NEWSLETTER
April 2017

SCLMA President's Message .....

Dr Roger Faint

On Thursday 27 April I sent a text to Kevin Hegarty, CE, SCHHS) at 11.51am regarding the possibility of an update on the medical school review by Dr David Gillespie MP, Assistant Minister for Health. Purely by coincidence a press conference was being simultaneously organized by Ted O'Brien MP (Fairfax) and Andrew Wallace MP (Fisher) at the front of the Sunshine Coast University Hospital (SCUH). The announcement uncategorically stated that there is Federal Government approval for a local medical school consisting of 50 medical students.

Currently it is not clear what the details of the medical student reallocation and funding mix are (e.g. are there overseas full fee paying students?). It is also not clear how supportive Griffith University will be with regard to the announcement and whether they can achieve what the Government expects of them.

Nevertheless this announcement is a dramatic positive step forward towards the establishment of the Sunshine Coast Medical School. It is now very clear that both Federal ministers are very supportive towards establishing a medical school and have committed to ensure it will happen. The SCLMA would like to thank both Ted O'Brien and Andrew Wallace for their commitment and support with regards to this issue. Let us hope there is not too much 'Devil in the Detail' and Griffith University will be able to have a medical school up and running by 2019.

The educational meeting on Thursday 27 April was very informative and well chaired by Dr Scott Masters as usual. QML Pathology generously sponsored the night with pathologist Dr Jenny Grew presenting on 'Cervical Screening Renewal' with Dr Sophie Poulter (Obstetric Physician) presenting on 'Expansion of Obstetric Medicine at SCUH'.

I took the opportunity to update and enlighten SCLMA members with the very latest news in relation to the medical school and other relevant background as mentioned above. As always there were strong voices and emotions as way of feedback.

Also the SCLMA is frequently updating its Website and Facebook page to be able to communicate more effectively with members. Please take the time to check both avenues when you can.

I will take the opportunity to mention our petition by fax and Change.org.

We have engendered a lot of support through these communication systems and I thank all those who responded, whether or not they felt strongly regarding this issue. After all, an organization must communicate well with its members to be truly effective.

It is now six months since I became President and I thank the SCLMA committee and members for their support during this time. I also would like to single out Jo Bourke, our secretary on whom I rely heavily.

Thank you

Dr Roger K Faint

STOP PRESS! *I have just spoken with Wallis Westbrook, CEO, Sunshine Coast Private Hospital (Buderim). Wallis has advised they will be opening a private Accident and Emergency department in early 2018.*

More details page 17 of this newsletter.

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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MAY 2017 NEWSLETTER Deadline Date will be FRIDAY 19 MAY 2017

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

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

Contact Jo: 5479 3979
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Email: jobo@squirrel.com.au
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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.

Editor's Column

Is the world descending into (further) entropy? Since its inception in 1947, the Doomsday Clock - which represents the likelihood of a human-caused global catastrophe - has been maintained by The Bulletin of the Atomic Scientists' Science and Security Board. The Clock represents the hypothetical global catastrophe as «midnight» and The Bulletin's opinion on how close the world is to a global catastrophe as a number of minutes to midnight. The smallest ever number of minutes to midnight was two (in 1953): as of January 2017 it sat at 2.5 minutes to midnight. I wonder what Khrushchev and Kennedy (apropos of The Cuban Missile Crisis) would think of Kim Jong-un and Trump's 'negotiating' tactics?

We seem to have supplanted equanimity with enmity and rectitude with recklessness/wretchedness. Let us hope that sapience prevails and no one applies daylight savings!

And what of the entropy involving the medical fraternity? AMAQ President Zappala discusses doctor suicides and mandatory reporting - calling for a greater investment in the esprit de corp of the profession while AMAQ Councillor Herdy outlines how the proposed 457 Visa changes may impact on the medical workforce.

The PHN enlightens us on Wound Care on the Sunshine Coast as we have an exponentially growing problem with chronic and complex wounds because of an expanding number of patients suffering chronic diseases.

The GP Liason Unit discloses that SCUH is aiming for a "no discharge summary, no discharge" policy for patients (outpatient letters are another topic and yet to be addressed...!).

Kevin Hegarty again updates us about the opening of the new public hospital and intimates there are proposed expansions for the SCHHS - much needed expansions one would think, given that a number of elective surgical lists at the new SCUH have already been cancelled due to a lack of beds! And (as President Faint will apprise you, despite elation at the initial announcement at the end of April, the establishment of a Sunshine Coast medical school remains in a state of flux as currently the details re the medical student reallocation and funding mix are not clear.

Is there room for sanguinity?

Regards
Kirsten Hoyle

HIGHLIGHTS in this issue:

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

THURSDAY 25 MAY 2017

Speaker: **Dr Daevyd Rodda, Orthopaedic Surgeon**
Topic: **'Management of the painful Arthroplasty**
Sponsor: **Medacta**
Venue: **TBA**

THURSDAY 22 JUNE 2017

Speakers: **Assoc Prof Dr David McIntosh, ENT**
Dr Brooke Parker, Yandina Dental
Topic: **'Rethinking Sleep Apnoea from an ENT and dental point of view'**
Sponsor: **TBA**
Venue: **M'dore Surf Club**

DATES for 2017 - wherever possible the SCLMA clinical meeting will be the last Thursday of the month unless clashing with school holidays.

Please mark your diaries:
Thursday 27 July 2017
Thursday 31 August 2017
September - NO MEETING
Thursday 26 October 2017
Friday 30 November 2017

ENQUIRIES: Jo Bourke
Ph: 5479 3979 (M) 0407 037 112
Email: jobo@squirrel.com.au
Clinical meetings are for current SCLMA members. New members are welcome to join on the night. Membership Applications are available at each meeting, in the newsletter and the SCLMA website. **www.sclma.com.au**
If you wish to present at a Clinical Meeting in 2017, please contact Jo Bourke (details above).

Health Service Link - April 2017

The Sunshine Coast University Hospital (SCUH) was officially opened by Hon. Annastacia Palaszczuk MP, Premier of Queensland and Minister for the Arts and Hon. Cameron Dick MP, Minister for Health and Minister for Ambulance Services on 19 April 2017.

As I've stated in this column numerous times previously, the focus of the Sunshine Coast Hospital and Health Service (SCHHS) has always been on opening the SCUH in a way that ensures patient safety and clinical services are of the highest standards.

As you know, patient services commenced at SCUH in a phased approach with outpatient services commencing from 21 March 2017 and inpatient services progressively from 28 March with elective surgery on 4 April 2017.

The development of this hospital and importantly, its preparedness to open has at all times benefited from the direct involvement of the clinicians of the SCHHS. This has been successfully achieved with patient services fully operational at the new hospital.

The Sunshine Coast Health Institute (SCHI), which opened in January, will enable health professionals to lead and participate in teaching, research and clinical practice in an integrated, purpose-built environment, and also provide educational opportunities for vocational students. This means all streams of the SCHHS staff - clinical, administrative and operational will be able to access training and educational experiences at SCHI.

At the time of writing this column, the critical issue of medical student places in order for the establishment of a medical school within SCHI is still an open issue. Whilst there was some positive announcement on 27 April, there has been no clarification, nor confirmation of the source and nature of the referenced additional 15 places.

I take this opportunity to acknowledge and thank the SCLMA for their ongoing focus on this critical issue. The personal commitment of President Roger and his Committee, as well as the broader membership, is appreciated.

The next several years will continue to be exciting expansionary years for the SCHHS. The development of additional services at SCUH, as well as the refurbishment of Nambour Hospital and Caloundra Health Service and the enhancement of clinical services capability at Gympie Hospital are all part of an exciting future.

As I stated at the official opening of SCUH, the Health Service and the community are extremely well served by the quality and personal commitment of the clinicians who are the SCHHS.

Regards

Kev Hegarty
Kevin.Hegarty@health.qld.gov.au

Dr Chris Zappala
President, AMA Queensland

From the ages of 15 to 44 years old suicide remains the most frequent cause of death in Australia (as an aside it is drowning from ages 1-14 years and malignancy from 45 onwards, but ischaemic heart disease remains the most frequent cause of death overall given its prominence in later life and presence in the top 10 causes of death from age 25 years of age onwards).

Colleagues will be aware that the profession has suffered the loss of several junior doctors recently and this is in the context of a higher risk of suicide among doctors compared to the general population. All of this once again highlights a professional problem with which we are yet to fully engage or take effective action to ameliorate.

For some sobering reading I urge you to consider the traumatised perspective of this young colleague

http://www.kevinmd.com/blog/2017/01/something-rotten-inside-medical-profession.html.

Tragically, suicide is almost invariably the result of inadequately treated mental illness that may or may not include substance or alcohol abuse, coupled with a proficient knowledge of and access to lethal means. Depression is even more common in medical students and residents than in the general population. A causative or at least exacerbating factor is undoubtedly the increasing stressors associated with medical school, pre-vocational and vocational training and establishing one's practice. I actually do believe it is harder than what it was a generation ago. For example, the current over supply of doctors (felt most keenly amongst vulnerable junior doctor ranks) is a new phenomenon only destined to worsen.

I remain relatively alone in suggesting that medical student numbers need to be globally reduced in this country – the geographic maldistribution of the workforce is a problem that must be solved in other ways than flooding the market with doctors.

