



SCLMA President's Message **Dr Roger Faint**

I thank Adj. Prof Naomi Dwyer for her well informed latest commentary and reassurance relating to patients utilising their private health insurance in a Public Hospital.

State health funding is in a state of flux continuously, particularly over recent decades, and thus frustration through uncertainty and miscommunication occurs. Until recently, the term 'cost shifting' was used, now coined 'double dipping' (once used as an accusation against doctors) thus more confusion.

Please be sure to read her latest article which also mentions optimistic news relating to improving endoscopy services, improving referral systems and increasing hospital activity. We are blessed to have a hard working, motivated Chief Executive with impressive management skills who is willing to engage with the SCLMA and take time to write regular monthly articles. This Sunshine Coast collaboration is the exception, not the rule.

Whilst many doctors find the health funding changes unpalatable (ethical or not), they are well understood by State and Federal Health Departments. I googled an Australian Financial Review article dated November 2017, which detailed exactly this issue illustrating that the Federal Government (Health Minister Hunt & Assistant Health Minister Dr Gillespie) are well aware of so called 'Double Dipping' by the States.

Sadly the private health sector is subsequently being demoralised as this source of funding is escalating in access. I hope this is not the new paradigm.

There are related concerns of course. These include whether a patient is 'overly encouraged' to use their private health on admission (after all, why would you) and who pays the often substantial excess on a policy (I believe insurance companies are obliged to not charge an excess if admitted to a public hospital).

Even the now previous Assistant Health Minister Dr Gillespie MP (Gastroenterologist) in November, suggested frustratingly that privately insured patients in public hospitals don't get the doctor of choice and thus continuity of care, which are the two of the hallmarks of private insurance (the third being timing).

Full time hospital specialists don't necessarily think that choice of doctor and consequent continuity of care is paramount in terms of patient care so perhaps why would public hospital management.

I have communicated this issue with Dr Dilip Dupleh, AMA Qld and Dr Bartone, AMA. Dr Dilip has responded and I believe canvassed this and other issues with the QLD State Health Department. This is good news as it means the AMAQ is listening to its members and it is likely he will visit the Sunshine Coast in November this year.

Regards

Dr Roger K Faint

<https://ama.com.au/submission/private-patients-public-hospitals>



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



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**SEPTEMBER
NEWSLETTER
Deadline will be
FRIDAY 21st
SEPT 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

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

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

Directory form available on the website.



Editorial

Welcome to August's edition of the SCLMA newsletter. Another month, another Prime Minister and cabinet! What's the bet I'll be writing that again before too long!



Bill Shorten has already promised reforms as part of his pitch to win government, including a 2% cap on health insurance premium increases. Private health insurers have warned that the healthcare sector is in a period of uncertainty and continues to need reform. Any pressure on them to reduce premium increases would flow through the entire system, with suggestions they would have to push harder on hospital contracts. In an already pressure-cooked environment, there are many ways the cookie could crumble. Again the issue of private patients in public hospitals (and vice versa) is raised. For a public sector that each year is relying more and more on private health insurance funding, could this be a turning point? In the AMA's submission to the Department of Health dated September 2017, it stated that "public hospitals have increasingly promoted to patients the option to use their private health insurance while in a public hospital (and), there is no doubt that this has largely been driven by inadequate funding arrangements. The document also reads that "public hospitals must not offer unfair inducements... (to) patients to declare or use their private health insurance". Does the waiver of a patient's excess with their health fund not constitute 'unfair inducement' given that private hospitals cannot offer the same?

Many people continue on as pococurante, not believing that our whole health care system is threatened. It reminds me of the Titanic - the pinnacle of human achievement at the time. Such was the level of hubris that one White Star Line employee was quoted as saying that, "not even God could sink the ship". As soon as the Titanic hit the iceberg, with respect to the assured outcome there were two groups of people on board: those in the know such as Captain Edward Smith and designer Thomas Andrews and those not in the know. As time progressed and information filtered down, more people were in the know but the band played on and the party continued for many. Even as the stern sank, people in the bow that rose were in denial. We are not cocooned within our boundaries. Instead we should be committed to shared conversations and contributions for the greater good. There are many icebergs out there and rather than increasing speed, perhaps we should pause and ponder how we will successfully charter the waters ahead.



Elsewhere in this edition, be apprised of the opening of the Coast's first private emergency department at Buderim Private Hospital, the end of the public patient services agreement at Sunshine Coast University Private Hospital in September (where will all those public patients be treated then?) and the instigation of nurse endoscopists at SCUH - another cost cutting measure that denies training to our next generation of specialists. It appears that the desire to maintain Australia as one of the best health care providers in the world is a velleity.

Regards

Kirsten Hoyle.

HIGHLIGHTS in this issue:

- P 5: Adj. Prof Naomi Dwyer, CE, SCHHS
- P 7: Dr Clem Nommensen - Life Member
- P 9: AMA Queensland Report
- P 11: Pattie Hudson, CEO, PHN
- P 12: Wallis Westbrook - BHP Update
- P 17: Oliver Steele - SCUPH Update
- P 19: Dr T K Ho - Rotator Tears in Shoulder
- P 20: Poole Group - Preserving Fam Wealth
- P 24-25: SCLMA 'Christmas In August' Recap
- P 27-29: All AGM Information.

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

CLINICAL MEETINGS:

THURSDAY 20 SEPTEMBER

Update on MHR (PHN) & Dr Wayne Herdy - Update on Hep C Treatment. GM will be held.

Venue: Maroochydore Surf Club

THURSDAY 25 OCTOBER 2018

'Genetic Testing & Reproductive Health' - QML

Venue: Maroochydore Surf Club

WANTED:

GP/CORP. TO ESTABLISH/RELOCATE TO NEW PRACTICE AT EVANS LONG'S SIPPY DOWNS CENTRAL

- 123 SIPPY DOWNS DRIVE, SIPPY DOWNS, QLD 4556
- CENTRE BEGAN TRADE JUNE 2018
- BRAND NEW LOCAL SHOPPING CENTRE WITH COLES SUPERMARKET ADJACENCY
- PATHOLOGY, PHARMACY AND ALLIED HEALTH INTEGRATED FACILITY
- VERY SIGNIFICANT INCENTIVES AND SUPPORT TO ESTABLISH/RELOCATE

GP/CORP. TO ESTABLISH/RELOCATE TO NEW PRACTICE AT STOCKLAND BIRTINYA SHOPPING CENTRE

- KAWANA WAY, BIRTINYA, QLD, 4575 OPPOSITE SCUH/SCUPH
- CENTRE OPENS DECEMBER 2018
- PATHOLOGY AND PHARMACY INTEGRATED FACILITY
- \$90M BRAND NEW TOWN CENTRE (20,000M²); COLES, ALDI AND 40+ SPECIALITY STORES
- STAGE 2 EXPECTED, IN 2 YEARS, WILL BRING BIG W AND TRAIN STATION
- VERY SIGNIFICANT INCENTIVES AND SUPPORT TO ESTABLISH/RELOCATE



BOTH OPPORTUNITIES REPRESENT EXTREMELY GOOD VALUE AND POTENTIAL FOR ANY GP OR ENTITY WILLING TO ESTABLISH OR GROW/RELOCATE IN THESE HIGH-GROWTH ZONES. THE INITIAL DESIGNS FOR THE PHARMACY, PATHOLOGY AND MEDICAL CENTRE ARE EVOLUTIONARY WITH REGARD TO PROVISION OF PATIENT CARE AND THE FITOUT LEVEL IS A+. WE ENCOURAGE ALL PARTIES TO EXPLORE THE INITIAL DESIGNS AND SEE THE POTENTIAL FOR GROWTH. PRIME LOCATIONS AT BELOW MARKET RATES.

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HEALTH SERVICE LINK - AUGUST 2018



Use of Private Insurance

I've been invited to make comments regarding the use of private health insurance in public hospitals, a topic which our SCLMA colleagues have previously expressed interest in.

Patients with private health insurance can elect to use their private health insurance at any public hospital. It is completely their choice and there is no cost (that is, no gap fee) to the patient. When a patient is identified as being bulk billed or a private inpatient this is flagged in our data and the Health Service receives reduced funding accordingly. Therefore, there is no 'double dipping' in regards to funding.

Patient care is our foremost priority. Any claims that our patients may be misled into using private health insurance in our public hospitals are not true. Irrespective of individual views related to this practice, we are offering the same choice of care to our community that is available elsewhere, in other public hospitals. Our community can be assured all available funding that is received is used to optimise the quality of the patient services we provide.

