for service clubs or other fund-raisers. Our participants seem to always buy out the local raffles, and then donate the prizes back to the organizations to be re-raffled.

Bashers always seem to have a good time, playing with their old cars in the dirt, meeting old friends from past Bashes, and just relaxing and being a little silly. But the event is the culmination of year's worth of fund-raising in support of a worthwhile charity.

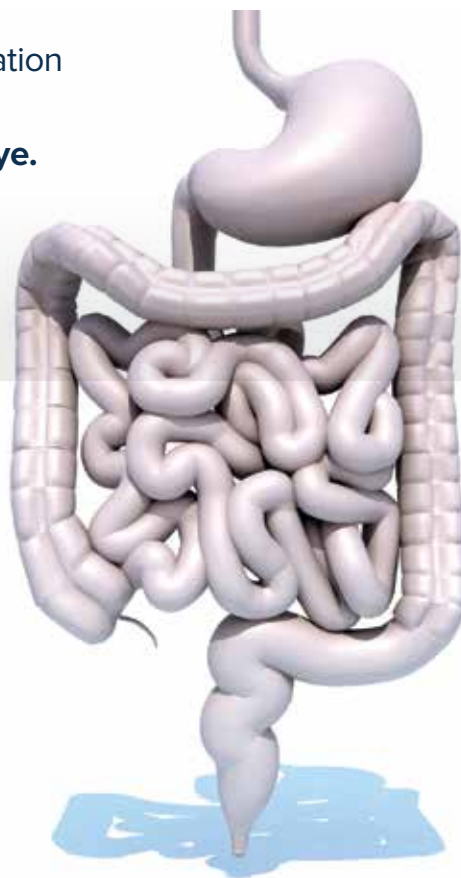
*Dr Wayne Herdy*



## GP Education

# Scoping for bowel cancer?

Join us at Noosa Hospital for an evening of education featuring Medical Oncologist **Dr Pinky Baghi** and Gastroenterologist & Hepatologist **Dr Simone Kaye**. Come along and enjoy a night of interactive discussion and tour of Noosa Hospital's Oncology and Endoscopy Units.



## LEARNING OUTCOMES

### Attendees will be able to-

- Follow bowel cancer screening guidelines
- Investigate/ exclude bowel cancer in the symptomatic patient
- Participate in the management of someone with bowel cancer as part of a multidisciplinary team

## PROGRAM

5.45pm	Registration and dinner
6.00pm	Presentations and discussion
	<b>Colonoscopy screening and surveillance guidelines</b> Dr Simone Kaye, <i>Gastroenterologist &amp; Hepatologist</i>
	<b>Management of bowel cancer</b> Dr Pinky Baghi, <i>Medical Oncologist</i>
	Hospital tour and patient case studies
7.30pm	Evaluation and close

## WHEN

**Tuesday, 9 October 2018**

## WHERE

Noosa Hospital  
Executive Conference Room  
111 Goodchap Street  
Noosaville, QLD 4566

## RSVP

**Tuesday, 2 October 2018**



*It's easy to register*

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- Spinal medial branch injection
- Lower extremity nerve blocks (saphenous/sural/popliteal/posterior tibial nerves)
- Shoulder barbotage (needling of shoulder calcification)
- Joint aspirations
- Other joint steroid injections
- Greater occipital nerve injection

### Pain Specialists:

#### Dr. Peter Georgius

MBBS BmedSc  
FFPMANZCA FAFRM

#### Dr Paul Frank

M.B.B.S. FANZCA  
FFPMANZCA

#### Dr Khaldoon Alsaee

MB BCh BAO LRCPI&SI  
FRANZCP FFPANZCA

#### Dr Scott Masters

MBBS FRACGP FAFMM  
Dip MSM

### Our Radiologists:

#### Dr Siavash Es'haghi

MBBS, FRANZCR

#### Dr Nigel Sommerfeld

MBBS, FRANZCR

#### Dr John Velkovic

MBBS, FRANZCR

#### Dr Colin Chong

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## TIPS FOR LIFE FOR THOSE APPROACHING 40.

We wanted to do something different to the norm this month. Here are some financial professionals' tips, quotes & wisdom that may be valuable to you the reader.

*Kerri Welsh – Accountant 20+ years*

### Top Financial Life Tips:

- Do a budget and pay bills weekly. Allows for more accurate budgeting and cashflow.
- Be financially organised, I don't want to work until I'm 60 so I have a plan, what's yours?
- Have an up to date Will, why work your whole life to accumulate wealth and not protect it.

### Life Tip:

- Always taste different foods. I set myself an annual Food Challenge, to eat something I don't like, I now love Coriander, Ginger & Lamb.
- Set an annual Bucket List of 4 items, a smaller list is much more achievable.