I'm, however, especially troubled by the thought that many doctors who tragically suicide or succumb to under-recognised or inadequately treated mental illness or substance abuse have already accessed assistance. This assistance has clearly not been sufficient to provide restorative care. Confounding this difficult realisation is that doctors may under-report difficulties due to the possibility it may affect their training, career or result in conditions on their registration. Approximately 15 per cent of the entire medical profession was the subject of a complaint to the OHO in 2016 alone, so this pathway is now likely to be trod by us all at some point. Unease is therefore to be expected. Our politicians who cultivated a culture whereby complaints regarding absolutely anything against doctors were welcome, must accept some blame for this persecutory environment. Unfortunately, doctor bashing is becoming a popular past-time for all politicians – it feeds a mistaken self-perception of strength and achievement.

AMA Queensland has developed the *Resilience on the Run* program and we are hoping Queensland Health will assist in rolling this out more widely than the centres where it has so far been used quite successfully for junior doctors. Professional and personal reliance is perhaps the quality we can help provide. There is no reason why a discussion and teaching of these attributes and skills shouldn't be at least an occasional part of the structured learning program within hospitals.

We also need to make sure all doctors know what assistance they can access outside their normal reporting lines at work. This includes the Doctors Health Advisory Services in Queensland (Ph: (07) 3833 4352). This confidential service can provide any doctor with help and is almost certainly under-utilised.

The AMA Queensland has also been talking to parliamentarians about relaxing mandatory reporting rules in this state so that doctors can access care from a colleague without fear of their treating doctor being obligated to report their patient to the medical regulator. The only state that currently has this relaxation in place is Western Australia and there is no reason the same cannot be applied in Queensland.

Dr Chris Zappala
AMA Queensland President /cont:

It makes such obvious sense and it would appear to require no political capital to enact. The reticence of both sides of politics beyond perfunctory but passive agreement with the notion is therefore perplexing – but probably points to the bored nonchalance with which politicians regard many doctor concerns at present.

The action highlighted from this whole issue is that we perhaps need to emphasise collegiality and fellowship within the profession. These are concepts and terms we sometimes use quite loosely, but in fact a greater investment in the *esprit de corp* of the profession is a valuable contribution we could all make. Support to colleagues who may not be coping due to personal stressors, physical/mental illness or work pressures should be immediate and offered by us all.

There is no work target or financial outcome which transcends this professional requirement and such hardship regardless of whether perceived as disproportionate by others who feel they have endured more, should always elicit an empathic and genuine attempt to help.

For the compassionate profession we profess to be there is definite scope for us to do more to support and care for our colleagues.

Please start the conversation with your colleagues and friends, in your practice and institutions as to how we can take some positive action to better support all colleagues, assist those experiencing health concerns or stressors and provide resilience to our profession.

Chris Zappala

29 March 2017

USC and specialists to start cancer clinical trials

Sunshine Coast residents will have access to breakthrough clinical trials for new cancer treatments following a partnership between USC and one of the Coast's largest private clinics for cancer patients.

The USC Clinical Trials Centre at Sippy Downs will partner with leading clinicians from the Sunshine Coast Haematology and Oncology Clinic for the innovative and regionally relevant research.

Oncologists and haematologists at the Buderim clinic will join with a USC team led by USC Clinical Trials Centre Director Lucas Litewka to investigate treatment options such as new drugs or combination therapies.

Mr Litewka said lung cancer and breast cancer were likely to be the first diseases targeted. Other studies could investigate melanoma and cancers of the prostate, bladder, ovaries and blood, as well as less common cancers.

"The aim of these trials is to further medical research to improve outcomes for cancer patients, present and future," Mr Litewka said.

He said the number of participants and eligibility criteria would vary according to each trial.

"We've already had 10 novel drug trials presented to USC for feasibility assessment, so the signs are promising for a trial to start soon," he said.

Sunshine Coast Haematology and Oncology Clinic Business Manager Gayle Dowsett said the partnership was an important opportunity to contribute to the community and find better outcomes for all cancer patients.

Clinical Haematologist Dr Sorab Shavaksha said, "While we are very fortunate in Australia to have access to world-leading therapies on the Pharmaceutical Benefits Scheme, offering a patient enrolment into a well-designed, scientifically valid, peer-reviewed clinical trial gives patients with uncommon diseases the best possible opportunity to regain their health.

"They will also be participating in research that could help future patients who are battling with blood cancers."

Medical Oncologist Dr Hong Shue said, "Through our collaboration with USC, cancer patients will have access to treatment options that are not always accessible outside of capital cities, and will potentially provide patients with pharmaceuticals not normally available through the PBS."

Mr Litewka said people seeking cancer treatment options should first consult their current doctors.

Doctors seeking to refer patients to a USC clinical trial can go to www.usc.edu.au/ctc

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.

PRIMARY HEALTH NETWORK (PHN)
Central Queensland, Wide Bay, Sunshine Coast

PHN funds 10 places for specialised wound care workshop
By Pattie Hudson, CEO

On behalf of the organisation, I'd like to thank the ten practice nurses who recently nominated for and received a PHN-funded place at the *'Wound Care: A broad look from a regional perspective'* workshop in Gympie with Wounds Australia.

The science of wound care is rapidly developing worldwide. Wounds Australia (Queensland) aims to ensure that members are given the latest information on wound management. The workshop covered a variety of common wound care issues, including pressure injuries, high risk foot wounds, stomal therapy, and compression therapy. Advanced clinical podiatrist Scott Lucadou-Wells also discussed how teamwork and interdisciplinary care contributes to best practice and improved outcomes for the patient.

Central Queensland, Wide Bay, Sunshine Coast PHN deeply values the ongoing commitment of health professionals in the Sunshine Coast and Gympie region to continuing professional development in effective wound management. Health professionals working in primary healthcare are faced with a diverse range of chronic and complex wounds on a daily basis. The Australian Medicare Local Alliance *General Practice Nurse National Survey Report 2012* identified wound care as the most frequently performed activity in general practice on a daily and weekly basis.

The *PHN Health Needs Assessment 2015-16* continues to be a guiding force in determining the kinds of health barriers our communities are facing. Data collected in the *Assessment* showed an average of 12 people being diagnosed with type 2 Diabetes each day across the PHN region, with a further 18,958 people estimated to have undiagnosed type 2 diabetes. Approximately half of all Australians have a chronic disease, and around 20% have at least two. Australians' increasing life expectancy is leading to an increase in older people developing multiple conditions, with almost 40% of Australians aged 45 years and over have two or more chronic diseases.

The high incidence of chronic disease across the PHN region increases the risk of patients developing chronic and complex wounds. With chronic disease management identified as a key priority area for the organisation, we are undertaking service mapping activities and ongoing consultation with community members and clinicians to understand how we can better provide targeted and affordable continuing professional development to our valued health workforce.

The PHN will continue to work with the health workforce at a local level to determine the kind of education needed to support best practice in wound management.

In 2017, the PHN will continue to facilitate and support a range of continuing professional development and education opportunities throughout our region. With an enthusiastic and skilled primary health care workforce, we can build healthier, happier communities.

To find a workshop or event near you, please visit our website ourphn.org.au. On behalf of the organisation, I'd also like to welcome feedback from health professionals across the Gympie and Sunshine Coast area. If you have an event idea, please contact me on communications@ourphn.org.au.

457 VISAS

Dr Wayne Herdy

The 457 visa allows a non-resident with special skills to work in Australia under relatively loose conditions. The visa conditions have been breached on innumerable occasions. Far and away the biggest user of the 457 visas is the State.

The most common employment category is the health sector. In remoter parts of Australia, we still see something like 80% of doctors being foreign graduates.

The Commonwealth government is trying to walk a line between jobs for Australian kids on the one hand and providing skilled and necessary services on the other hand. At a time when young Australian medical graduates are not guaranteed a training position or a job after graduation, we have to ask why Australia has to import health workers. In some sectors, especially nurses in aged care, we see high proportions of NESB professionals, while experienced Australian nurses have to find work outside their profession.

Part of the problem is work expectations. Foreign graduates will work in positions that are unattractive to local graduates – remote locations, nursing homes, deputizing services, lower paid jobs, more dangerous or less comfortable working conditions.

The 457 decision is hazardous and politically complex. Many wonder why a new class of temporary visa is necessary rather than just renovating the existing system. A majority of health workers under the 457 visas are from the sub-continent, and now India is making threatening gestures about trade agreements. It is also curious that the 457 announcement was made on social media hours before the traditional and conservative conventional press announcement.

It cannot be a coincidence that the 457 announcement was made almost at the same time that Donald Trump made a similar announcement about tighter controls on work visas for foreigners entering the US.

It also seems to be hardly a coincidence that within days of the 457 announcement, the Prime Minister made another announcement about tightening the rules on granting Australian citizenship.

That decision appears aimed at Islamophobia. Not at Muslims, but at the fear that Australians voice over Muslims. That distinction is important. Whatever the real reasoning, the announcement about citizenship following so closely on the announcement about 457 visa immigration policy creates speculation about how the two will work together.