Nurse Endoscopist

Our Gastroenterology unit has employed a Nurse Endoscopist to help meet the growing demand for colonoscopy services. The Nurse Endoscopist is an advanced, registered nurse, working under the supervision of medical specialists to perform lower complexity endoscopic examinations. This model of care was established through the advocacy of our gastroenterologists and continues to receive strong medical support and encouragement. We anticipate that this service enhancement will improve access to endoscopy for our patients.

New Referral System

As part of the Government's Specialist Outpatient Strategy, a commitment was made to improve the capability of electronic communication between GPs and public hospital specialists, particularly with regards to outpatient referrals. The Sunshine Coast Hospital and Health Service is currently collaborating with other HHSs and the Department of Health to develop a simple, integrated, end-to-end electronic referral solution. Here at the Sunshine Coast, we are leading the **GP Smart Referral** component of the program. This referral solution will be fully integrated with the commonly used GP clinical software and also with the relevant specialty referral guidelines (including **HealthPathways**). Once accomplished, it will have delivered a new referral product streamlining the referral process for GPs.

Other components of the program include the **Referral Lodgement and Tracking Solution** which will ensure referrers receive electronic updates on referral receipt, referral categorisation and also when a patient declines, attends or fails to attend an appointment.

There will also be a new **Referral Service Directory** to provide a comprehensive online list of specialist public outpatient services, including information about where and how services are offered.

The first component of the overall program to be implemented here at the Sunshine Coast University Hospital is the **Workflow Solution**, an initial internal enhancement, with a go-live date of mid-September 2018. Full program implementation for the Sunshine Coast is anticipated in early 2019. For more information feel free to contact the Smart Referrals team via:

SC-SmartReferrals@health.qld.gov.au

More midwives for our region

New and expectant mothers in the Sunshine Coast and Gympie regions will benefit from improved care, as part of the Government's commitment to strengthening maternity services across the state.

Fourteen additional midwives will join the Sunshine Coast Hospital and Health, enhancing continuity of care for new and expectant mums during pregnancy, at birth and during the postnatal period.

The Extended Midwifery Service will be increased, which provides new mums with popular home visits, from a midwife in the first two weeks after a baby is born.

Return of activity from Sunshine Coast University Private Hospital

As you know, our health service has been working in partnership with Ramsay Health Care for us to return the public activity that has been undertaken at Sunshine Coast University Private Hospital (SCUPH) to our own hospitals.

I am very pleased to share that we are expanding capacity at both SCUH and Nambour General Hospital to facilitate this increased activity that will flow from the end of the current arrangement late September. Our partnership with the Ramsay team at SCUPH has been very successful and we are grateful for the quality of care they have provided to our patients, whilst public services have been progressively established to respond to demand.

Until next time,

Naomi

Adj. Professor Naomi Dwyer

Chief Executive

Sunshine Coast Hospital and Health Service

Naomi.Dwyer@health.qld.gov.au

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- CT Coronary Angiogram (Radiologist co-reported)

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- Cardioversion
- Coronary Angiography
- Coronary Angioplasty and Stenting
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- Valvular Heart Disease – Aortic & Mitral Valvuloplasty
- Management of Heart Rhythm Disorders
- Permanent Pacemaker & ICD Insertion
- Electrophysiology Study & Ablation Therapy
- Transcatheter Aortic Valve Implant/Replacement (TAVI / TAVR)
- Left Atrial Appendage Occlusion (LAO)

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

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.

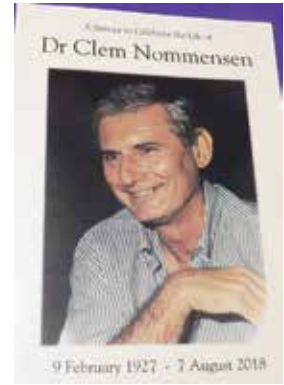
Paediatric meniscal tears may be repairable early after an injury, but a delay typically means meniscal resection becomes necessary.

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.

SCLMA Life Member - Clem Nommensen – Surgeon 9th February 1927 - 7th August 2018



Clem Nommensen was born in Biggenden, Queensland.

He attended primary school in Wynnum and his secondary schooling at "Churchie" was during WW2.

After Clem's time in the army he studied at U.Q. from which he graduated as MBBS in 1954. His resident and registrar years were at the Royal Brisbane Hospital where he worked with many of the eminent Brisbane surgeons of that day. He particularly remembered his time with Ken Jamieson who established the Neurosurgical unit at Royal Brisbane Hospital.

He became a Fellow of the Royal College of Surgeons of Edinburgh in 1962. It was while working and studying in Edinburgh that he first met Judi, a Brisbane nurse who was studying midwifery in Edinburgh.

After a year working as a surgical registrar at Colchester General Hospital near London, he and Judi returned to Brisbane to be married.

In 1964 Clem accepted a position as Surgeon for the PNG New Guinea Island Region, based at Nonga Hospital near Rabaul on the island of New Britain. This serviced a population of about 500,000, resulting in a huge workload that included treating conditions that are not seen in the "first world". He was aware that "the buck stopped there with him", if he didn't do the necessary operation then no one would.

A term at Nonga Hospital was recognised as a surgical training rotation for Princess Alexandra Hospital surgical registrars, hence I spent 4 months working with Clem in PNG.

Clem coped with a huge workload with energetic enthusiasm despite the oppressive hot humid conditions. He did a wide range of surgical operations, some of which I had never seen in Australia nor have seen since. Resourcefulness was necessary as supplies were not always adequate. I remember Clem arranging for an old patient to be recalled from his village so that a Kuntscher Nail used to fix his fractured femur many months previously could be removed and reused on a newly admitted patient.

There was a lot of interesting pathology such as cancer of the tongue due to chewing Betel Nut, gut obstructions due to an intestinal infection known locally as "pig bel", elephantiasis, tuberculosis (including one case of Potts Paraplegia due to tuberculosis of the thoracic spine), hare lips and cleft palates, location specific traumas such as depressed fractured skulls and a ruptured spleen due to falling coconuts. Malaria was endemic.

While in PNG he initiated the Association of Surgeons of PNG at a time when there were only 4 surgeons in whole of PNG.

In 1975 Clem and family left PNG. He became a Fellow of the Royal Australasian College of Surgeons before they settled in Nambour.

For 10 years Clem and I shared professional rooms in Nambour before he moved his practice to Buderim.

Clem never lost the desire to learn and keep up with innovative changes in surgery. In the early days of the Wesley Breast Clinic he regularly travelled to Brisbane to be involved in the multi-disciplinary panel. He was active in the starting of the Sunshine Coast Local Medical Association of which he was a life member.

Clem retired from surgery in 1997.

Clem and Judi have three children, Paul, Carl and Kate. They have 6 grandchildren.

Clem's last days were not good. Judi cared for him at home until the final few hours. He died on 7th August 2018.

He was thoughtful, wise, honest, kind and never neglected his patients. Judi tells me that although often called to the hospital at night, he never once complained.

I will always remember him as a good man with noble ideals, a trustworthy reliable colleague and most of all as a great friend.

Dr Ian Colledge, Patron, SCLMA.

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DR TIM NATHAN

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

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AMA Queensland strongly opposes push to expand pharmacist scope in Queensland

The State Parliament is currently undertaking an inquiry into the possible establishment of a pharmacy council in Queensland and how the council could enhance the scope of practice of pharmacists and pharmacy assistants.

Some of the functions being sought by pharmacists include supplying contraceptive pills without a prescription and providing certain medicines to people with cardiovascular disease and respiratory illnesses without the need for a repeat prescription.

AMA Queensland strongly opposes the establishment of a pharmacy council and any increased scope for pharmacists and pharmacy assistants. With the assistance of our Council of General Practice and with input from all members of our Council, we developed a strong submission which outlined;

- the clear conflict of interest between being a dispenser and a prescriber;
- the value of general practice and how consultations for repeat prescriptions can result in better patient outcomes;
- the difference in training between a doctor and a pharmacist; and
- the potential danger of allowing pharmacists to prescribe prescription-only medicine at a time when the dangers of doctor shopping are well known.

Read the full submission on our website at www.amaq.com.au / Advocacy / AMA Queensland submissions.

AMA Queensland is also working closely with other medical stakeholders including RACGP and the RADQ to impress upon committee members the united opposition our organisations share towards this ill-considered proposal.