### Favourite Quotes/Sayings:

- The only time success comes before work is in the dictionary - *Vince Lombardi*
- Nothing is impossible, the word itself says "I'm possible!" - *Audrey Hepburn*

*Kirk Jarrott – Financial Advisor/ex Accountant 20+ years*

### Top Financial Life Tips:

- Burnout occurs when you are not enjoying what you do each day, so financial reward and life reward will flow if you have the right balance;
- Educate your kids to be financially fit and savvy not to follow the herd;
- Invest in what is proven, if it is too good to be true it's not worth the risk.

### Life Tip:

- Feel nature each day, I'm addicted to the ocean and the salt water freshness;
- Turn off "the noise" at least once a day

### Favourite Quotes/Sayings:

- Someone is sitting in the shade today because someone planted a tree a long time ago – *Warren Buffett*
- Bite off more than you can chew, then chew it...- *Don't know*

*Sharon Coleman – Aged Care Specialist & Accountant 10+ years*

### Top Financial Life Tips:

- Ageing is a privilege not given to all – make sure you have your personal insurances are in order, especially if you have kids!
- Don't purchase items just for the tax deduction – it doesn't make sense to spend \$1 to receive 47 cents back!
- Teach your kids that an eftpos uses real money....you're not simply swiping plastic!

### Life Tip:

- Nourish your body and keep active. Exercise will change your mental state which will change your life.
- Always strive to be a better version of you!

### Favourite Quotes/Sayings:

- Life begins at the end of your comfort zone – *Neale Donald Walsch*
- Take time to make your soul happy - unknown

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### DR TIM NATHAN

MB ChB (Edin), FRCS (Eng), FRCS (Urol), FRACS (Urol)

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Tim graduated from the University of Edinburgh and completed advanced training in urology at teaching hospitals in London and Queensland. He has trained extensively in da Vinci Robotic Surgery at the University Hospital, Leipzig, and the Wesley Hospital.

Tim successfully introduced da Vinci Robotic Surgery to Buderim Private Hospital. He has been practising on the Sunshine Coast since 2006.

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- BPH - Laser Prostatectomy & Urolift
- Stone Disease
- Penile Prosthesis Surgery
- Vasectomy Reversal
- Urodynamic Studies



## The Baltics .....

The Baltic Countries or The Baltics is a group of three countries, Latvia, Estonia, and Lithuania that are situated on the shores of the Baltic Sea. The countries are epitome of diversity that is found in the cultures, languages, history and traditions. Even though there is multiplicity, they all experienced similar political history and geography.

The Baltics are low on population, making it a perfect tourist attraction with plenty to see and do. From pristine stretches of sandy beaches to wildlife rich forests and breathtaking architecture, you will find all for an enriching travel experience.



The best time to travel to the Baltics is between May and September.

### What have we planned for you?

We have come up with this comprehensive itinerary for a heart stirring and uplifting tour to the Baltics:

- Visit the capital of Lithuania, Vilnius, which is the most spectacular and visually appealing cities of the Eastern Europe.
- Get to know the locals better as you visit the heaven of hippies and their expression through art
- Explore the old the town of Vilnius to know more about its history through museums and architecture.
- Enjoy delicious traditional Lithuanian food at its local restaurants
- Get close to nature at the Curonian Spit National Park, home to gorgeous pine trees and visit Nida the most popular resort town.
- Head to Liepaja, the Latvian beach town to enjoy its nightlife and taste the traditional food
- Do not miss out on Riga, the city that completes the Baltics trip. It is a home to gorgeous parks, spirited neighbourhoods, and beautiful historic wonders that make it into one of the most beautiful cities of Europe
- Visit the Gauja National Park of Latvia and come close to the nature
- Get to Estonia and visit the tiny town – Alatskivi with striking Alatskivi castle with Gothic architecture.
- Enjoy the serenity of Lake Peipus only a few minutes away from Alatskivi.

**Get amazed by the scenic beauty, local culture and architecture of the Baltics with our slow paced 6 day Itinerary.**

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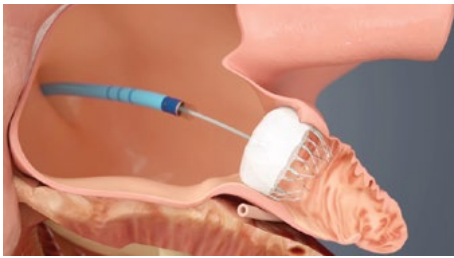
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**Dr Stuart Butterly** – Interventional Cardiologist  
**Dr Mark Johnson** – Advanced Cardiac Imaging



### MANAGING PATIENTS WITH AF WHO ARE AT HIGH RISK OF STROKE AND BLEEDING: LEFT ATRIAL APPENDAGE CLOSURE

Managing high risk patients with non-valvular atrial fibrillation can be challenging. All patients need to consider the risks and benefits of oral anticoagulation to minimise stroke. However, some patients have significant comorbidities and/or a history of bleeding that precludes anticoagulation.