The AMA has cautiously welcomed the 457 visa announcement. Our prime concern is that Australian graduates will have training positions to go to, and will enjoy career paths that will lead to Australian doctors filling all positions in the future. For our patients, we want the highest quality graduates with, not to put too fine a point on it, language skills that permit the highest levels of communication. The AMA has always argued that we should be a nett exporter of professional talent, not plundering the medical schools of nations that have much lower doctor-patient ratios than our own. However, the transition towards an ideal Utopia has to be measured, so as to not risk precipitating a dangerous shortage of health professionals in those sectors where our local graduates hesitate to tread.

And nobody is sure that the abolition of 457 visas is a truly measured response.

MAY YOU LIVE IN INTERESTING TIMES.

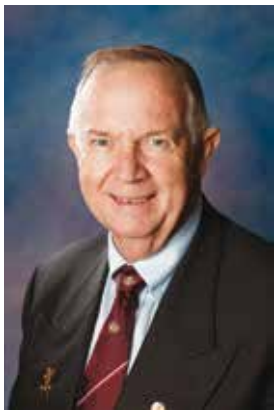
So says the ancient Chinese curse. And aren't we living in truly interesting times. As I write, we have a volatile and unpredictable American president posturing against an even more volatile and unpredictable North Korean leader.

Nuclear war has been openly threatened, although it is probably less likely than during the days that saw a Bay of Pigs standoff.

457 VISAS

Dr Wayne Herdy .... /cont:

As doctors, we have to turn at least a few neurons to considering what would happen if the unthinkable actually happened. A nuclear winter in the Northern hemisphere would inevitably produce a rush of refugees into the Southern hemisphere, potentially increasing our population tenfold or more. Could we accommodate such an influx? Probably not – the limiting factor on Australian population is water, which cannot support even double our present population without dramatic changes in technology and living standards. We can probably produce enough food, but we lack the infrastructure to support a doubled population. With our presently sparse population, our public transport is pathetic by world standards. Hopefully, most refugees would be those wealthy enough to make the journey and would include a proportion of the professional class and tradesmen.



But would it include a proportionate number of law enforcers and military defence personnel? Not likely – they would stay at home to perform their special roles in their homeland. And farmers would probably stay at home, feeling obliged to do their duty to their country in times of need.

Oh well, maybe I might just wander down to my vege garden and toss in a bit more chook manure just in case.

Wayne Herdy.

SCHHS GP Liaison Unit UPDATE – April 2017

Dr Michelle Johnston

The GP Liaison Unit is now located at Sunshine Coast University Hospital (SCUH) and our team has had some changes

New SCHHS GPLO team members:

Dr Michelle Johnston and Dr Marlene Pearce have replaced Dr Sandra Peters as our GP Liaison Officers. After many years assisting and supporting local GPs and improving hospital systems, Sandra has moved into the role of Director of the new Minor Injury and Illness Clinic, which replaced the Caloundra Hospital Emergency Department from 28th March 2017. The clinic is open 9am to 9pm 7 days a week and is for the management of episodic acute problems which are non-life threatening when a patient has been unable to access an appointment with their regular practice or is a visitor to Caloundra

Dr Michelle Johnston, Dr Marlene Pearce and GPLO support Peta- Maree Willett, are all contactable on 52023822. Alternatively our clinical nurse support Merrin Godwin is on 0418 658 469 (Mon to Thurs). We are here to help you with questions/problems and feedback. Feel free to contact any of us on the phone numbers above or via email SCHHS-GPLO-Communication@health.qld.gov.au

The New Sunshine Coast University Hospital (SCUH) is open!!

By now most of you would be aware that the hospital has opened.
A group of local GPs attended a tour of SCUH last month and got an inside look at the truly amazing facilities which we now have on our doorstep. The light, open spaces and state of the art technology are awe inspiring and there is plenty of room built in for future expansion.

All referrals should now be directed to the Referral centre at SCUH.
Electronic referrals are automatically re-routed and the address has been updated in the Medical Objects referrer guide to “QHealth Sunshine Coast Ambulatory Care Centre“.
The fax machine at Nambour Referral area is no longer monitored.
Practice managers should by now have downloaded the new electronic referral (version 6) which has all of the correct numbers.

Handy Phone numbers:

SCUH Main Switchboard: 5202 0000

SCUH Referral Centre GP Hotline: 5202 6633

SCUH Referral Centre Fax 52020555 (note electronic referrals preferred)

GP Liaison Office: 07 5202 3822, Merrin Godwin CN: 0418 658 469

SCHHS GP Liaison Unit UPDATE – April 2017 /cont:

Discharge Summaries:

Discharge summaries have been an ongoing concern for many years and the move to SCUH has caused a longer than usual delay in completions. However, there has been a review of hospital policy and the expectation is that discharge summaries will be handed to the patient at the time of discharge and sent to the GP on the same day. In the near future this will be enforced so that patients will not be discharged unless the summary is finalised. This will be a huge step forward for patient safety and continuity of care and will be a welcome relief to their GPs!

Another improvement is that the existing template has been modified to allow for pathology results to be included. Your practice will need to register to enable this feature, contact GP liaison for more information.

Stay tuned for information on upcoming GP access to "The Viewer" which will give GPs direct access to patient information and results.

Outpatient letters:

We are working to improve the timeliness of Outpatient letters and although the solution is not yet finalised, this issue will be a major focus of the GPLO team over the coming months. I'm confident that we will see big improvements in 2017.

Referrals:

I would like to remind GPs that referrals into the hospital are now triaged, where possible, using Statewide Clinical Prioritisation Criteria (CPCs).

If essential information required for triage is missing then this will result in the referral being returned to the GP and the patient will not be waitlisted until the complete referral is received. (This will not apply to referrals which are deemed to be Category 1 and they will be waitlisted immediately to avoid delay)

This can be extremely annoying at times (and as a GP I understand, as I have been on the receiving end of a rejected referral) However, the aim is to improve access and equity by ensuring patients are triaged fairly and to avoid backlogs of semi-complete referrals which can languish for long periods whilst awaiting extra information.

If you are unsure what is required for a specific clinical problem this information, including essential investigations and CPCs, can be found on HealthPathways or on the CPC website, links below:

https://cpc.health.qld.gov.au

https://sunshinecoast.healthpathwayscommunity.org

Username: usersc Password: pwsc

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Sunshine Coast's first private Emergency Department announced

Sunshine Coast residents will soon have access to a new private emergency department which will open in early 2018 at The Sunshine Coast Private Hospital at Buderim.

A first for the Sunshine Coast region, the $4 million private Emergency Department (ED) will be a custom-designed facility featuring the latest medical technology.

General Manager, Wallis Westbrook, said the establishment of the specialist service at the hospital will address an unmet community need.

"Over the years we have received countless requests from both patients and doctors for the hospital to establish an emergency department," Mr Westbrook said.

"We see this as a major step forward for local people as they will have the option to easily access a new specialist health service close to where they work and live," he said.

The ED will be developed within the existing footprint of the hospital's Buderim site and will provide high quality emergency care, 365 days a year.

The ED is being designed with patient privacy and comfort as a guiding principle, ensuring that waiting times are kept to a minimum. There are no expected impacts to patients or existing services during the construction phase of the ED.

Highly qualified emergency and critical care medical specialists and nurses will work closely with existing specialty areas, including cardiology and general medicine. The ED will be further supported by the hospital's existing 24-hour Intensive and Critical Care Units and Cardiac Catheter Labs.

"The hospital and our specialist medical practitioners have together become highly regarded for bringing innovation and new services in healthcare to the people of the Sunshine Coast and we see the delivery of this new service as an important next step for the hospital and the community we serve," Mr Westbrook said.

The Sunshine Coast Private Hospital is the only not-for-profit provider of private hospital services on the Sunshine Coast.

The private hospital directs any surplus funds back into continuous improvement and expansion of its services.

Mayor Mark Jamieson said the proposed private emergency department would add value to existing high quality health services available in the region and be a welcome additional service for the community.

"The health and wellbeing industry is one of the seven high-value industries identified in the Sunshine Coast Regional Economic Development Strategy (REDS) which will play a pivotal role in building and shaping the new Sunshine Coast economy into the future," Mayor Jamieson said.

"The expansion of services at The Sunshine Coast Private Hospital, which will create at least 20 new jobs in a variety of clinical and non-clinical roles, is a perfect example of the REDS in action and I congratulate UnitingCare Health and the hospital management on their foresight by providing this service."

The Sunshine Coast Private Hospital at Buderim is part of UnitingCare Health which also operates private emergency departments at two of its other hospitals; The Wesley Hospital and St Andrew's War Memorial Hospital in Brisbane.

"The shared expertise and experience stands us in good stead to deliver a best-practice private ED for the Sunshine Coast community," Mr Westbrook said.

"The next step for the ED is to engage high-quality emergency specialists and establish project management and advisory teams, including doctors from across our specialty areas, the Queensland Ambulance Service and local GPs," he said.

"This expert team will ensure our ED is operational in early 2018 and the quality and compassionate care we are renowned for is maintained."

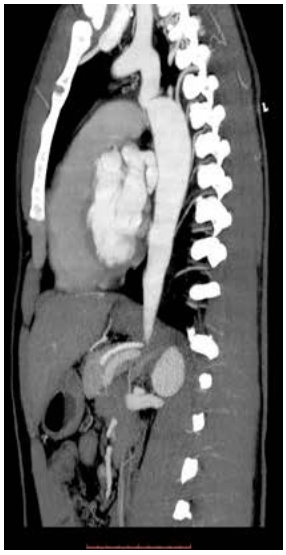
"This is a significant moment in the hospital's journey and we look forward to sharing more detail with the community as our plans and the development process takes shape."