The Parliamentary committee is due to report back to the Parliament with its findings by 30 September 2018. AMA Queensland will do all in its power to push back against any increased scope for pharmacists.

We will keep members informed via regular updates.

If you have any issues you feel need AMA Queensland's attention, feel free to drop us a line. We are always happy to get your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland



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Dr Jacqui Dalton
BDSc, DCLin Dent (DMFR)



Dr Scott McNab
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Excellence in Diagnostics

HealthPathways celebrates a new milestone on the Sunshine Coast

by Pattie Hudson, Central Queensland, Wide Bay Sunshine Coast PHN CEO

This month I wanted to focus on the achievement of a significant milestone in our mission to build better connections between health services in our region. On behalf of our team, I am incredibly proud to say there are now 400 localised clinical and referral pathways for the Sunshine Coast and Gympie.



The HealthPathways program launched in November 2016 it has since become a go-to resource for many GPs. These localised pathways provides valuable information for managing patients and reviewing required information for public and private specialist referrals.

If you haven't used HealthPathways yet, it is a website that provides health professionals with guidance on clinical assessment and management of medical conditions, combined with a clinical service directory. Although its primary audience is general practice, it is available to all healthcare professionals.

Every page of HealthPathways is the result of a collaboration between general practitioners and specialists. This process has created locally relevant clinical information and is building new relationships between primary and secondary care. Our HealthPathways team has a commitment to responding to feedback from its users; focusing our efforts on providing resources that health providers need.

The website provides relevant clinical information, formatted in a way that is readily accessible during a patient consultation. The tool also differs from other clinical guidance websites by incorporating a local service directory. HealthPathways aims to display all public, private and community health service information; including referral criteria. In particular, HealthPathways can assist GPs making referrals to the Sunshine Coast Hospital and Health Service as it lists the required referral criteria to each specialty department.

In the initial stages many pages were headlined with "Not yet adapted for Sunshine Coast", but each week we localise more and more pathways. Check out HealthPathways and see what's new.

Visit: sunshinecoast.healthpathwayscommunity.org to access the site

Username: usersc

Password: pwsc

For general enquires about HealthPathways and how you can get involved, contact HealthPathways Coordinator Clinton Bazley:

Ph: 5456 8100 Email: healthpathways@ourphn.org.au.



Dear SCLMA colleagues,

It gives me great pleasure to let you know that our new \$4 million state-of-the-art Emergency Centre is now open and offers specialist emergency care, 24/7. As you are aware, there are many private emergency centres that exist in other parts of Queensland and I am sure you will agree this is a great step forward for our Sunshine Coast community who can now benefit from greater choice in where to seek emergency care.

I would like to take this opportunity to inform you about important aspects of the service should your patients require this specialised care, as well as update you and other news and events taking place at Buderim Private Hospital.

About the new private Emergency Centre

- Minimal wait times with free parking
- Nine patient bays, including a dedicated resuscitation space
- Approximately 50 employees, including doctors, nurses and administrative staff
- Everyone is welcome at the Emergency Centre including those without private health insurance
- Standard out-of-pocket fee will be \$310, which includes pathology and radiology
- No out-of-pocket fees for WorkCover and eligible DVA patients and concession rates available
- Private health fund members who require admission can be admitted directly to the hospital and access our leading specialists
- Patients without private health insurance who require admission can self-fund their hospital stay or opt to be transferred to a public hospital
- With patient approval, a discharge summary will be provided to their GP

For more information about the Emergency Centre, please visit buderimprivatehospital.com.au/emergency

Robotic general surgery now available on the Sunshine Coast

General surgeons at the Buderim Private Hospital have recently commenced robotic-assisted surgery for some general surgical cases.

In a Sunshine-Coast first, general surgeons Dr David Colledge and Dr John Hansen are utilising the Da Vinci Xi surgical robotic system for selected general surgical patients, including those requiring hernia and bowel surgery.

We have invested over \$3 million in the Da Vinci Xi surgical robotic system and have been using the technology to successfully perform minimally invasive prostate cancer surgical procedures since October 2017. The expansion of our hospital's robotic surgical program heralds a new era for the Sunshine Coast - our community members can feel assured that world-class equipment is being used by highly-trained surgeons right here in our own backyard.

Save the date – 2018 Women's Health Conference

Save the date for our annual Women's Health Conference at the Mantra Mooloolaba on Saturday 17 November and get updates on women's health from your local specialists. Please note 40 category 1 QI&CPD points have been applied for. More details coming soon!

Until next month,

Wallis Westbrook, General Manager

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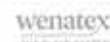
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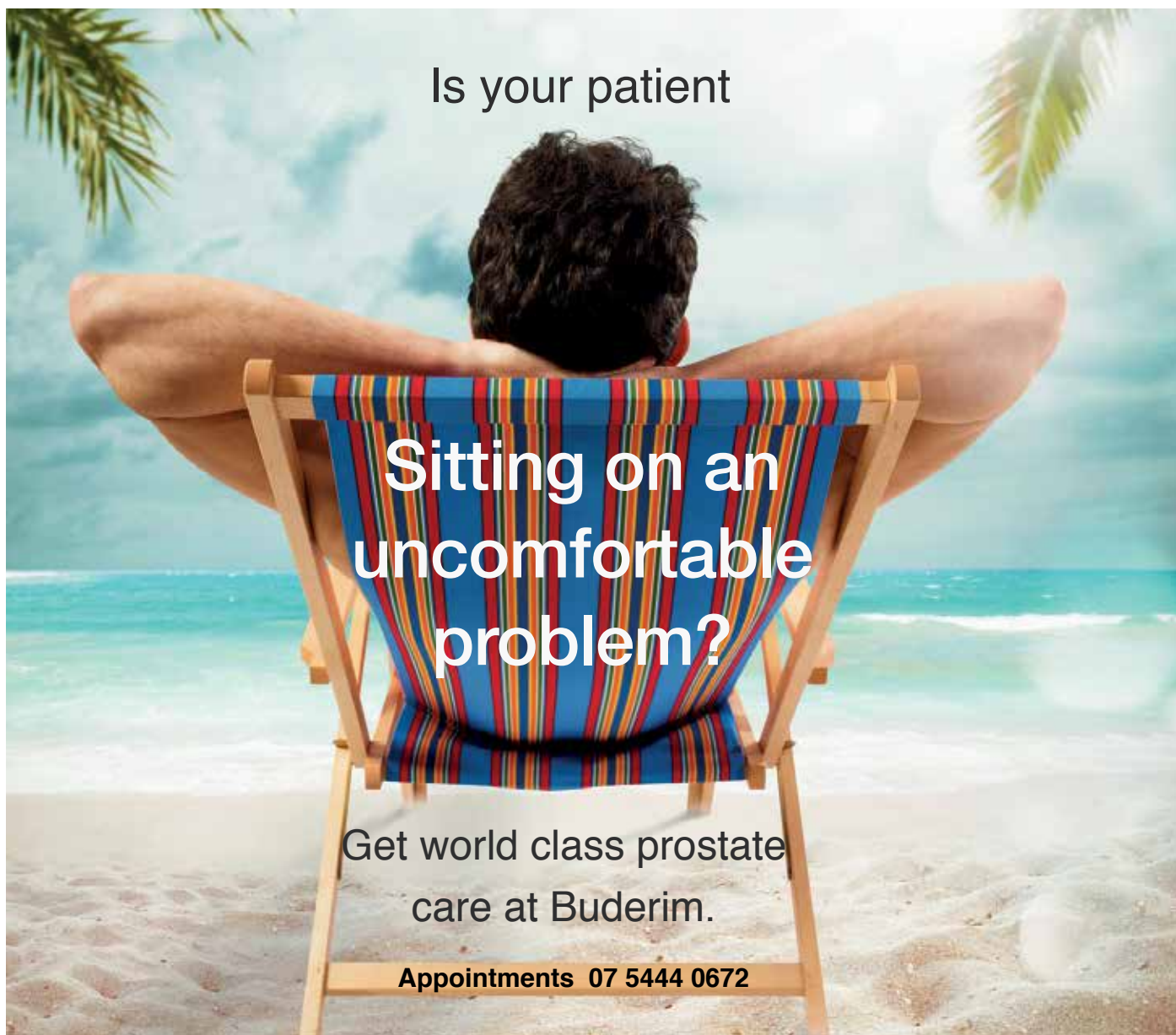
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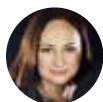


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Dr Myo Min

Is new to ROC and joins us with experience across a wide-range of cancers and an active role in research. He has particular interest in head and neck, gastrointestinal, lung and skin cancers.