An option for these patients is Left Atrial Appendage Closure (LAAC). Two devices are currently available: the Watchman (BSCI) and Amulet (Abbott) Devices. These devices are intended to prevent thrombus embolization from the left atrial appendage and reduce the risk of life-threatening bleeding events in patients with non-valvular atrial fibrillation who have a contraindication to anticoagulation therapy.

SCHS is pleased to announce that we have commenced a Left Atrial Appendage Closure Program at SCUPH. The procedure is performed in the hybrid cardiac catheter lab by our SCHS Heart Team in corporation with Dr Robert Tam (Cardiac Surgeon) and Dr Rae Duffy (Cardiac Anaesthetist).

**PHONE: 5414 1100 FAX: 5414 1101 admin@scheart.com.au www.scheart.com.au**

#### BIRTINYA

Suite 4 Ground Floor  
Sunshine Coast University Private  
Hospital, 3 Doherty Street  
Birtinya QLD 4575

#### BUDERIM

Suite 9 Medical Centre  
Buderim Private Hospital,  
12 Elsa Wilson Dr  
Buderim QLD 4556

#### TEWANTIN

Suite 1, 66 Poinciana Ave  
Tewantin QLD 4565

#### GYMPIE

Ramsay Medical Consulting Suites  
70-72 Channon Street  
Gympie QLD 4570



**Sunshine Coast Orthopaedic Clinic**

**The Acute Knee Clinic**

The first few days can make all the difference in recovery from a sporting injury.

Dr Steve Lawrie at the Sunshine Coast Orthopaedic Clinic provides an Acute Knee Clinic each Monday and Tuesday which is specifically designed for, but not limited to, sports injuries of the knee with a view to rapid assessment, investigation and adoption of a management plan within the first few days of the initial injury.

The Acute Knee Clinic has now been running for twelve years. We have treated many professional and semi-professional athletes as well as the "weekend warriors", including a special interest in paediatric sporting injuries. Dr Lawrie has a close association with many sporting teams on the Sunshine Coast, including the Sunshine Coast Falcons, Melbourne Storm and many other local clubs.

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques

or an appropriate non-operative treatment programme.

To access the Acute Knee Clinic, a patient needs to have a current referral to Dr Steven Lawrie and plain x-rays of the knee should also be arranged before the initial consultation.

A plain x-ray is very important in the initial assessment to exclude fractures, loose bodies, and to show the alignment of the knee joint and the patellofemoral joint, which cannot be seen on other investigations, such as an MRI scan.

Splints and orthotics can be organized directly with Leonie Walton on 5473 5858. Leonie attends our clinic on a Thursday afternoon, but she is available throughout the week as needed.

The Acute Knee Clinic is intended to complement Dr Lawrie's other interests, including hip and knee replacement, revision arthroplasty, computer assisted joint replacement, cartilage surgery, as well as hip, knee and ankle arthroscopy.

Dr Lawrie is happy to take phone calls for advice, queries etc as this often helps the referral process.

### For appointments contact

Dr Steven Lawrie  
Suite 17, Kawana Private Hospital  
5 Innovation Parkway, Birtinya QLD 4575  
p: 07 5493 3994  
f: 07 5493 3897  
e: sunshineortho@bigpond.com.au  
[www.sunshineortho.com.au](http://www.sunshineortho.com.au)

### Examples of these injuries include:

A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied with the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.

Paediatric meniscal tears may be repairable early after an injury, but a delay typically means meniscal resection becomes necessary.

Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.

Traumatic meniscal tears where early repair rather than delayed resection can make a dramatic difference in outcomes

Early ACL surgery in the young active patient/sportsman.

# REPRODUCTIVE MEDICINE EDUCATION

## GP DINNER SEMINAR 4 CPD POINTS

Tuesday 30th October 2018  
6:30pm-9:30pm  
Sunshine Coast Health Institute (SCHI)  
6 Doherty Street, Birtinya, QLD

6.30pm	Registration/Canapés & Drinks
6.45pm	Welcome & Introduction
7pm	<b>Fertility Preservation</b> Dr Petra Ladwig
7.45pm	Dinner
8.15pm	<b>Genetics in General Practice</b> Dr James Moir
9pm	Q&A, Dessert

## TO REGISTER

REGISTRATIONS CLOSE 23 OCT 2018



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# HealthPathways

## Sunshine Coast and Gympie

Newsletter September 2018  
Since the launch of HealthPathways



**6,076**  
individual users  
July 5,486



**37,725**  
individual sessions  
July 32,581



**200,069**  
page views  
July 174,786



**412**  
pages now live with  
71 under development  
July 389



### Top 5 pages

- Non-acute orthopaedic assessment
- Non-acute urology assessment
- Colorectal symptoms - rectal bleeding
- Haematuria in adults
- Non-acute ENT assessment



### Pages coming soon

#### Request pages

Fracture clinic assessment, Wound management service, Stoma care nursing, Eating disorders specialised assessment (major update), Acute nephrology, Antenatal care services, Family and carer support services, Physical assault and injury recording, Non-acute plastic surgery assessment (update).