Dr T K Ho with Wallis Westbrook GM

Coarctation of Aorta

SUNSHINE COAST RADIOLOGY

Clinical history: For Evaluation of Hypertension



Findings

Ultrasound

Tardus parvus waveform in both renal arteries suggesting proximal obstruction (in the aorta). This prompted a CT angiogram of the aorta.

CT Angiogram

Narrowing in the proximal descending thoracic aorta with distal dilatation and multiple collaterals. Findings are in keeping with coarctation of aorta

Diagnosis

Findings are in keeping with coarctation of aorta.

Discussion

Coarctation of the aorta refers to a narrowing of the aortic lumen. It can be primarily divided into two types:

1. Infantile (pre-ductal) form
2. Adult (juxta-ductal, post-ductal or middle aortic) form

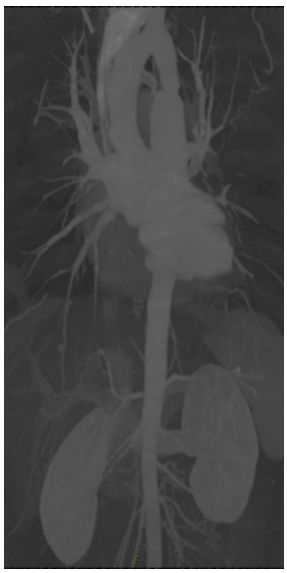
An infantile coarctation is characterised by diffuse hypoplasia or narrowing of the aorta from just distal to brachiocephalic artery to the level of ductus arteriosus, typically with a more discrete area of constriction just proximal to the ductus but distal to the origin of the left subclavian artery. Therefore the blood supply to the descending aorta is via the patent ductus arteriosus.

An adult coarctation in contrast is characterised by a short segment abrupt stenosis of the post-ductal aorta. It is due to thickening of the aortic media and typically occurs just distal to the ligamentum arteriosum (remnant of the ductus arteriosus).

Epidemiology

Coarctations account for between 5-8 % of all congenital heart defects. They are more frequent in males: M:F ratio of ~ 2-3:1

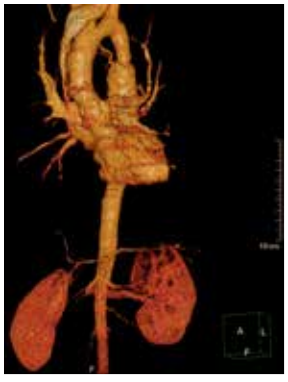
Pathology



Associations

As is the case with many congenital abnormalities, coarctation of the aorta is associated with other anomalies.

- Cardiac : coarctations are frequently associated with other congenital heart defects and conditions which include
  - Bicuspid aortic valve: most common associated defect and seen in 75-80 %
  - Ventricular septal defect (VSD)
  - Cyanotic congenital lesions including
    - Truncus arteriosus
    - Transposition of the great arteries (TGA), especially with a sub-pulmonic VSD and overriding pulmonary artery (Taussig-Bing)
  - Mitral valve defects including
    - Hypoplastic mitral valve
    - Parachute mitral valve
    - Abnormal papillary muscles
- There can also be non cardiac associations such as:
  - Intracranial berry aneurysms
  - Spinal scoliosis
- Recognised syndromic associations include
  - Cardiac
    - Shone syndrome
  - Wider syndromic
    - PHACE syndrome
    - Turner syndrome - a coarctation can be seen in 15-20 % of those with Turner syndrome



REFERENCES
http://radiopaedia.org/articles/coarctation-of-the-aorta

Excellence in Diagnostics

SUNSHINE COAST RADIOLOGY®

Coarctation of Aorta

Radiographic features

Plain film - chest radiograph

- Figure of 3 sign - contour abnormality of the aorta
- Inferior rib notching - Roesler sign
  - Secondary to dilated intercostal collateral vessels
  - Seen only in long standing cases, and therefore not seen in infancy
  - Seen in 70% of cases presenting in older children or adults
  - If unilaterally seen on the left, then this suggests an associated aberrant right subclavian artery arising after the coarctation
  - If unilaterally seen on the right, then the origin of the left subclavian artery is distal to the coarctation
  - Most often involves 4th-8th ribs
  - Occasionally involves 3rd and 9th ribs
  - Does not involve 1st and 2nd ribs (the associated arteries are branches of thecostocervical trunk, and thus proximal to coarctation)
- May also show evidence of left ventricular hypertrophy

Antenatal ultrasound

Useful in assessing for infantile coarctations. The suprasternal notch - long axis views are particularly considered helpful. The fetal right ventricle can be appear enlarged in severe coarctations although this alone is not a specific feature. Occasionally an aortic arch view may directly show a narrowing.

Angiography - CTA / MRA / DSA

All modalities are capable of delineating the coarctation as well as collateral vessels.

Treatment and prognosis

Urgency of treatment depends on the presence of congestive cardiac failure. This is usually the case in severe coarctations found in infancy. In less severe cases, elective treatment when the child is older (typically ~ 2 years of age) is preferred.

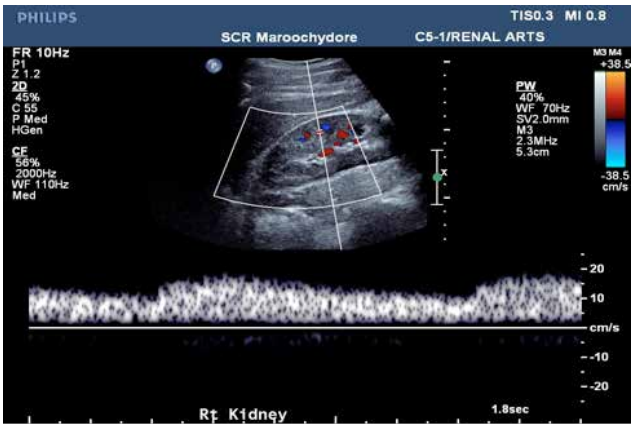
Treatment can be either primary surgical repair with excision of the coarctation and end-to-end anastomosis, or balloon angioplasty.

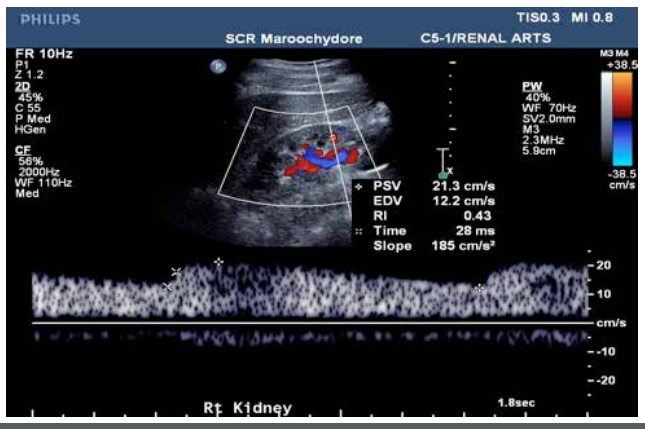
Complications

- Neonatal heart failure
- Subarachnoid haemorrhage from ruptured berry aneurysm
- Aortic dissection
- Infective endocarditis - in the context of an added infective insult
- Mycotic aneurysm - in the context of an added infective insult

Differential diagnosis

- Pseudo-coarctation of the aorta - elongation, narrowing or kinking with no pressure gradient or collateral formation : no rib notching
- Chronic large vessel arteritis - e.g chronic phase of Takayasu arteritis





REFERENCES
http://radiopaedia.org/articles/coarctation-of-the-aorta

Excellence in Diagnostics

SUNSHINE COAST
HAEMATOLOGY & ONCOLOGY CLINIC
– Montserrat Cancer Care –

WELCOME to … Dr Joshua Richmond - Haematologist

Dr Joshua Richmond is a Clinical & Laboratory Haematologist who has recently commenced Private Practice at Buderim, in addition to his Staff Specialist appointment at The Sunshine Coast University Public Hospital.

Josh completed his Medical Degree, with Honors, in 1998 and has since worked in various major public hospitals in South East Queensland. Completing his General Practitioners Fellowship in 2004, he returned in 2005 to pursue his Physician's Fellowship. In 2011 he completed his Clinical and Laboratory Fellowship in Haematology and then accepted a position at Toowoomba Base Hospital, allowing him to pursue work in both a clinical and laboratory capacity

Joshua is a passionate and personable Haematologist who's priorities center around providing his patients with the best possible care. This means a few key things:

- Understanding that each patient is a unique individual, but also part of a unique family unit. He is careful to ensure each patient receives thorough and professional care, and encourages open and clear communication.
- Having a strong focus on current best practice by keeping up to date with developments in the field of Haematology and participating in professional development and teaching.
- Developing and maintaining professional relationships with colleagues to offer consults or collaboration with the focus of providing the best patient centered care.