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 Dinesh Vignarajah

Is new to ROC and has special interests in gynaecological, genitourinary, CNS and haematological malignancies, as well as the use of stereotactic radiation therapy.

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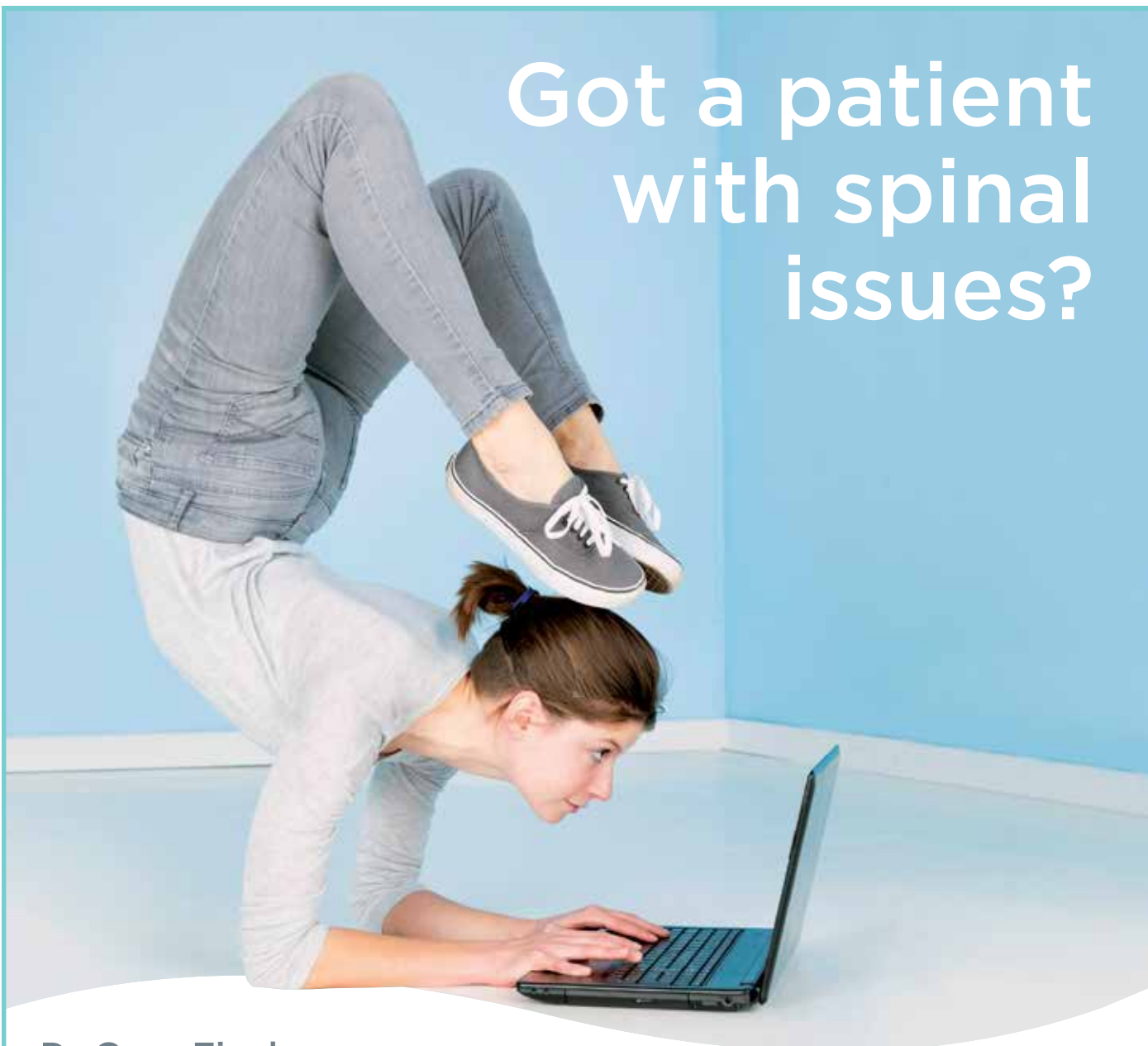
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SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL (SCUPH) - AUGUST 2018*Oliver Steele, CEO*

Thank you for the opportunity to update the SCLMA on the services and developments at the Sunshine Coast University Private Hospital.

The Sunshine Coast University Private Hospital Public Patient Services Agreement ceases in September 2018

As covered in my last article, a reminder that our agreement to provide care and treatment for public patients under contract with the Sunshine Coast Hospital and Health Service, will soon complete. The last date for public patients to be referred to SCUPH is 20th September, with some public outpatient services continuing until November 2018.

With the cessation of the public Contract, The Sunshine Coast University Private Hospital has turned its focus to increasing its private health care provision.

Innovation in Pacemakers

Dr KK Lim and the team at SCUPH are delivering a breakthrough pacemaker treatment to Sunshine Coast patients. The pacemaker is the size of a large vitamin and weighs less than a coin. The Medtronic Micra® Transcatheter Pacing System (TPS) delivers the most advanced pacing technology available to patients. Micra is delivered using a catheter, and attached directly to the heart wall – without the need for thin wires or ‘leads’.

Pacemaker therapy is the most common way to treat bradycardia (slow heart beat). Unlike other pacemaker systems Micra does not require the use of wires, known as “leads”, as it is attached to the inside wall of the heart via small tines. An electrode at the tip of the device delivers electrical impulses that restore normal cardiac rhythm.

Even though Micra is one-tenth the size of a traditional pacemaker, it delivers all the benefits of current devices.

It continuously monitors and delivers electrical pulses to the heart, in line with the needs of the individual patient.

Clinical Registries and Trials

The hospital has been working on a number of initiatives to complement our clinical services. Together with the Epworth Hospital, SCUPH is a participant in the National Anaesthetic Day Care Outcomes Registry (DayCOR) exploring patient's post-operative anaesthesia experience. Already hundreds of our patients have participated in DayCOR. Last year we also received approval to be a site for clinical trials that Dr Hans Seltenreich is involved with looking at Crohn's Disease and Ulcerative Colitis.

We are actively exploring further Clinical Trials and I look forward to sharing further news with you on this in the coming months.

Oli Steele

CEO SCUPH

T: 5390 6101

steeleo@ramsayhealth.com.au



At the August meeting we welcomed new member: Dr Rachel Noova, Developmental and Behavioural Paeditrics. Welcome Rachel!

Membership form is in every newsletter - note **half price** membership at this time of the year!

Have you missed a newsletter? All newsletters are on our website. Just clear for an easy to read version full size.

Do you know someone who would like to receive the newsletter - please email your copy.

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ROTATOR CUFF TEARS IN THE SHOULDER --- TO REPAIR OR NOT TO REPAIR?

For patients from middle age onwards one of the most common causes of shoulder pain is a rotator cuff tear. Patients can be divided into two groups– traumatic and atraumatic. As the name suggests, patients with traumatic cuff tears will generally recall a traumatic event such as bad fall or lifting something heavy or awkwardly. For these patients there is little debate about the need for a surgical repair. There is however, controversy in the atraumatic group. Unlike the traumatic group these patients will often have no recollection of a specific traumatic event but instead will describe pain to have been on and off, worsened by physical work or sports. Plain X-rays and Ultrasound are good screening tools in these patients to help establish the diagnosis.



When these patients present with symptoms, do they need surgical intervention?

Some feel that “rotator cuff repairs are not always successful anyway”. Some may like to think that most tears heal themselves in time. In recent years further research has deepened our understanding of the natural history of rotator cuff tears. There is growing evidence to help predict which type of tears are likely to deteriorate and which factors influence the success of a surgical repair. This information helps guide patient selection for surgery.

Full thickness tears are shown to be more likely to become larger over time than partial thickness tears¹ - 50% of these full thickness tears enlarge after 5 years. Tears in the dominant shoulder are at higher risk of being painful and becoming bigger². Research has established that the most important variables influencing the rate of tendon healing after a surgical repair are the size of the tear, the age of the patient, and the severity of fatty muscle degeneration/infiltration. Patients with tears greater than 2cm and age greater than 69 were found to have worse healing outcomes.³ As the tears become larger and over time, rotator muscles can undergo shrinkage and part of the muscle replaced by fatty tissue⁴. When fatty infiltration is present it decreases the success of surgical repair. With time the edge of the tear may retract away from its original attachment site. One paper reported a drop of healing rate from 93% to only 55% if the tear became widely retracted⁵. Long term outcomes for surgical repairs can be favourable- a multicentre study reported that surgical repair for isolated supraspinatus cuff tears remained durable at 10-year follow-up⁶.