#### Clinical Pathways

Prenatal screening for fetal anomalies, Middle and proximal phalanx fractures, Finger tip injuries, Finger dislocations, Otitis externa, Asymmetrical sensorineural hearing loss, Distal phalanx fractures, Chronic fatigue syndrome, Tremor, Multiple sclerosis, Corns and calluses



## Health System News Snapshot

### Prepare for access to the GP Smart Referral platform

GP Smart Referrals is coming soon. Please update your current general practitioner details. The eHealth Team at Queensland Health needs your help to update the Secure Transfer Services (STS) address book with the current GPs at your practice. The public hospitals use this address book to know where to send important clinical information (e.g., discharge summaries and clinical letters) for general practitioners. [Download the form here.](#)

### Primary Care and Palliative Care Toolkit

The [ELDAC Primary Care Toolkit](#) has been developed by AHHA with palliative care experts to lead primary care practitioners and teams through the various steps involved in providing palliative care and supporting advance care planning with patients and families, including considerations for people of various religious and cultural backgrounds.

### HealthPathways team practice visit

The HealthPathways team provides visits to Sunshine Coast general practices to demonstrate the site. To book a visit please contact: [healthpathways@ourphn.org.au](mailto:healthpathways@ourphn.org.au)

For more information contact the HealthPathways Coordinator via [healthpathways@ourphn.org.au](mailto:healthpathways@ourphn.org.au)



[sunshinecoast.healthpathwayscommunity.org](http://sunshinecoast.healthpathwayscommunity.org)



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Clinical Excellence  
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Queensland  
Government



# You are invited to our next Sunshine Coast Oncology Seminar

## Academic presentation: Palliative Care

### KEYNOTE SPEAKER

Dr Louise Welsh

**Topic:** Fine tuning palliative cancer pain therapy

Dr Colin Dicks

**Topic:** Radiation for Symptom Control in Cancer

Dr Colin Chong

**Topic:** Minimally Invasive Interventional Radiology  
in Palliative Care

## Event Details

### DATE

Thursday 1st November

### TIME

6.00pm | Refreshments

6.30pm | Seated Dinner

### LOCATION

Lake Kawana Hotel  
Best Western Plus  
9 Florey Boulevard  
Birtinya

### RSVP

Date | 23 October 2018

Phone | 07 5430 3948 or Fax | 02 8823 1859

Email | [marketing@imagingqueensland.com.au](mailto:marketing@imagingqueensland.com.au)

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## REGISTRATION

Title First Name Last Name

Practice Name Phone

Email

RACGP Number Dietary Requirements

## ORGANISERS



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



[radiationoncologycentres.com.au](http://radiationoncologycentres.com.au)

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

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**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.**  
**MANAGEMENT COMMITTEE MEETING**  
**THURSDAY 26 JULY 2018**  
**Maroochydore Surf Club Board Room**  
**Accepted at Committee Meeting 30 AUGUST 2018**

President Dr Roger Faint took the Chair.

**Attendance:** Drs Roger Faint, Wayne Herdy, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, John Evans, Scott Masters, Fabio Brecciaroli, Alicia Lorenz, Jonathan Last, Jon Harper, Mason Stevenson. Observer Jo Bourke. Abbey Notley, PHN's My Health Record coordinator, attended for part of the meeting.

**Apologies:** Drs Tau Boga, Grant Eddie, Marcel Knesl.

**Minutes of last meeting:** 21 June 2018 (to be accepted)

Moved: Mark de Wet. Seconded: Peter Ruscoe. Accepted.

**Business arising from Minutes:** Nil.

**My Health Record: eMHR**

- Dr Jon Harper introduced Abbey Notley, PHN's My Health Record coordinator who can feed back concerns directly to the Australian Digital Health Agency.
- Mid July – Mid Oct – opt in or opt out time for patients.
- Discussion included: Issues around security and confidentiality; need to 'dig down' for information in system which then may be missed; want better organisation; GP practices incentivised to market it.
- Mason: Doctors find MHR useful especially if no history. Discharge Summaries can be optionally uploaded / Pathology, Radiology. Patients can check their own records and alter them. Author of Record will have full record. Access codes to be used by Patient. "Break Glass" mechanism built into system in emergencies.
- Discussion around ethics of "confidentiality" – law, doctors, patient security and informed consent. Two years MBS and PBS access for first time users.
- Suggestion to have Q & A MHR session at one of our monthly meetings.