Meet the Team providing
… *Excellence in Cancer Care on the Sunshine Coast* …

Dr John Reardon
Medical Oncologist/
Clinical Haematologist

Dr Hong Shue
Medical Oncologist

Dr Sorab Shavaksha
Clinical Haematologist

Dr Lydia Pitcher
Haematologist/Oncologist
Paediatric Haematologist

Dr Joshua Richmond
Clinical Haematologist

Tania Shaw
Oncology Massage
Therapist

Sarah Higgins
Dietitian / Nutritionist

Jesse Goldfinch
Exercise Physiologist

Ground Floor, 10 King Street, Buderim, 4556 | Phone (07) 5479 0000 | www.schoc.com.au

WOMEN'S HEALTH PHYSIOTHERAPY

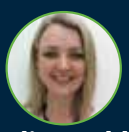
Pregnancy and childbirth are possibly one of the most dramatic events the human body undergoes, and vaginal delivery is the most common cause of pelvic floor dysfunction (PFD) (Bazi & Takahashi et al, 2016). A study conducted by Miller et al (2015) demonstrated via MRI the stress that the levator ani muscles undergo during delivery, and found that:

- **91% of women sustained injury involving the pubic bone and or the levator ani muscles**
- **41% of these women sustained levator ani tears**
- **89% had not improved at 7/52 follow up**
- **9% of women had high grade tears (>50% of muscle fibres)**

As pelvic floor physiotherapists, we are often asked when women are safe to return to exercise post vaginal delivery, however this question needs to be answered on a case by case basis, after a full assessment of PFD risk factors and pelvic floor function.

If you would like any more information, or would like to discuss our services any further please don't hesitate to contact our Women's Health team.

Candice Lamb
Maroochydore Women's Health Physiotherapist



Jodie Koehler
Buderim Women's Health Physiotherapist

Stephanie McDowell
Coolum Women's Health Physiotherapist

WOMENS HEALTH @sports&spinal™

SPORTS & SPINAL PHYSIOTHERAPY CENTRES

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Email: physio@sportsandspinalphysio.com.au

PERSONALISED HEALTH CARE – EVOLVING HEALTH CARE NEEDS THROUGH THE CYCLE OF LIFE

Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the *Annual AMA Queensland Conference* in Rome.

The program will feature high-profile European and Australian speakers on a range of medical leadership and clinical topics. RACGP points will be on offer.

To find out more about the conference program or to register, please contact:

Neil Mackintosh, Conference Organiser
P: (07) 3872 2222 or
E: n.mackintosh@amaq.com.au

Download a conference brochure from the events calendar at www.amaq.com.au

Covering Ongoing Business Expenses If You Can't Work

Income Protection (IP) is a policy most medical professionals are aware of but if you are self-employed, do you have the right policy to cover ongoing fixed expenses of the practice?

IP covers up to 75% of your gross income but it doesn't provide additional cover for things like rent, administration wages, equipment leases, net cost of a locum, business loans etc. This is where Business Expense (BEX) comes into play where it works similar to IP in that there is a waiting period but it allows you as a practice owner to cover up to 100% of fixed ongoing items. Even if you are in a partnership, you may be responsible for your share of service fees irrespective if you are working or not, hence BEX needs to be considered as part of your overall insurance portfolio.

A lot of self employed clients believe they are covered through business interruption insurance which is a general insurance policy covering the medical premises, however it does not cover you if you are unable to work due to a disability which is what BEX is designed for.

What are the chances you will be unable to work?

How would you pay these expenses if you couldn't work?

Fixed business expense	Covered under business interruption insurance?	Covered through personal income protection?	Covered through business expenses cover?
Rent, rates, taxes and insurance on your premises	✗	✗	✓
Utilities (power, internet, landline, mobile)	✗	✗	✓
Vehicle leasing, registration, insurance	✗	✗	✓
Leasing – equipment, tools, loan repayments	✗	✗	✓
Salaries of non income generating employees, including Super Guarantee and payroll tax	✗	✗	✓
Contracted costs (eg. cleaning, security, advertising)	✗	✗	✓
Other costs eg. bank fees, interest on loans, business insurances	✗	✗	✓

Maximum sum insured

Most insurers will allow you to cover up to $60K per month but the level of cover needs to be justified via a Profit and Loss statement.

Importantly, the policy also needs to cover your specialist needs such as blood borne disease, ability to work part time without restrictions and ability to choose your definition at time of claim. Ensuring there are also no offsets such as ongoing practice profit is also vitally important to ensure there are no reductions on the monthly benefit at time of claim.

Business Expense is a specific self-employed policy that requires specialist insurance advice to ensure the policy is tailored to your needs.

If you would like to discuss please call Hayden White at our office. **Ph: 07 5437 9900.**

Article written by Hayden White DFP, Risk Specialist at Poole Group Accounting & Investment. Sources 1. Australian Disability Table, 1AD 89-93 Class 2, 2. Interim Report for the Disability Committee Institute of Actuaries Australia 2000.

MEDICAL MOTORING
with Dr Clive Fraser

"Digital Disruption"

Taxis versus Ride-sharing ....

Uber ride-sharing arrived in Australia five years ago.

Undoubtedly, it has been popular and a great commercial success, much to the detriment of the established Taxi industry.

There were initial issues about the legality of private drivers taking fare-paying passengers, but Governments have bowed to public pressure and have allowed Uber to blossom, and left the Taxi industry to wither on the vine.

But I'm right behind the Taxi lobby who are understandably furious about their livelihoods being trashed by Uber.

Just a quick look at the economics before driving off shows that Taxi owners were paying up to $500,000 for a Taxi plate in a highly regulated industry.

Owners of the Taxi plates then forked out $50,000 for a Toyota Camry Hybrid with the GPS and cameras for security along with regular safety checks and expensive insurances.

I've just spent some time in Melbourne sampling various ways of getting around.

A trip from Richmond to the Tullamarine Airport cost me $75 in a cab.

The driver who owned the cab had no kind words for Uber.

He said the cab would gross about $300 in a 12 hour shift.

The driver kept $165 or 55% of the fares, and with most drivers doing five 12 hour shifts (60 hours per week) the drivers would gross about $825 per week.

After paying for fuel and running costs the Taxi owner kept $80 to $90 per shift.

That's not a great return for anyone considering the hours worked by the driver and the capital outlay by the owner.

He told me that the cab did about 10,000 kilometres per month and had an annual mechanical inspection.

It was also inspected for safety every time it was serviced every month.

The same trip in an Uber would have cost me $44 to $57, or much, much more if there was surge-pricing in peak demand times.

The Uber owner's only outlay was $32,000 for a Hyundai i40 diesel and a few dollars per week for an iPhone.

The Uber driver also told me that he worked 60 hours per week, broken up into five hour shifts each morning and five hours each evening, six days per week.

He liked the fact that he could spend most of the day-time at home with his family and he would only drive for Uber when the demand was high.

He told me that he was happy to pick me up because I rated very highly with Uber!

I didn't have the courage to tell him that my Uber rating was based on an N=1 because I'd only taken a single trip with Uber Black before in Sydney which cost me a small fortune to go from Potts Point to Coogee Beach.

The Uber driver told me that he was driving about 8,000 kilometres per month and that he'd done over 200,000 kilometres in the Hyundai i40 in the past two years.

He'd bought the Hyundai because it had a 5 year unlimited kilometre warranty and he was fairly sure he wouldn't be spending anything on the car other than basic service items.

MEDICAL MOTORING / cont:
with Dr Clive Fraser

He told me that he made about $2,000 per week doing Uber (minus $120 for fuel plus other vehicle running costs).

At this point in the chaotic world of digital disruption I decided to take a reality check and Google the fine print of Hyundai's 5 year warranty which said that: "Hyundai warrants against defects arising in materials or manufacture for all vehicles other than vehicles used at any time during the warranty period for commercial application."

I wondered whether the good people at Hyundai would regard an Uber ride-share (aka Taxi) as a "commercial application".

I also thought it was best not to ask about insurance as I was a fare-paying passenger in a private vehicle.

I was after all trusting my safety/livelihood/career into the hands of a total stranger.

I decided definitely not to raise any of these concerns with the Uber driver lest he gave me a bad review which would immediately halve my rating as N would then equal 2 and I might be left by the road-side from now on.

Whilst I'm all for the free-market and competition, unlike many of my colleagues I haven't fallen in love with Uber.

Safe motoring,

Doctor Clive Fraser

AH THE SWEET LIFE!

dr. plonk

And I thought Sauvignon Blanc was a polarizing topic! Just like Ford vs Holden, the Maroons and the Blues or Lennon versus McCartney as is sweet versus dry wine. The topic often immediately results in a bold display of crow's feet and pursed lips of disapproval.

It's a shame a lot of so called vinophiles dismiss sweet wine. I suppose the rub is that like a lot of products, it has to be made well and in a thoughtful purposeful process. Just any old sweet concoction will see the drinker spit it out akin to a fire breather. Good fruit, appropriate handling and technique with supporting acidity for balance are the trick.

The spectrum of sweet wine includes those lightly sweet ones known as "off dry" to the cloying heavy syrup like wine and fortified wines. Like all things in nature's kingdom they all have their place. A little knowledge of the type of wine and its structure paired with its appropriate food match will result in an enhanced gastronomic experience. The versatility is that they can start an evening and bookend it.

Some grape varieties are naturally sweeter such as Muscat Blanc .Some are dry but are perceived as sweet with rich fruit aromas e.g. Viognier. The residual sugar can be quite low, but certain aromas trick our brain into thinking it is sweet. Sometimes the grapes can be left to ripen longer and hence more acid is converted into sugars. This is known as "late harvest."