One study has provided an algorithm for surgical indications by classifying rotator cuff tears into three categories based on the relative risks of nonoperative management and potential benefits of surgical management⁷.

1. Group I-- early operative repair is indicated. This includes shoulders with a full thickness tears from a distinct, acute event as well as younger patients (under 62–65 years) with small to medium full-thickness tears with minimal or no atrophy.
2. Group II-- a trial of nonoperative management, failing that operative repair. This includes partial thickness tears and atraumatic degenerative tears with signs of chronicity.
3. Group III—maximise nonoperative treatment. These tears include tears in older patients (> 70 years), chronic and retracted full-thickness tears with muscle degeneration, and tears with fixed proximal humeral migration.

I believe this is a good general guide for surgeons based on current literature. In the General Practice setting, when patients present with painful shoulders a good rule of thumb is that if traumatic, refer on for surgery. If chronic, trial conservative management first. For those who get better with conservative treatment, it is safer to monitor the size of the tear with imaging over time and then refer on if there is progression of the tear size. For the elderly, maximise non-operative treatment but don't hesitate to refer if their symptoms remain severe.

Dr. TK Ho

orthopaedic surgeon

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2. Keener JD, Skelley NW, Stobbs-Cucchi G, Steger-May K, Chamberlain AM, Aleem AW, et al. Shoulder activity level and progression of degenerative cuff disease. *J Shoulder Elb Surg.*
3. Park JS, Park HJ, Kim SH, Oh JH. Prognostic factors affecting rotator cuff healing after arthroscopic repair in small to medium-sized tears. *Am J Sports Med.* 2015;43(10):2386–2392
4. Tashjian RZ, Hung M, Burks RT, Greis PE. Influence of preoperative musculotendinous junction position on rotator cuff healing using single-row technique. *Arthroscopy* 2013;29(11):1748–54
5. Hebert-Davies J, Teefey SA, Steger-May K, Chamberlain AM, Middleton W, Robinson K, et al. Progression of fatty muscle degeneration in atraumatic rotator cuff tears. *J Bone Joint Surg Am.* 2017;99(10):832–839
6. Collin P, Kempf J-F, Molé D, Meyer N, Agout C, Saffarini M, et al. Ten-year multicenter clinical and MRI evaluation of isolated supraspinatus repairs. *J Bone Joint Surg Am.* 2017;99(16):1355–1364
7. Hsu J, Keener JD. Natural history of rotator cuff disease and implications on management. *Oper Tech Orthop.* 2015;25(1):2–9



Preserving the Family Wealth

When making decisions on how to structure finances the estate planning considerations are important to consider.

Review your Will

Your Will provides instructions on how to distribute assets that fall into your estate.

Before making changes to your assets it is important to review your Will to ensure the changes do not create unintended consequences.

You should review:

- The terms of your Will and how your estate will be distributed (including the refunded accommodation deposit (RAD) see below)
- Who is nominated as your executor

You may also wish to consider whether to change the terms of your Will and/or ownership of assets to pass assets onto your children rather than to your spouse. This may help to minimise any impact on your spouse's age pension benefits, taxation and/or aged care fees but it is first important to ensure your spouse will have sufficient resources to meet their ongoing needs. This can be discussed with your legal adviser and we can provide further advice on the financial implications to you & your legal adviser.

Any changes to your Will should be made with advice from a lawyer or legal professional.

What is included in your estate

Your estate includes assets that you own at the time of your death, with the following exceptions:

- Assets owned jointly as joint tenants – ownership passes to surviving owner(s) e.g. Family home.
- Superannuation investments (both accumulation and pension phase) – may be paid directly to a beneficiary instead of your estate
- Insurance policies (including annuities) that have nominated a beneficiary – paid directly to that beneficiary
- Assets held in a discretionary trust – assets remain in the trust.

Your Will does not control the distribution of these assets as listed above.

However, your Will should take into account how to distribute any superannuation investments you have in case the beneficiary payment is left to your estate.

Keeping in touch and discussing these issues with your Solicitor and your Accountant is really important and will save emotional and financial issues upon your death.

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Dr Irene Krajewska FRCPA FIAC

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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, gynaepathology 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 gynaepathology.

Dr Jerome Lai FRCPA

E: jerome_lai@snp.com.au

T: (07) 5459 1400

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

E: karien_treurnicht@snp.com.au

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.

THANK YOU TO ALL THOSE WHO ATTENDED THE RACGP ACCREDITED 'BEHIND THE CLINIC DOOR' CONFERENCE

Collaboration and teamwork are key to Sports & Spinal providing quality patient care and we welcomed the opportunity to learn & discuss cases with you on the day.

Special thank you to the exceptional speakers: Dr Daevyd Rodda, Dr Stephen Byrne, Dr Peter Georgius, Dr Rob Park, Dr Siavash Es'haghi, Dr Scott Masters, Tristan White, Dr Alison Grimaldi, and our amazing staff; Briony McSwan, Laura Perry, Danielle Keogh, Andrew Duff & Sophie Stewart.

WE LOOK FORWARD TO SEEING YOU ALL AT THE 2019 CONFERENCE!



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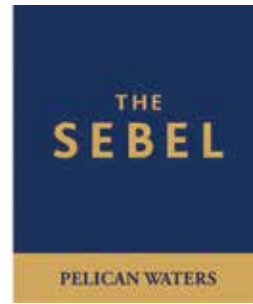
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FEED-BACK – SCLMA CHRISTMAS IN AUGUST 2018

Carol and I as organisers loved this function at The Sebel Pelican Waters - from the smooth planning with Functions Manager Richard Fanshawe to the friendly and efficient staff, the excellent food, the beverage package, the beautiful music from our local Band M7 and the accommodation.

Dr Wayne Herdy, SCLMA Vice President: What impressed me was the attendance roll. There were relatively few doctor members, but we were probably outnumbered by the other health resources that we partner with. Ignoring those who were only there as sponsors, we had the hospital services with Piotr Swierkowski, the PHN, Eden, and two private hospitals, not to mention Sullivan Nicolaides Pathology, a Radiology firm, and an Oncology team. This was a solid vote of confidence from our major partners representing other elements of the organizers of health care. The sector that was visibly absent was the aged care sector (if Eden was more for rehab than aged care). The venue was OK, the menu was outstanding, but we non-drinkers are never well catered for. I thought Santa and the jokefest was a dead loss (also commented on by 9 attendees).

Sample of comments:

- *Great format with minimal speeches, excellent sized venue, helpful willing staff, good drinks package and band tighter than previous outings.*
- *The venue is a little out of the way but very suited to the event, good food and plenty of undercover parking, and the waiting staff were very helpful and efficient.*
- *Great venue choice - food good, staff professional and efficient, drinks package was good.*
- *Everyone seemed to be having a good time. Great band.*
- *Here are my thoughts on SCLMA Christmas in August: Organisation by LMA – excellent; Venue excellent, as I live down the road! Finger food on arrival – excellent; Food at table sitting – good; Staff quality – good; Music quality – excellent; Overall value for money - excellent, what a bargain, had a great time*
- *It was a very well organised Xmas in August, Food was amazing, company was great and the Band fantastic: They should give up their day jobs!!*
- *Thanks for a great Christmas party - I really enjoyed the venue and thought it worked well.*
- *The band was really good and got everyone up on the floor and dancing*

SRI LANKA

Sri Lanka is a gorgeous island country, located in the Indian Ocean, south of India. The country houses enough to see and explore that will captivate you to the core. It's tropical climate and friendly locals are the perks in addition to the diversity it offers to the travellers.

Whether you love long stretches of pristine beaches, or are an admirer of ancient architecture, or perhaps a fan of big cats and the wild, Sri Lanka will make your holidays memorable. The teardrop-shaped island country is a magnificent amalgamation of picture-perfect landscapes, flavourful food, varied wildlife, exuberant nightlife, ancient ruins, and the most welcoming and hospitable locals.



Sri Lanka – The land undiscovered

Sri Lanka is a jewel hiding in plain sight. Thanks to the significantly smaller size of the country, visiting its points of Interest is extremely easy for travellers. You can start your morning around the world's oldest human-planted trees; visit Minneriya in the afternoon, surrounded by hundreds of elephants. By the evening you could be strolling along a peaceful beach, and good luck with counting the little and scrumptious dishes that are served along rice and curry for dinner!