**President's Report: Dr Roger Faint**

- Buderim DEM opens in August: I missed a meeting with the director last week as busy in nursing home.
- The eMHR issue is big news: Cost thus far \$2 Billion dollars since 2011. I feel its usefulness largely bypassed. Now opt out until October. It would appear safe but late with new technology superseding the idea. About 90,000 Drs and 900,000 professionals are able to access. The Px still has considerable control over the information stored. I suspect the eMHR will be useful for the small number of complex Px that are enrolled.
- AMAQ "Dilip" would like to visit but dates are difficult.
- I have spoken to the University Bursary officer on Wednesday. The university system is one of the bursary recipient being chosen by the Chancellor of the University to see who is illegible. It is not an application process. (Jo – past history is that the Committee wants "Choice of Student" not student

selected by the USC. USC to send two options).

- The AMAQ 'Dinner for the Profession' is on the 12/10/18
- Jo needs assistance for our website for about four hrs /month? Is the committee happy that a quote is obtained from her son? (Jo – an hour a month will suffice based on trial run.

*Motion: Roger moved ... 'that Chris Bourke be employed for maximum two hours per month at \$80 per hour + gst. Seconded: Scott Masters. Carried.*

**President's Report cont:**

- I visited Eden Rehabilitation Hospital on Wednesday 25/8/18 to meet new CEO, Jo Munday & Business Development Co-ordinator, Ainsley O'Keefe on request. I had never visited so I took the opportunity. Eden is feeling the competition although near full occupancy and is undergoing an upgrade and expansion soon.
- Interestingly public Hospitals admitting private Patients was discussed for some time. They are sponsoring our dinner and put adds in the magazine.
- I represented the SCLMA at the Twin waters resort, at the new RACGP Fellowship weekend a fortnight ago along with Dilip and FRACGP rep, Dr Edwin Kruys.
- Scott Phipps letter: It is beginning to be appear there is an underlying government agenda for the private health system to be dismantled.
- Will discuss this issue next month. What is the SCLMA's role in this issue?

**Vice President's Report : Dr Wayne Herdy**

- Wayne spoke about the Hader Clinic. The National Alcohol and Drug Rehabilitation Clinic has opened a branch at Gympie. Wayne has been asked to prescribe medication without follow-up. There is concern that the Hader Clinic has no medical support.

**Secretary's Report: Dr Mark de Wet**

**Correspondence In:**

- Wayne Herdy – Appeal for donation to Variety Bash 2018
- Greg Bradley – invoice USC student bursary
- AMAQ – Information re professional support available for Committee
- Dr Scott Phipps – letter for newsletter re Medicare item numbers

**Correspondence Out:**

- Dr Roger Faint – Dr Tony Bartone, Federal President AMA
- Dr Roger Faint – Dr Dilip Duphelia, President, AMAQ
- J Bourke – Greg Bradley – requesting choice of USC Bursary student

**Business arising from Correspondence:**

- Donation to Variety Bash 2018.

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.  
MANAGEMENT COMMITTEE MEETING  
THURSDAY 26 JULY 2018 /cont:**

*Motion: 'that \$1,000 be donated' Moved: Roger Faint.  
Seconded: Kirsten Hoyle. Carried.*

- AMAQ – offer of professional support – not required at this time.

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

*(a) Accounts to be paid:*

- Australia Post – Account June 2018
- Sebel Pelican Waters – Second deposit Christmas in August
- Telstra – (part account July – August 2018)
- Office National – Account June 2018
- ATO – BAS – Qtr 4 April-June 2018
- Snap Printing - Newsletter July 2018
- Jo Bourke – Secretariat June 2018
- Jo Bourke – Adobe CC subscription June 2018
- Jo Bourke - Newsletter July 2018

*Moved: Peter Ruscoe ... 'that the accounts as tabled be paid'. Seconded: Roger Faint. Carried.*

*(b) Membership Report:*

- Dr John Corbett (Neurophysiology)
- Dr John Moore (ICU)
- Dr William Phillips (General Practice) RE-JOIN

*Moved: Peter Ruscoe ... 'that the applications for membership be accepted' Seconded: John Evans. Carried.*

**AMAQ Councillor's Report: Dr Wayne Herdy** (covered in VP report)

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

- 'Christmas in August' function planning in place with sponsorship monies coming in.

**Hospital Liaison Report: Dr Tamer Aly: Nil.**

**PHN Report: Dr Jon Harper – already covered**

**General Business: Nil.**

**Meeting Close: 7.10pm.**

**Next meeting: Thurs 30 Aug 2018, Mdore Surf Club**

- Speaker: Dr Pankaj Jha, Vascular Surgeon
- Topic: 'Varicose Veins, not just a Vanity. New Treatment Options'
- Speaker: Dr Euan Noble, Renal Physician
- Topic: 'Renovascular Hypertension – Old and Creaky Kidneys – Can we / Should we and Who can we fix?'

**REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

**[www.rdma.org.au](http://www.rdma.org.au)**

**Email: [RDMAnews@gmail.com](mailto:RDMAnews@gmail.com)**

**ADVERTISING GUIDELINES:**

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

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

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

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

**PLEASE NOTE THE FOLLOWING:**

*The anti discrimination commission of Queensland has the following statement on job advertising:*

*Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply. References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, eg foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc. Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.*



## Take a moment .....

### THEY SAID WHAT???

(On September 17, 1994, Alabama's Heather Whitestone was selected as Miss America 1995.)

- Question: If you could live forever, would you and why?
- Answer: "I would not live forever, because we should not live forever, because if we were supposed to live forever, then we would live forever, but we cannot live forever, which is why I would not live forever,"

Miss Alabama in the 1994 Miss USA contest.

- "Whenever I watch TV and see those poor starving kids all over the world, I can't help but cry. I mean I'd love to be skinny like that, but not with all those flies and death and stuff."

Winston Bennett, University of Kentucky basketball forward.

- "I've never had major knee surgery on any other part of my body,"

Mayor Marion Barry, Washington, DC .

- "Outside of the killings, Washington has one of the lowest crime rates in the country,"

Yankee HOFer Yogi Berra

- "Half this game is ninety percent mental."

Al Gore, Vice President

- "It isn't pollution that's harming the environment. It's the impurities in our air and water that are doing it.."

Dan Quayle

- "I love California. I practically grew up in Phoenix ..."

-Lee Iacocca

"We've got to pause and ask ourselves: How much clean air do we need?"

Joe Theisman, NFL football quarterback & sports analyst.

- "The word "genius" isn't applicable in football. A genius is a guy like Norman Einstein."



Maroochydhore Surf Club is offering FREE Membership to SCLMA members! This entitles members to a number of discounts and information re coming events and promotions. Go to reception any time, mention you are SCLMA and eligible for free membership and complete an application.

Those who completed a form at the March meeting have already had their Maroochy Surf Club membership cards mailed to them.

Colonel Gerald Wellman, ROTC Instructor.

- "We don't necessarily discriminate. We simply exclude certain types of people."

--Department of Social Services, Greenville , South Carolina

- "Your food stamps will be stopped effective March 1992 because we received notice that you passed away. May God bless you.. You may reapply if there is a change in your circumstances."

Keppel Enderbery

- "Traditionally, most of Australia's imports come from overseas."

Mark S. Fowler, FCC Chairman

- "If somebody has a bad heart, they can plug this jack in at night as they go to bed and it will monitor their heart throughout the night. And the next morning, when they wake up dead, there'll be a record."



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Kawana P: (07) 5459 1433



**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>	Surname:		First Name:	
<b>EMAIL:</b> _____				
<i>THE SCLMA PREFERS TO CONTACT MEMBERS VIA EMAIL WHEREVER POSSIBLE.</i>				
<b>PRACTICE ADDRESS:</b> For members who wish to receive hard copies (instead of by email) of the monthly invitation & newsletter by Sullivan Nicolaides Pathology Couriers to avoid postage costs.				
	Practice/Building			
	Street:			
	Suburb:		Postcode:	
	Phone:		Mobile:	
<b>PRACTITIONER DETAILS:</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>PLEASE NOTE:</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>PROPOSERS:</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>ANNUAL SUBSCRIPTION (GST included):</b>		<b>(Please tick)</b>		<b>PLEASE COMPLETE:</b>
Full-time ordinary members - GP and Specialist		<b>\$ 110</b>	<input type="checkbox"/>	<b>Your Monthly Invitation?</b>
Doctor spouse of full-time ordinary member		<b>\$ 55</b>	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Absentee or non-resident doctors		<b>\$ 55</b>	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Part-time ordinary members (less than 10 hours per week)		<b>\$ 55</b>	<input type="checkbox"/>	By Post? <input type="checkbox"/>
Non-practising ordinary members, under 60 years old		<b>\$ 55</b>	<input type="checkbox"/>	<b>Your Monthly Newsletter?</b>
Residents & Doctors in Training		<b>Free</b>	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Non-practising ordinary members, over 60 years old		<b>Free</b>	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Patron and honorary members		<b>Free</b>	<input type="checkbox"/>	By Post? <input type="checkbox"/>
<b>Payment can be made by cheque payable to SCLMA or by direct debit to:</b> <b>SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298</b>				
Please return this form either by email (scanned) or Fax or Post with details of your E.F.T. to: <b>Email: <a href="mailto:jobo@squirrel.com.au">jobo@squirrel.com.au</a> Post: SCLMA PO BOX 549 COTTON TREE 4558 Fax: 5479 3995</b>				
<b>Please note: Membership applications will be considered at the next Management Committee meeting.</b>				

*The Sunshine Coast Local Medical Association has Public Liability Insurance*

## EXTRA CLASSIFIEDS

### LANDSBOROUGH MC – FULL-TIME VR GP REQUIRED

Landsborough Medical Centre is a growing doctor owned practice located in the Sunshine Coast Hinterland. Our accredited practice has been established for over 30 years servicing the Landsborough and Mooloolah Valley community and surrounds, providing a dedicated high standard of patient care. We are seeking an additional Full-Time VR General Practitioner to join our team of 8 Full-Time equivalent doctors.