The wine fermentation process can be halted by the addition of brandy spirit or cooling the fermentation down resulting in higher residual unfermented sugars. Grapes can be left on straw or racks to allow water to evaporate and hence increase residual sugar. Sugar can simply be added as a dosage as in Demi sec Champagne.

Ice-wine is made in Canada and Germany. It is made when it snows and the resultant frozen berries allow sugars to separate from water. They are expensive as they occur rarely with the right climatic event and require the whole crop to be picked within hours.

A most elegant technique is to allow one of nature's micro-machines to suck water out of the grape. Step forward the fungus known as Botrytis cinera. When the conditions are moist, Botrytis can develop, covering the grape skin, using its micropipette, piercing the skin to extract water. If dry weather follows it dies off leaving a sultana like grape.

This process is known as Noble Rot. It can be a curse or a blessing depending on the wine maker's mission. The great Sauternes of Bordeaux, Hungarian Takaji and German Spatlese Rieslings are made this way. The fungus also adds complexity in the form of compounds called phenyl acetaldehyde.

Wines Suggested

- 2015 Jim Barry Lavender Hill Riesling- this is an off dry style with lower alcohol of 12% and increased residual sugar, White peach and rose petals and hints of citrus make this wine enticing. The palate snicks the front end with soft fruit and gentle acidity. Great with a soft cheese but I enjoyed this with ceviche king fish.
- 2014 De Bertoli Noble One Riverina Semillon- this is the King of Australian dessert wines, always showing intense golden yellow colors. The bouquet explodes with honeyed peach aromas. These secondary layers start to exude Asian spice and vanilla, the palate is smooth and long with nice acidity like candied pineapple. I love this with crème Brule.
- Lustau san Emilio Pedro Ximenez (PX) - this is a Spanish Sherry that is ace of spades black. Complex licorice, Muscat raisins fill the bouquet. It has a silky voluptuous palate. Serve chilled with a midnight soft blue cheese and homemade walnut and fig log.

Dr Plonk

Breast Diagnostic Specialists

SUNSHINE COAST RADIOLOGY


Freedom to consult a specialist on the day


Independent double reading of mammography


3D Mammography


Welcoming environment tailored for women

Breast Diagnostic Specialists is a new breast specialist centre on the Sunshine Coast, committed to providing trusted breast care for women in a welcoming environment. Our dedicated team of healthcare professionals strive to provide the highest quality breast imaging and diagnostic services, in recognition that Early Detection is the key to saving lives.

We are proud to offer a tailored and holistic approach to breast health care for your patients, and utilise 3D Mammography (Breast Tomosynthesis) for both Diagnostic and Screening Mammograms. Mammography scans are double-read independently by two of our fully accredited Specialists (FRANZCR and accreditation with BreastScreen Qld). Your patients also have the freedom to consult with one of our Specialists on the day.

Breast Diagnostic Specialists is the progeny of Sunshine Coast Radiology, which is in its tenth year of providing high quality breast care in the region.

Trusted Breast Care

In our dedicated practice we provide:

- Welcoming environment, specifically tailored for women
- Comprehensive services including breast screening, breast diagnostics, interventional procedures and breast MRI services.
- Procedures including Core Biopsy, Hookwire localization, Cyst Aspiration, Fine needle aspiration and Stereotactic Biopsy.
- Fully accredited specialists, FRANZCR and accreditation by Breast Screening Qld
- Double reading of mammography, independently by two of our Specialists
- Consultation for your patients on the day, with an on-site Specialist
- Highly trained staff dedicated to trusted breast care.
- 3D mammography (Tomosynthesis) exams on the Selenia® Dimensions® 3D system by Hologic.

07 5436 7555
info@breastdignosticspecialists.com.au
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Breast Diagnostic Specialists
1 Main Drive
Warana QLD 4575

Trusted Breast Care

Northern Lights Cruise – Scandinavia

The breath-taking view of the fjords and wondrous phenomena of nature like the Northern Lights and the Midnight Sun make a Scandinavian cruise an adventure that will stay in your heart forever.

Iceland, Sweden, Finland, Norway and Greenland offer excellent opportunities to have an Aurora holiday. Set your camera ready on its tripod, lie back and watch in wonder as the mystical northern lights dance across the night sky.

The aurorae promise of the Arctic skies

The greatest pleasures of a Scandinavian cruise are the Arctic Circle's vast pristine blue waters, plenty of onshore fun activities, and the inexplicable joy of witnessing the dancing aurorae.

1. **Bodo, Norway**: Sitting between rugged mountain peaks and fjord islands, this industrial centre is bountiful in raw natural beauty and inspiring public art. Have a feel of Norway's Viking history, Sami people's indigenous culture, and fishing industry at the Nordlandmuseet museum exhibits. Norsk Luftfarts museum features aviation military exhibits.
2. **Vesteralen and Lofoten Islands, Norway:** Snoop into the past at the archaeological sites of Stone Age colonies as well as picturesque fishing villages like Stamsund. On Lofoten, visit Borg – a home-museum that brings to life Viking memorabilia.
3. **Tromso, Norway:** Discover Norway's polar past at Tromso's museums and architecture scene. Don't miss out on husky dog-sledding and snowmobiling and thereafter, hit a pub in this North Sea's 'party port'.
4. **Alta, Norway:** Home to the world's first northern lights observatory as well as copious ancient rock art, this UNESCO World Heritage site is a must-see.
5. **Kirkenes, Norway:** Rich in history and iron ore, the urban town is where you can encounter the unique lifestyle of Sami, snowmobile and savour frozen fjord-caught King Crab dinners.
6. **Reykjavik, Iceland:** Experience scintillating nightlife, soak in steamy geysers, visit the heritage site Thingvellir National Park and the marvellous two-tiered waterfall at Gullfoss – all in this exciting capital of Iceland.

What have we planned for you?

- A comprehensive itinerary has been developed to include all the splendid Scandinavian destinations
- Embark on a cruise in Bergen, Norway, which is atop a fjord and ringed by seven hills.
- Arrive at the third-longest fjord in the world – Hardangerfjorden, and explore the area on kayak, Zodiac and hiking trips
- Arrive on the coast of Flekkefjorden and hike on Hidra, the island rich in Viking history. Visit the Hagasan Fort. Resume sea cruise along the southern fjords of Norway.
- Cross the Arctic Circle and reach Norway's Lofoten Islands for sightseeing and kayaking.
- Explore Tromso, Norway with wildlife, sightseeing, history, culture, nightlife and shopping opportunities
- Dock at Vesteralen Islands for excursion
- Cruise across the Skagerrak strait to Weather Islands in Sweden for exploration and kayaking. Anchor at Grebbestad to visit the Bronze Age rock carvings in Tanum
- Arrive at Reykjavik in Iceland. Plenty of sightseeing and recreational adventure opportunities.
- A short extension of the journey shall be arranged if the northern lights don't come out during the cruise

www.123Travelconferences.com.au

Radiation Oncology Education Evening

YOU ARE INVITED TO ATTEND A RADIATION ONCOLOGY EDUCATION EVENING AT THE ADEM CROSBY CENTRE, SUNSHINE COAST UNIVERSITY HOSPITAL (SCUH).

The evening will provide an opportunity to meet with radiation oncologists as well as visiting this new public service on the Sunshine Coast. It will focus on common cancer management issues, including the role of radiation therapy in everyday general practice and conclude with a tour of the new department.

6:00pm	Registration and refreshments
6.30pm	Welcome and Introduction
6.45pm	Seminars and Cases, including: - Multidisciplinary cancer management - Role of radiation therapy in general practice - Common general practice cases, including: Palliative medicine, prostate and skin cancer.
7.45pm	Department tour including the latest modern technology for cancer treatment
8.30pm	Conclusion

Wednesday 17th May 2017 at 6pm

Location: Reception at Adem Crosby Centre, Level G, Lakeside Building, SCUH, 6 Doherty St, Birtinya QLD 4575. See parking map overleaf.

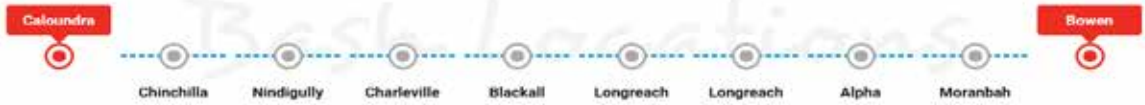
RSVP: Please confirm your attendance to Katelyn Cahill (Radiation Therapist) by Friday 5th May 2017 via email Katelyn.Cahill@health.qld.gov.au or phone 5202 0706.

Sunshine Coast Hospital and Health Service
Exceptional people. Exceptional healthcare.

phn CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST
An Australian Government Initiative

RADIATION ONCOLOGY TARGETING CANCER

Variety – the Children's Charity supports children and families who are facing many challenges through sickness, disadvantage or living with a disability



Sunshine Coast to Airlie Beach via Longreach 30 Aug - 8 Sep 17

Dr Wayne Herdy's Team is revved up and ready for the Surf & Turf Bash and primed up for sharing Health Education with Communities along the route. Join us in the fun and fund raising by being one of our sponsors.

Health Sponsors are invited to support Team Wayne with Sponsorship for Variety — The Children's Charity

Taking part in a Variety event is an exciting and fun way to raise funds for children in need.