Sri Lanka has 2000 years of history and culture to live through its temples, caves, monuments, and food.

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- *Shop at the charming floating market in Pettah*
- *Visit the turtle hatcheries in Bentota*
- *Enjoy a relaxing Ayurvedic Spa and rejuvenate your senses*
- *Witness a mesmerising sunrise at the Kandy Lake*
- *Take a dip at Ramboda Falls*
- *Visit the Nuwara Tea estates and learn the extension process of making the Sri Lankan tea*
- *Go whale/dolphin-spotting at Mirissa*
- *Visit the Pinnawala Elephant Orphanage and play with baby elephants*
- *Leopard-spotting at Yala National Park*
- *Climb up the Sigiriya Rock Fortress*

Get ready to be enchanted by the mesmerising beauty of Sri Lanka, an island country that offers a myriad of activities for every kind of a traveller.

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TWENTY-FIRST ANNUAL GENERAL MEETING
 The Sunshine Coast Local Medical Association Inc.
THURSDAY 20 SEPTEMBER 2018
 Maroochydore Surf Club Function Room
AGENDA

Business:

1. Chairman's opening remarks
2. Apologies
3. Minutes of previous Annual General Meeting, 24 August 2017
4. Business arising from previous minutes
5. The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year
6. The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year
7. The appointment of an Auditor/Accountant
8. The election of members of the Executive Management Committee
9. Incoming President's Address
10. General Business:

Close

Dr Mark de Wet
Honorary Secretary

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
ANNUAL GENERAL MEETING
Thursday 20 September 2018 - MAROOCHYDORE SURF CLUB
NOMINATION FORM
 for the SCLMA Management Committee

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

POSITION: _____

NOMINEE: (Print): _____

PROPOSER: (Print): _____

SECONDER: (Print): _____

I, _____
agree to this nomination (please sign)

RSVP: Friday 14 September 2018. Fax to: 5479 3995
 Or scan & email to: jobo@squirrel.com.au

**Twentieth Annual General Meeting
The Sunshine Coast Local Medical Association Inc.
Thursday 24 August 2017
Maroochydore Surf Club Function Room
(DRAFT) MINUTES
(to be accepted at Annual General Meeting 20 September 2018)**

Meeting opened by Chair, Jo Bourke at 7.45 pm.

BUSINESS:

1. Chairman's Welcome and opening remarks: Jo Bourke, SCLMA Secretariat.
Chair established a quorum was present, according to the Rules of the Association.
Only current members to vote at this meeting. Any comments to be made through the Chair.
2. **Members present: (48)**
Drs Kevin Barker, Trevor Beall, Tau Boga, Fabio Brecciaroli, Marlene Clout, Prathmesh Contractor, Dhara Contractor, Michael Cross, Andrew Dettrick, Mark de Wet, Colin Dicks, Michael Donovan, Grant Eddie, John Evans, Clive Fraser, Raouf George, Alana Harris, Jacqui Heagney, Clint Herd, Kirsten Hoyle, Peter Jacobs, Sybil Kellner, Dominic Kenyon-David, Stephen Kettle, Scott Kitchener, Marcel Knesl, Lisa Knesl, Jonathan Last, Bill Lindsay, Chris Lonergan, Scott Masters, Brian McDonnell, Tim McNamara, Myo Min, Di Minuskin, Ellen Mowatt, Moses Mutiah, George Parker, Trish Pease, Joanna Perry-Keene, Richard Pope, Bert Pruim, Peter Ruscoe, Hans Seltenreich, Ebony Stock, Dharman Vignarajah, Franz Weil, Deborah Weins.
Apologies members: (34)
Drs Ron Bond, Noel Cassels, Ian Colledge (Patron), Wayne Crawford, Justin D'Arcy, Chris Dawkins, James Dick, Janet Ewan, Vince Flynn, Graeme Heap, Wayne Herdy, Rob Ingham, Raewyn James, Evan Jones, Irene Krajewska, Petra Ladwig, Andrew Langley, Wyn Lewis (Life Member), Bill Meyers, Paul Munchenberg, Dion Noovao, Clem Nommensen (Life Member) Heather Parker, Scott Phipps, Trevor Shar, Stephanie Wallace, Peter Winstanley, Stacey Wirth, Kannan Rajappa, Bernard Tamba-Lebbie, Mark Welsh, Steven Lawrie, John Reardon, Jon Harper, Jo Boynton.
3. **Minutes of previous Annual General Meeting, 25 August 2016:**
Motion - 'that the Minutes of the Annual General Meeting, 27 August 2016 are a true and accurate record of the meeting'
Moved: Dr Kevin Barker. Seconded: Dr Trish Pease. Carried.
4. **Business arising from previous minutes: Nil**
5. **The presentation of the statement of income and expenditure, assets and liabilities and mortgages, charges and securities affecting the property of the SCLMA for the last financial year:**
Motion - 'that the statement of income and expenditure for the SCLMA for the past financial year be accepted'
Moved: Dr Peter Ruscoe. Seconded: Dr Roger Faint.
6. **The presentation of the Auditor's report on the financial affairs of the LMA for the last financial year:**
Motion - 'that the meeting accept the Auditor's report'
Moved: Dr Peter Ruscoe. Seconded: Dr John Evans. Accepted.
7. **The appointment of an Auditor/Accountant:**
Motion - 'that the SCLMA approve the appointment of an Auditor/Accountant, Smart Steps Accounting'
Moved: Dr Peter Ruscoe. Seconded: Dr Kevin Barker. Carried.
8. **The election of members of the Executive Management Committee:**
The nominees for positions for 2016 – 2017 were as follows:

ROLE	NOMINEE	PROPOSER	SECONDER
President	Dr Roger Faint	Dr Wayne Herdy	Dr Mason Stevenson
Vice President	Dr Wayne Herdy	Dr Roger Faint	Dr Marcel Knesl
Secretary	Dr Mark de Wet	Dr John Evans	Dr Roger Faint
Treasurer	Dr Peter Ruscoe	Dr Di Minuskin	Dr Marcel Knesl
Comm & NL editor	Dr Kirsten Hoyle	Dr Roger Faint	Dr Mark de Wet
Comm & Meetings	Dr Scott Masters	Dr Peter Ruscoe	Dr Di Minuskin
Comm & Meetings	Dr Alicia Lorenz	Dr Roger Faint	Dr Mason Stevenson
Comm & Hospital	Dr Grant Eddie	Dr Marcel Knesl	Dr Roger Faint
Committee	Dr John Evans	Dr Roger Faint	Dr Mark de Wet
Committee	Dr Tau Boga	Dr Roger Faint	Dr Marcel Knesl
Committee	Dr Mason Stevenson	Dr Roger Faint	Dr John Evans
Committee	Dr Fabio Brecciaroli	Dr Di Minuskin	Dr Kirsten Hoyle
Committee	Dr Marcel Knesl	Dr John Evans	Dr Tau Boga

5. President's report delivered by Dr Roger Faint.

I have been honoured by being voted in for my second year as SCLMA President at the recent AGM. I appreciate the confidence shown in me by the committee and SCLMA members and look forward to another year of representing the medical profession on the Sunshine Coast.

As usual the monthly clinical meetings are busy and thus I would like to take the opportunity to mention and thank a few people. Dianne Minuskin is stepping down after eight years on the committee. She has been a tireless worker during her tenure including having been President and representing the SCLMA on many committees. It is Dianne, along with her committee, who supported Kevin Hegarty and his interest in establishing a medical school on the Sunshine Coast. It appears that just as she steps down from the SCLMA, her dream is likely to come to fruition, thus I feel this issue could be a significant part of her legacy. I wish Di all the best in her new life in retirement luxuriating between the USA and Australia.

I would also like to thank the committee, particularly our office bearers, for their invaluable support and guidance. All committee members are non-paid and contribute significant amounts of time to the SCLMA. The fact that only one committee member has retired is testament to how valuable the SCLMA appears to be to the medical profession on the Sunshine Coast. Jo Bourke, as always, is remarkable in her support and knowledge of the organisation.

Dr Grant Eddie FACEM, has joined our committee and I look forward to his sincere and pragmatic views. Grant has a wealth of experience in management and was the Clinical Director of Caloundra DEM for over ten years until its closure about eighteen months ago. He is now working at SCUH in the new DEM as a senior Emergency Physician. He has agreed to become our SCUH Liaison officer as Dr Marcel Knesl has retired from this role.