#### About us .....

- 2 Practice sites, separated by a 10 minute drive.
- Fully computerised (Best Practice); Mixed billing
- Both locations are modern spacious air-conditioned premises
- Full-time Practice Nurse support, including CDM
- On-site Diabetes Educator, visiting Psychologists and Hearing Clinic
- Pathology, Pharmacy & Physiotherapy facilities located in adjacent rooms

*Practice opening hours:* Landsborough: Monday – Friday 8.30am-5pm, Saturday 8.00am – 12.30pm; Mooloolah: Monday-Friday 7.30am – 6.00pm, Wednesday 7.30am – 5.00pm

#### Requirements ...

- Available for a minimum 4 days per week & 1 Saturday morning per month
- Vocationally Registered (VR) General Practitioner; Current Medical Indemnity Insurance; General AHPRA Registration as a General Practitioner - no restrictions

#### Offer ....

- Immediate start; No On-Call; Full Time – 4 to 5 days per week plus one Saturday morning session per month; DWS available; Mixed Billing
- Full nursing support; 65% of billings; Great working environment and family friendly. We are a busy, growing practice with plenty of scope
- A Part Time appointment will be considered for the right applicant.

Please direct your CV or enquiries to: [lmc@lmcmcd.com.au](mailto:lmc@lmcmcd.com.au)

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E [admin@corbett.com.au](mailto:admin@corbett.com.au)



## Your pathology provider on the Sunshine Coast



Dr Irene Krajewska **FRCPA FIAC**

E: [irene\\_krajewska@snp.com.au](mailto:irene_krajewska@snp.com.au)

T: (07) 5459 1400

Dr Irene Krajewska graduated from Manchester University in 1978. After five years of FRCS surgical training in the UK and South Australia, she undertook training in anatomical pathology at the IMVS in Adelaide, where she developed an interest in GIT, gynaecopathology and cytology under Prof. Svante Orell. She was awarded the RCPA Fellowship in 1990 and the Fellowship of the International Academy of Cytology in 1991. Irene has been an examiner for the RCPA and Australian Society of Cytology. She joined Sullivan Nicolaides Pathology in 2003 and is based on the Sunshine Coast. Her interests are FNA cytology, breast pathology, dermatopathology, gastrointestinal pathology and gynaecopathology.

Dr Jerome Lai **FRCPA**

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Dr Lai graduated from the University of Queensland in 1984 and undertook further training in pathology at the Princess Alexandra Hospital and the Mater Misericordiae Hospital in Brisbane. He was awarded the RCPA Fellowship in 1991. Before joining Sullivan Nicolaides Pathology, Dr Lai was Pathology Queensland's Director of Pathology for the Sunshine Coast region.

Dr Karien Treurnicht **FRCPA FIAC**

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T: (07) 5459 1400

Dr Karien Treurnicht graduated cum laude from the School of Medicine at the University of Pretoria, South Africa, in 1995. Karien moved to the UK in 1999 and undertook specialist training in histopathology at a number of London hospitals. She gained a Fellowship from the Royal College of Pathologists (FRCPath UK) in 2003 and in the following year went on to a Urological Pathology Fellowship at Bostwick Laboratories in Richmond, Virginia, USA. In 2005, Karien became Medical Director of Bostwick Laboratories, London, a full-service independent medical laboratory specialising in the interpretation of prostate and urological biopsies. She joined Sullivan Nicolaides Pathology in 2015 and is based at the Buderim laboratory. Karien is widely published and has presented at conferences internationally.

# CLASSIFIEDS

## BRAND NEW CONSULTING SUITES AVAILABLE IMMEDIATELY IN BIRTINYA

130sqm available for lease at Pulse Oceanside Medical Centre – across the road from the Sunshine Coast University Private & Public Hospitals

- Pathology and Radiology facilities on site
- Convenient patient parking
- Allocated car park for tenancy
- 3 year lease with an option of a further 4 x 3 years
- Floor plans & suggested layouts available

**For further information please contact Lorraine: Corbett Neurophysiology Ph: 07 5503 2422 or 0438 400 400**

July 2018

## LOOKING TO RE-LOCATE TO BEAUTIFUL HERVEY BAY??

Rehman Clinic is a busy, highly respected & privately owned Medical Centre situated in the centre of town, 4 hours north of Brisbane. We are seeking a VR GP or unrestricted FRACGP holders for Full Time or Part-Time to join our team today!