To donate: https://2017qldvarietybash.everydayhero.com/au/dr-wayne-herdy

Dr Wayne Herdy, Past SCLMA President, Current Vice President, AMA Queensland Councillor is doing it all again this year!

Sunshine Coast to Airlie Beach via Longreach in an old car!

Check out what Variety Charity achieves with kids ....
https://www.variety.org.au

Wayne is asking you to
SUPPORT A COLLEAGUE!
SUPPORT A WORTHWHILE CHARITY!
DON'T SUPPORT THE ATO!
GET YOUR TAX DEDUCTION NOW!
DONATE TO:

https://2017qldvarietybash.everydayhero.com/au/dr-wayne-herdy

Check the SCLMA website and Facebook page for updates!!

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:	
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:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
PRACTITIONER DETAILS:		
	Qualifications:	
	Date of Birth:	Year of Graduation:
	Hospital employed / Private Practice (cross out one)	
	General Practice / Specialist (cross out one)	
	Area of Speciality:	
PLEASE NOTE:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
2. NAME:	**Signature:**	

ANNUAL SUBSCRIPTION (GST included):	**(Please tick)**		**DELIVERY OPTIONS?**	
Full-time ordinary members - GP and Specialist	**$ 77**		**Your Monthly Invitation?**	
Doctor spouse of full-time ordinary member	**$ 33**		By Email?	
Absentee or non-resident doctors	**$ 33**		By Courier?	
Part-time ordinary members (less than 10 hours per week)	**$ 33**		By Post?	
Non-practising ordinary members, under 60 years old	**$ 33**		**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 the *SCLMA Westpac Account.* BSB: 034-243 ACCOUNT NUMBER: 11-9298
A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

Please return this form with your cheque OR details of your E.F.T. to:
SCLMA PO BOX 549 COTTON TREE 4558
OR: FAX TO 5479 3995 PLEASE NOTE HALF PRICE MSHIP CONTINUING THIS YEAR!

Please note*: Membership applications will be considered at the next Management Committee meeting.*

The Sunshine Coast Local Medical Association has Public Liability Insurance

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 23 FEBRUARY 2017
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Commitee Meeting 23 March 2017)

Attendance: Drs Wayne Herdy, Peter Ruscoe, Scott Masters, Mason Stevenson, Kirsten Hoyle, Di Minuskin, Alicia Lorenz, Jon Harper. (Observer Jo Bourke).
Apologies: Drs Roger Faint, Mark de Wet, Marcel Knesl, John Evans, Tau Boga, Fabio Brecciaroli.

***Minutes of last meeting: 24 November** 2016 (To be accepted).*
Amendment: the wording of the Motion to AMA Queensland was changed to:
…. "that the SCLMA requested that AMA Queensland will support the establishment of a medical school on the Sunshine Coast and will actively assist in lobbying to distribute 15 medical school places making a total of 50 medical school places on the Sunshine Coast"
Moved: Wayne Herdy Seconded: Peter Ruscoe. Carried.

Business arising from Minutes: Nil.

President's Report: *Dr Roger Faint – Apology (Report tabled)*
The major issues over the last month include:
- AMAQ/Chris Zappala have agreed to let us publish their monthly newsletter. We have received very little detail and have little insight into their logic/reasoning for their decision making. However obviously the committee will be content with their decision.
- The Medical school situation is static with little new detail issued recently. We have received acknowledgements from the prime ministers office regarding my letter but little else. The QLD health minister has suggested that the April decision by Gillespie will be too late for Griffith to begin a medical school in 2019. This is bad news.
- I did speak to Wayne regarding his comments of a med-science course dove tailing into a local medical degree & that SC university might eventually take over the medical school. Apparently that is the reality and he is along term scenario.
- I have been approached regarding a legal- medicine meeting one night this year. I am unsure how this would be conducted but know it would be very interesting.
- I suggest we begin to pressure our local federal members with a petition or Px leaflet faxed to Drs suggesting how Px contact their local federal members.
- Or 'Change.org"
- Again I apologise for my inability to attend

Discussion re No.5 item resulted in suggestions from Wayne Herdy of (1) petition (2) Patient leaflet on front desk of practices and (3) page in newsletter.

Vice President's Report: Dr Wayne Herdy.
- The Commonwealth Government announced the opening of a Zostavax (shingles) vaccination program for 70 year-olds with a catch-up including 71-79 year-olds. In the first few months of the program, supply of vaccines was typically 5 per practice. In the past month, supply quantities have become more realistic, but it will still take years to catch up at this rate.
- Alprazolam is probably the most addictive of the benzodiazepines. It is popular in the addiction culture. It is also successful in treating panic attacks, but historically prescribing has probably not strictly conformed with the PBS restriction.
- A year ago alprazolam was re-scheduled by the Queensland state government as S8, putting it on the same line as narcotics and requiring the same State authorisations. Patients were confused by the need for two authorisations – the State allowed the prescriber to write the prescription and the Commonwealth allowed the pharmacist to dispense at PBS cost.
- From 1st February, PBS funding of alprazolam was severely curtailed. The 2mg preparation was no longer funded, 1mg, 0.5m and 0.25mg strengths are only authorised in quantities of 10, no increased quantities or repeats. Practitioners who work in addiction medicine are happy that this has virtually closed the doors to use of regular dosing of alprazolam. (Private prescriptions are still permitted, if State approval has been granted.)

Secretary's Report: *Dr Mark de Wet`- Apology.*
Correspondence In:
QBE Insurance – Directors & Officers Liability Insurance
Wallis Westbrook – survey research study Sunshine Coast
Correspondence Out:
02/02/17 – Roger Faint to Sunshine Coast Daily
09/02/17 – Roger Faint to Malcolm Turnbull, Prime Minister

Business arising from Correspondence: Nil

Treasurer's Report : *Dr Peter Ruscoe*
(a) Accounts to be paid:
- Australia Post – Account January 2017
- Jo Bourke – Secretariat January 2017
- Jo Bourke – Adobe CC subscription January 2016
- Jo Bourke – Website Hosting
- QBE Insurance
- ATO – BAS (Oct – Dec Qtr).
- Snap Printing – Newsletter February 2017
- Jo Bourke – Newsletter February 2017
- C Hawkins – Assist Sec November 2016

Moved: Peter Ruscoe. That the accounts as tabled be approved for payment Seconded: Wayne Herdy. Carried.

(b) Membership Report:
- Dr Stephen Byrne (Neurosurgery)

Moved: Peter Ruscoe. That the membership applications be approved. Seconded: Wayne Herdy. Carried.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 23 FEBRUARY 2017
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Commitee Meeting 23 March 2017) /Cont:

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

Meetings Convenor Report: *Dr Scott Masters*

- Planning in hand for 2017. Social function likely to at Peppers, Noosa.

Hospital Liaison Report: *Dr Marcel Knesl - Apology*

PHN Country to Coast Report: Dr Jon Harper

- In partnership with the SCHHS, the PHN continues to roll out the HealthPathways project; providing GPs with a free on-line clinical decision tool. HealthPathways also incorporates triage criteria and required information for referrals to the SCHHS specialist outpatient department. HealthPathways has been well received by GPs. To date we have had over 700 individual users with nearly 3000 individual sessions.
- We have localised over 100 clinical pathways in collaboration with local specialists. We have found a keen interest from local specialists to be involved in pathway development. As well as localising existing pathways, we are also running multidisciplinary clinical Workgroups to identify service gaps, commission new services (via the PHN Clinical council and Integrated Care Alliance) and relevant pathway development.
- Queensland Health is on track to make GP access to The Viewer happen by June 2017. It will be called the "Health Provider Portal". GPs will need to register by creating a QGov account – name, DOB, 100 ID points; AHPRA registration number, provider number, HPI-I number. GP information will be cross checked against QHealth STS address book – so GPs need to make sure their details are on STS. (update form available from PHN). GPs will have full access to The Viewer – includes pathology, clinic and discharge letters, discharge medication lists; and emergency department letters.

General Business: Nil

Meeting Close: 7.15pm

Next meeting: Thursday 23 March 2017.

Jo Bourke, Acting Secretary.

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au or email: RDMAnews@gmail.com

ADVERTISING GUIDELINES:

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

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

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

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

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 FIVE .....

How Do Court Reporters Keep Straight Faces?

These are from a book called Disorder in the Courts and are things people actually said in court, word for word, taken down and published by court reporters that had the torment of staying calm while the exchanges were taking place.

ATTORNEY: She had three children, right?

WITNESS: Yes.

ATTORNEY: How many were boys?

WITNESS: None.

ATTORNEY: Were there any girls?

WITNESS: Your Honor, I think I need a different attorney. Can I get a new attorney?

ATTORNEY: Can you describe the individual?

WITNESS: He was about medium height and had a beard

ATTORNEY: Was this a male or a female?

WITNESS: Unless the Circus was in town I'm going with male.

ATTORNEY: Is your appearance here this morning pursuant to a deposition notice which I sent to your attorney?

WITNESS: No, this is how I dress when I go to work.

ATTORNEY: Doctor, how many of your autopsies have you performed on dead people?

WITNESS: All of them. The live ones put up too much of a fight.

ATTORNEY: ALL your responses MUST be oral, OK? What school did you go to?

WITNESS: Oral...