I would like to remind our membership of the aims of the SCLMA at this significant time in the year:

- the promotion of the medical education of the members, and of the local community
- the promotion of the medico-political interests of the members, patients and the local community
- liaison with other medical representative bodies
- the promotion of quality medical services
- the promotion of an environment to facilitate and encourage social interaction between members of the association

The year ahead will be busy with issues including the SCUH orthopaedic training issue, a refresh of our strategic plan, attracting younger committee members, improving our meetings and upgrading our communicating technologies, amongst other important issues.

Finally please like us on Facebook, we have 98 likes and about 300 members. Let's make triple figures together.

10. General Business: Nil

Meeting Close: 8.00 pm

Dr Mark de Wet, *Honorary Secretary*

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 21 JUNE 2018
Maroochydore Surf Club Board Room
Accepted at Committee Meeting 26 JULY 2018

President Dr Roger Faint took the Chair.

Attendance: Drs Roger Faint, Wayne Herdy, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, John Evans, Fabio Brecciaroli, Alicia Lorenz, Jonathan Last, Grant Eddie, Tau Boga. Observer Jo Bourke. .

Apologies: Drs Scott Masters, Jon Harper, Marcel Knesl.

Minutes of last meeting: 31 May 2018 (to be accepted)

Moved: Peter Ruscoe. Seconded: Mason Stevenson Accepted.

Business arising from Minutes:

- Hospital Funding Issue (SC Daily article Saturday 16 June with comment from Dr Roger Faint regarding Private Health funding in public hospitals)
- Mason: Based on Medicare agreement Federal Government is supposed to send funds to medical services in states 50/50. Federal Government has short changed all States and so driven the health services to 'double-dip'.
- Kirsten/Grant Eddie: Private funds are disadvantaged by the 'double-dipping' at State hospitals
- Roger Faint to write to AMA and AMA Queensland re this.

President's Report: Dr Roger Faint

- Peter, Jo and I met with Wallis Westbrook, GM, Buderim Private Hospital on 9/6/18. Discussion included the new emergency centre opening in August 2018. Discussed also were medical student education and high school orientation challenges. We expressed interest in being involved with the Buderim Private Hospital high school orientation program which has been running for some years. There will be a walk through and orientation for the new emergency centre in July. The centre will employ FACEMs and FACRRMs.
- Peter & Mark are keen to run with their own orientation outside of SCUH.
- AMAQ: I briefly met Dr Dilip Dhupelia, new AMAQ President, at the recent RDAQ yearly medico-political meeting in Brisbane on 9/7/18. (See bio below) Interestingly he knew who and the SCLMA was, more interestingly I knew who he was. He is keen to visit us as part of a QLD wide tour. Perhaps August meeting? The SCLMA may have to part-sponsor the meeting.
- Our next action plan for double dipping issue? E.g. letters to AMAQ, AMA, State and Federal health
- Our next plan for medical insurance issue, i.e. using private insurance in public hospitals
- Marijuana: MEDIFARM Medical Cannabis Symposium on the 6/7/18 at the University of the Sunshine Coast Innovation Centre, proudly supported by the Sunshine Coast Council.

Dr Dilip Dhupelia - President, AMA Queensland.
LRCPS (Ire); Dip Obst ACOG; FRACGP; FARGP; AFRACMA; FAICD

Trained in Dublin, Ireland, Dr Dhupelia immigrated to

Queensland as a Resident at Toowoomba Base Hospital and subsequently Medical Superintendent at Millmerran (1978-1982) and then practised in Toowoomba (1982-2005) as a Rural Generalist Obstetrician. He served as Toowoomba LMA President, GP Connections Chair (Toowoomba Division of General Practice) and Chair of CheckUP Australia. From 2006-2010, Dr Dhupelia was Senior Medical Advisor for Medicare Australia, Health Advisory Branch. Since 2010, Dr Dhupelia works at Queensland Health as well as working as a part time general practitioner. Dr Dhupelia is the Director of Medical and Clinical services of Queensland Country Practice, Queensland Rural Medical Service within the Darling Downs Hospital and Health Service; part-time general practitioner in Toowong, Brisbane; Board Director of General Practice Training Queensland; Member of the Clinical Advisory Group of Brisbane North Primary Health Network. His AMA Queensland roles include Board Director, Councillor; Chair of Governance; and Member of the AMA Queensland Council of General Practice. His Federal AMA roles include Member of the Federal Council, Executive Member of the AMA Council of General Practice and Member of the AMA Council of Rural Doctors. He is also Vice President of AMA Queensland Foundation.

Vice President's Report : Dr Wayne Herdy

- Wayne provided information re the Hepatitis C vaccination, 97% effective with very few side effects.
- There are huge numbers of Hep C patients. Should be a GP prescribing area, shortage of doctors to provide service. AMA should encourage doctors to be accredited.
- Wayne happy to give talk at clinical meeting to organise more exposure.

Secretary's Report: Dr Mark de Wet

Correspondence In:

- Amanda Sanderson AMAQ – re visit from President & Vice President
- Adam Benjamin – Invitation to Medifarm Symposium USC 6 July 2018
- Trudy Fitzgerald – re offer of expertise with marketing

Correspondence Out: Nil

Business arising from Correspondence: Nil.

Treasurer's Report : Dr Peter Ruscoe

(a) Accounts to be paid:

- Australia Post – Account May 2018
- Roger Faint – Reimbursement Exec Exps
- Roger Faint – Presidential Stipend
- Sebel Pelican Waters – Deposit Christmas in August
- Telstra – (part account June - July 2018)
- Snap Printing - Newsletter June 2018
- Carol Hawkins – Assist Secretariat April/May 2018
- Jo Bourke – Secretariat May 2018
- Jo Bourke – Adobe CC subscription May 2018
- Jo Bourke - Newsletter June 2018

Moved: Peter Ruscoe .. 'that the accounts as tabled be approved for payment. Seconded: John Evans. Carried.

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 21 JUNE 2018 /cont:**

(b) Membership Report:

- Dr Deepika Bhat (General Practice)
- Dr Brian Lewer (Anaesthesia)
- Dr Glen Mulhall (General Practice)
- Dr Christopher Whight (Paediatric & Adolescent Cardiology)

Moved: Peter Ruscoe .. 'that the applications for membership be accepted. Seconded: Roger Faint Carried.

AMAQ Councillor's Report: Dr Wayne Herdy**Meetings Convenor Report: Dr Scott Masters - Apology****Hospital Liaison Report: Dr Tamer Aly: Nil.****PHN Report: Dr Jon Harper – Apology (Report tabled).**

- New service – The Sunshine Coast has been chosen for a trial site for a new eating disorders treatment program. In partnership with the Butterfly Foundation, the PHN has been allocated Commonwealth funding to deliver extended psychologist and dietician care to individuals living on the Sunshine Coast with an eating disorder. The trial hopes to support an application for new MBS items for the treatment of eating disorders. The current Better Access and chronic disease management MBS items are often insufficient, presenting financial barriers to care. The service will begin in October and run for 3 years.

- My Health Record – In partnership with the Commonwealth Department of Health, The PHN has been ramping up its education campaign with general practice and community pharmacy. Private specialists and allied health practitioners will also be actively engaged soon. There has been healthy debate at many of the events, and within the medical community more broadly. The opt out period runs from mid-July to mid-October 2018.
- Public gastroscopy and colonoscopy – The PHN is working with the SCHHS to manage demand for elective endoscopy. Many GP referrals for colonoscopy are not indicated according to current NHMRC guidelines for polyp surveillance and family history of colorectal cancer. The PHN and SCHHS are working to educate GPs through returned referral letters, laminated quick-reference cards, and HealthPathways. Currently, many “urgent” scopes (i.e. likely GI cancer) are falling well outside the 30-day wait time.

General Business: Nil.

- Advanced website updating (Chris Bourke) – held over.

Meeting Close; 7.10pm.

Next meeting Thursday 26 July 2018, Mdore Surf Club

Dr Mark de Wet, Honorary Secretary

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au

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”

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

The Parrot

A young man named John received a parrot as a gift. The parrot had a bad attitude and an even worse vocabulary.

Every word out of the bird's mouth was rude, obnoxious and laced with profanity. John tried and tried to change the words, playing soft music and anything else he could think of to 'clean up' the bird's vocabulary.

Finally, John was fed up and he yelled at the parrot. The parrot yelled back. John shook the parrot and the parrot got angrier and even more rude. John, in desperation, threw up his hands, grabbed the bird and put him in the freezer.