- Fully computerised (Medical Director) – Accredited
- Fully equipped treatment rooms with 2 nurses for support; professional and friendly administration staff.
- Large patient base,
- Flexibility with hours
- Modern, fully air-conditioned premises
- DWS not available
- Pathology on site

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

**Please direct all CVs and/or enquiries to Practice Manager, Tara. Email: [admin@rehmanclinic.com.au](mailto:admin@rehmanclinic.com.au) Ph: 07 4191 4690**

July 2018

## GENERAL PRACTITIONER REQUIRED

- NOT your average practice but life with spice and a challenge. Long term or permanent vacancy in Nambour.

**Contact Kelly on 5491 5666.**

May 2018

## GENERAL PRACTITIONER (VR) - SUNSHINE COAST QUEENSLAND

### Why work for us?

- Non-corporate practice, avoid restrictive agreements
- Well-established, busy practice in the hub of the Sunshine Coast
- Well-established patient base, hit the ground running
- Outstanding support from the administration and nursing team
- Very loyal patient base
- On-site parking
- Large rooms with windows
- Fully computerised with remote access

**To find out more, please email your resume to [admin@nambourclinic.com.au](mailto:admin@nambourclinic.com.au) or ring Rowena for an informal chat 0412 292 666.**

March 2018 Continuing as per request.

## VISITOR CONSULTING ROOM AVAILABLE FOR SESSIONAL RENTAL - LAKE KAWANA SPECIALIST CENTRE. BIRTINYA

- Large Medical suite located on Ground Floor 6/ 5 Innovation Parkway. Co-located with Kawana Private Hospital overlooking Lake Kawana
- Generous, modern and well equipped reception and patient waiting area
- Treatment room available
- Same site pharmacy and pathology facilities and close to Radiology
- Convenient patient parking and underground designated park for specialist visitor
- Can bring own receptionist to session or we can provide meet and greet
- Kitchen and toilet facilities available for staff
- Full and half day sessions available

**For further information please contact Practice Manager, Janette Ritchie at [janetteritchie@inet.net.au](mailto:janetteritchie@inet.net.au) or mobile 0400 593 007**

## FT/PT GP. DWS AVAILABLE. MOFFAT BEACH

- Replacing outgoing female doctor
- Non-corporate, 4 doctor practice
- Established 2004. GPA accredited
- Friendly team with strong RN and admin support
- Bulk billing

**Contact: Lynda Andersen**

**Email: [practicemanager@moffatbeachmedical.com.au](mailto:practicemanager@moffatbeachmedical.com.au)**

**Phone: 07 5438 2333**

June 2018

## VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS

- VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.
- Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support.
- Visiting Allied Health Professionals and pathology on site.
- Mixed billing and flexible working hours available.

For further information please contact Practice

**Manager: Karen Clarke on 07 5492 1044 or e-mail [gbmedcentre@bigpond.com.au](mailto:gbmedcentre@bigpond.com.au). (Afterhours on 0438 416 917)**

Continuing as per request.

### PLEASE NOTE:

**We have had an abundance of Classifieds lately. From the July newsletter, the 3-month placement will be observed.**

**If you need to keep advertising, have a break for a month or more and then resubmit.**

**Many thanks!**



## SCLMA CLINICAL MEETING - 30 AUGUST 2018

Maroochydore Surf Club Function Room

Presenter: Dr Pankaj Jha, Vascular Surgeon

Topic: *'Varicose Veins, not just a Vanity. New Treatment Options'*

Speaker: Dr Euan Noble, Renal Physician

Topic: *'Renovascular Hypertension – Old and Creaky Kidneys – Can we / Should we and Who can we fix?'*

Sponsor: Medtronic.



Presenter Dr Euan Noble,  
Renal Physician



Medtronic representative, Todd Patch with presenter, Dr Pankaj Jha and Andy Gaylor, Medtronic representative.



SCLMA Patron,  
Dr Ian Colledge  
delivering a tribute to  
the Life Member,  
Dr Clem Nommenson  
who passed away  
recently.

The SCLMA  
Committee and  
Members express their  
condolences to the  
Nommensen family.

### 2018 Monthly Meeting Dates:

Thursday 25 October 2018 - Mdore Surf Club

Presenter: Dr Nicole Chia

Topic: *'Genetic Testing & Reproductive Health'*

Presenter: Dr Sybil Kellner

Topic: *'Immunotherapy for Cancer - a whole new world'* Sponsor: QML Pathology.

Thursday 29 November 2018 - Mdore Surf Club.

Dr Peter Georgius - *'Neuromodulation'*

Sponsor: Stimwave.

(AMA Qld President will be attending).

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

**Continually being updated with relevant  
information for doctors**

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**Full size and easy to read**



**Sunshine Coast Local Medical Association Inc**

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