ATTORNEY: Do you recall the time that you examined the body?

WITNESS: The autopsy started around 8:30 PM

ATTORNEY: And Mr. Denton was dead at the time?

WITNESS: If not, he was by the time I finished.

ATTORNEY: Are you qualified to give a urine sample?

WITNESS: Are you qualified to ask that question?

And last:

ATTORNEY: Doctor, before you performed the autopsy, did you check for a pulse?

WITNESS: No.

ATTORNEY: Did you check for blood pressure?

WITNESS: No.

ATTORNEY: Did you check for breathing?

WITNESS: No..

ATTORNEY: So, then it is possible that the patient was alive when you began the autopsy?

WITNESS: No.

ATTORNEY: How can you be so sure, Doctor?

WITNESS: Because his brain was sitting on my desk in a jar.

ATTORNEY: I see, but could the patient have still been alive, nevertheless?

WITNESS: Yes, it is possible that he could have been alive and practicing law.

A young ventriloquist is touring Norway and puts on a show in a small fishing town.

With his dummy on his knee, he starts going through his usual dumb blonde jokes.

Suddenly, a blonde woman in the fourth row stands on her chair and starts shouting, "I've heard enough of your stupid blonde jokes.

What makes you think you can stereotype Norwegian blonde women that way?

What does the colour of a woman's hair have to do with her worth as a human being?

It's men like you who keep women like me from being respected at work and in the community and from reaching our full potential as people.

It's people like you that make others think that all blondes are dumb! You and your kind continue to perpetuate discrimination against not only blondes, but women in general, pathetically, all in the name of humour!"

The embarrassed ventriloquist begins to apologize, and the blonde yells, "You stay out of this! .....I'm talking to that little twit on your lap!"

Two Glasgow policemen (Glesca Polis) call the station on the radio.

"Hello. Is that the Sarge?"

"Aye?"

"We hiv a case here. A wuman has shot her husband fur steppin' on the floor she had jist mopped clean."

"Hiv ye arrested the wuman?"

"Naw sir. The floor is still wet."

CLASSIFIEDS

NORTHCOAST NUCLEAR MEDICINE PRACTICE UPDATE

- We have recently closed our Buderim rooms in preparation for the opening of a new comprehensive imaging practice in Kawana in conjunction with QDI in the SCUHosp precinct in July 2017.
- We will continue to provide nuclear medicine services at Noosa Hospital, Nambour General Hospital and in our Mayes Ave Caloundra rooms.
- We apologise for any inconvenience to your patients in the Buderim area who will have to travel, but in the long run their access to modern imaging will be greatly enhanced.

Appointments/queries: 5478 2037 Fax: 5444 7816
April 2017

VR GP (WITH SPECIAL INTEREST IN WOMEN'S HEALTH) REQUIRED FOR CALOUNDRA

- Small privately owned Medical Practice
- Fully Computerised using MD & Pracsoft
- Fully Accredited practice
- Nursing & long term staff assistance
- Mixed billing. No weekends

Please contact Practice Manager on 07 5491 2911 or email: practicemanager@medicaltrust.com.au
April 2017

CHILD PSYCHIATRIST - OPEN TO REFERRALS, SHORT WAITING LIST

Dr Brenda Heyworth now consults 5 days/week from Nucleus Medical Suites, Buderim.

Please fax specialist doctor referral

(No Mental Health Plan needed)

Ph. 5444 5022 Fax. 5444 5033
April 2017

DR AJAY VERMA GENERAL PHYSICIAN FRACP

Dr Verma has moved from his QCG rooms, he has opened new rooms at:

Pulse Oceanside Medical ***and also*** TSCPH Medical Centre
Suite 604, Level 5 Suite 15, Lower Level
11 Eccles Boulevard 12 Elsa Wilson Drive
Birtinya Qld 4575 Buderim Qld 4556

T: 5437 7390
F: 5302 6660
Email: reception@drajayverma.com.au

March 2017

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING GENERAL PRACTITIONER

- Well established, fully accredited GP owned family practices at Nambour, Woombye and Palmwoods.
- Fully computerised, modern medical centres with remote access.
- Excellent peer support and friendly staff.
- Fully equipped treatment rooms with full time nursing support.
- Spacious consulting rooms with windows
- Mixed billing
- Flexible working hours, full-time, part-time hours available.
- Check out our website at www.nambourclinic.com.au.
- No DWS

For further information contact Rowena:

Ph: 07 5441 1455 Mb: 0412 292 666

Email admin@nambourclinic.com.au
February 2017

CONSULTING ROOMS AVAILABLE

- New consulting rooms are available for sessional or lease basis In Pulse Oceanside building
- In close proximity of Sunshine Coast University Public and Private Hospital.
- Close to Parking Lot and local bus stop
- Two consulting rooms facing lake side and New University hospital and one additional procedural room
- All Electricity, heating and air conditioning included.
- Able to provide secretory support if needed.

Contact Number 07 5437 7390
Email : reception@drajayverma.com.au
December 2016

CENTRAL DERMATOLOGY CLINIC

- Dr Christina Sander opened her state of the art specialist dermatology practice "Central Dermatology Clinic" in January 2017.
- The clinic offers a wide range of dermatology services including skin cancer screening and spot checks, surgery and PDT, general and paediatric dermatology, specialist clinics for melanoma, hair loss and vulval diseases, phototherapy and biologics as well as state of the art cosmetic treatments with a focus on laser and IPL treatments. Preference for Referrals is via Medical Objects (Provider: 4170554W) or can be mailed or faxed.

Level 1, 11-55 Maroochy Boulevard, Maroochydore QLD 4558
Ph: 07 5345 5150 Fax: 07 5345 5140
Email: reception@centraldermatologyclinic.com.au
Web: www.centraldermatologyclinic.com.au
November 2016

SPECIAL OPPORTUNITY -MAROOCHYDORE

Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.
We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room. Please contact the Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096
Continuing as per request.

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.

Classifieds remain FREE for current SCLMA members, $110 for non-members.
Ph Jo: 0407 037 112
Email: jobo@squirrel.com.au

SCLMA website: www.sclma.com.au

REMINDER: If your details have changed please download a Directory form from the website and fax to 5479 3995.
You are not automatically entered on the website. It is necessary for you to complete a Directory form and sign and date it. Thanks. Jo.

SCLMA CLINICAL MEETING - 23 MARCH 2017

Maroochydore Surf Club Function Room
Dr Stuart Collins, Dr Chris Vernon and Dr Chandra Perumalla
Topic: *"There's More to Urology than Prostate Cancer"* (followed by Q&A with Panel of Presenters)
Sponsors: Ipsen and The Sunshine Coast University Private Hospital

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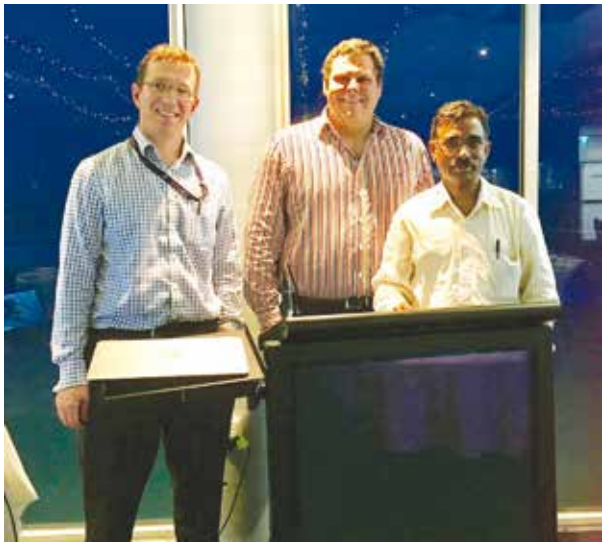
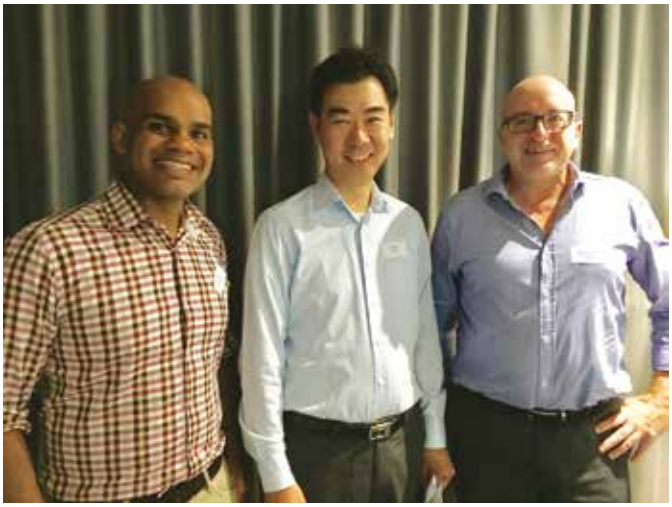


Presenters - Dr Chris Vernon, Dr Stuart Collins and Dr Chandra Perumalla

Sponsor Keryn Hartvigsen from Ipsen, Dr Stuart Collins and Pam Bull, GP Liaison, SCUPH



Dr Dinesh Vignarajah, Dr Myo Min with Dr Jeremy Long

Right:

Mr Oli Steele, CEO, Sunshine Coast University Private Hospital and Dr Andrew Southee