For a few minutes the parrot squawked and kicked and screamed. Then suddenly there was total quiet. Not a peep was heard for over a minute. Fearing that he'd hurt the parrot, John quickly opened the door to the freezer. The parrot calmly stepped out onto John's outstretched arms and said "I believe I may have offended you with my rude language and actions. I'm sincerely remorseful for my inappropriate transgressions and I fully intend to do everything I can to correct my rude and unforgivable behaviour."

John was stunned at the change in the bird's attitude.

As he was about to ask the parrot what had made such a dramatic change in his behaviour, the bird spoke-up, very softly, "May I ask what the turkey did?"

And you thought there were no clean jokes left!

Fishing

The rain was pouring down, and standing in front of a big puddle outside the pub was an old Irishman, drenched holding a stick, with a piece of string dangling in the water. A passer-by stopped and asked, "What are you doing?"

"Fishing" replied the old man.

Feeling sorry for the old man, the gent says, "Come in out of the rain and have a drink with me."

In the warmth of the pub, as they sip their whiskies, the gentleman, being a bit of a smart ass, cannot resist asking,

"So how many have you caught today?"

"You're the eighth", says the old man.



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.

The Traffic Accident

A woman ran a red traffic light and crashed into a man's car. Both of their cars are demolished but amazingly neither of them was hurt. After they crawled out of their cars, the woman said, "Wow, just look at our cars! There's nothing left, but fortunately we are unhurt. This must be a sign from God that we should meet and be friends and live together in peace for the rest of our days."

The man replied, "I agree with you completely. This must be a sign from God!"

The woman continued, "And look at this, here's another miracle. My car is completely demolished, but my bottle of 75 year old scotch didn't break. Surely God meant for us to drink this vintage delicacy and celebrate our good fortune." Then she handed the bottle to the man.

The man nodded his head in agreement, opened it, drank half the bottle and then handed it back to the woman. The woman took the bottle, immediately put the cap back on, and handed it back to the man.

The man asks, "Aren't you having any?"

She replies, "Nah. I think I'll just wait for the police."



Your pathology provider on the Sunshine Coast

Results (24 hours)

P: 1300 778 555

Added tests

P: (07) 3377 8528

Sonic Dx / IT Support

P: 1800 100 769

Doctor Stores Request

F: (07) 5459 1440

Faxed Pathology Request Forms

F: (07) 5459 1440

www.snp.com.au

Local Laboratories

Birtinya P: (07) 5459 1400

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

NAME	Surname:		First Name:	
EMAIL: _____				
<i>THE SCLMA PREFERS TO CONTACT MEMBERS VIA EMAIL WHEREVER POSSIBLE.</i>				
PRACTICE ADDRESS: 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:	
PRACTITIONER DETAILS:				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
PLEASE NOTE: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
1. NAME:			Signature:	
2. NAME:			Signature:	
ANNUAL SUBSCRIPTION (GST included):		(Please tick)		PLEASE COMPLETE:
Full-time ordinary members - GP and Specialist		\$ 110		Your Monthly Invitation?
Doctor spouse of full-time ordinary member		\$ 55		By Email?
Absentee or non-resident doctors		\$ 55		By Courier?
Part-time ordinary members (less than 10 hours per week)		\$ 55		By Post?
Non-practising ordinary members, under 60 years old		\$ 55		Your Monthly Newsletter?
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?
Payment can be made by cheque payable to SCLMA or by direct debit to:				
SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298				
Please return this form either by email (scanned) or Fax or Post with details of your E.F.T. to:				
Email: jobo@squirrel.com.au Post: SCLMA PO BOX 549 COTTON TREE 4558 Fax: 5479 3995				
Please note: Membership applications will be considered at the next Management Committee meeting.				

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: Imc@lmcmed.com.au

PROFESSIONAL ROOM TO RENT IN UPMARKET SUITE, WITH A HIGHLY REGARDED PHYSIO CLINIC

Matlow Place, Suite 6, 19 Birtwell St Coolool Beach QLD 4573

- Fully furnished treatment room with internet access.
- Available on Monday & Fridays
- Can share reception if required – would suit Medical Specialist

If you are interested please call Louise Meek on 07 5415 0024 to discuss room availability and costs involved.

BRAND NEW CONSULTING SUITES AVAILABLE IMMEDIATELY IN BIRTINYA

- 130sqm available for lease at Pulse Oceanside Medical Centre – opposite the Sunshine Coast University Public & Private Hospitals and bus exchange
- Specialist tenants include: Pathology, Radiology, Neurology, Orthopaedics, Anesthetist, Cosmetic Injectables, Specialist Physician & Psychologist
- Other tenants: Coffee club, Raw Energy, Good Bean Birtinya & Sushi
- Convenient patient parking; Allocated 2 car parks for tenancy
- 3 year lease with an option of a further 4 x 3 years
- Floorplans & suggested layouts available

**For further information please contact
Lorraine Corbett at Corbett Neurophysiology
P 5503 2400 M 0438 400 400
E admin@corbett.com.au**

MOOLOOLABA // NOOSA // BUDERIM // CALOUNDRA // NAMBOUR // MAROOCHYDORE // BRIGHTWATER // COOLUM



MyEP is a vibrant and Holistic Exercise Physiology Company located throughout the Sunshine Coast.

As Accredited Exercise Physiologists we specialise in clinical exercise prescription, health education and the delivery of exercise and lifestyle modification programs for people who are healthy or have chronic diseases.

Services can be provided under the following funding:

- NDIS
- DVA
- Workcover
- Medicare (Bulk Billing)
- Private Health funds

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FOR MORE INFORMATION VISIT **WWW.MYEP.COM.AU**

Phone - (07) 5441 3850

Fax - (07) 5302 0742

Email - info@myep.com.au

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

Please direct all CVs and/or enquiries to Practice Manager, Tara. Email: 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 or ring Rowena for an informal chat 0412 292 666.

March 2018 Continuing as per request.

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

Phone: 07 5438 2333

June 2018

TEWANTIN (near Noosa) Medical Centre for Sale/Lease

- 2 doctors' rooms
- Plenty of parking
- 3 treatment rooms
- Kitchenette
- 2 toilets, shower

Phone Sandra : 0418152396

June 2018

FOR SALE - DOCTOR'S RESIDENCE

- 1 acre waterfront on Pumicestone Passage
- National Park at the rear
- Spacious classic Queenslander
- Peace, quiet, wildlife
- 20 minutes Beerwah
- 30 minutes Caloundra
- 40 minutes North Lakes
- 1709 Roys Road, Coochin Creek, 4519

Why live in a McMansion in Sardine City when you can live in a real house with room for kids and dogs.

Ph : Dr Phillips 0403 774 488

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. (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 - 26 JULY 2018

Maroochydore Surf Club Function Room

Dr Stephen Byrne, Neurosurgeon - *'Lumbar Spine Myths - Separating Science from Dogma'*

Dr Hazem Akil, Neurosurgeon - *'Patient Selection & Operative Choices : A Surgeon's Philosophy'*

Dr Jon Steinberg, Clinical Services Director, Caloundra Private Clinic

'Transcranial Magnetic Stimulation'

Sponsors: Gilead, Sunshine Coast Brain & Spine, Caloundra Private Clinic.



Dr Clive Fraser, Presenter Dr Jon Steinberg, Asha Lindsay (Gilead) with Dr Phillip Marshall



Dr Hazem Akil, Dr Stephen Byrne with Dr Peter Patrikios



Dr Deborah Wiens with Dr Chris Lilly



Asha Lindsay, Toby Price, Caloundra Private Clinic with Pam Bull, Ramsay Health.

2018 Monthly Meeting Dates:

Usually last Thursday in month but sometimes changed due to school / public holidays.

Thursday 20 September 2018 AGM

PHN: Updates - My Health Record & Dr Wayne Herdy: Hep C Treatment.

Thursday 25 October 2018

QML: 'Genetic Testing & Reproductive Health'

Thursday 29 November 2018.

Dr Dilip Duphelia, President, AMA Queensland will attend this meeting with Dr John Wakefield.

Taking bookings for 2019 now.

www.sclma.com.au

Continually being updated with relevant information for doctors

Watch for update on our social function - with photos and news of our sponsors!

**Download application form, meeting invitation
Are you listed on our Directory?
Are your details up to date??**



Sunshine Coast Local Medical Association Inc

PO Box 549 Cotton Tree QLD 4558



www.sclma.com.au