



SCLMA President's Message

Dr Di Minuskin

It is with mixed feelings that I sit down to write this, my last report as President of the SCLMA. After three years in the role, some months it has been a challenge to bring you the appropriate balance of medico-political news versus the human and often humorous side of our profession. I hope that you have enjoyed my contributions.

The SCLMA continues to be a vibrant and relevant group. Our membership continues to flourish and represents the pooled experience of decades of service to both the private and public sector. We have seen a surge in numbers with the opening of new medical facilities on the coast. I hope that with the commissioning of the Sunshine Coast University Hospital next year, we will welcome even more members. Our retired members are a valued group in our association. Their knowledge often provides a starting point for future planning, and their experience the grounding force sometimes needed.

Your committee has worked hard to provide services for the membership and promote the standing of the SCLMA both within the medical profession and the community at large. During my presidency, we have seen the redevelopment of the SCLMA website, the initiation of charitable donations to worthy community groups and the further strengthening of networks with the SCHHS and the PHN. Cittamani Hospice Service and "The Shack", supporting vulnerable members of the community, have been recipients of donations from the SCLMA. There is a renewed agreement with the Sunshine Coast University, that for the next three years, the SCLMA Bursary will continue to be awarded to a student presenting research within a medical field.

I am very proud of what the SCLMA represents. But perhaps what I am most proud of are the members. We have continued to enjoy monthly meetings where many of our colleagues have shared their knowledge and expertise. We have also heard of the volunteer work performed by some of our members.

Our midwinter gala dinner has even flushed out some talented colleagues who have taken to the stage to entertain us. I have seen a great sense of unity in fulfilling the objectives of our society. Friendship and mentorship continue to bring us together.



The next twelve months promise to be an exciting but challenging time for us all. The opening of the Sunshine Coast University Hospital next year provides the opportunity for the region expand on its reputation for excellence in not only medical services, but also teaching and research. The challenge arises from trying to attain and maintain these goals with an ever tightening budget. The dwindling supply of funds has seriously impacted primary care, which will be faced with the additional burden of changing models of care that seem to generate increased paperwork requirements with no reimbursement. However, the future does look bright. I have been privileged to work with some very dedicated colleagues over the past few years that have a strong grasp on not only need for excellent patient care, but also on the need to support and sustain for those who are providing it.

I would like to thank my colleagues for their support over the last three years. It certainly was a steep learning curve for the first few months! The experienced committee and secretary were a welcome source of counsel. I know that whoever steps into the role after the AGM, will enjoy the experience.

Best wishes to everyone,

Di Minuskin

STOP PRESS: The President Elect for the SCLMA for 2016 - 2017 is Dr Roger Faint, GP, Buderim Marketplace Medical Centre.

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 2016 NEWSLETTER Deadline Date will be **FRIDAY** **16 SEPT 2016**



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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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.



Welcome to the August issue of the SCLMA newsletter.

This is my last column as Editor. It has been a privilege and a pleasure to have been actively involved in the LMA. As I pass on the baton to someone else, I hear Mike Donovan is looking for an Editorial job, hahaa!



I will hopefully still stay involved as an active member of the committee taking up the role as hospital liaison. Exciting times lie ahead with the opening of SCUH scheduled for next April 2017, the potential of a new Medical School providing 50 new student places, new technology, comprehensive multidisciplinary care and of course the big new casino earmarked for Buderim. Ok Buderim folk take a breath sorry it's not a casino it is actually an expansion of the Buderim crematorium.

Moving on we also farewell Di Minuskin who has held the role of LMA President for the past 3 years. Di as always you have done a marvellous job and we will struggle to fill your role. Jenny Grew moves on as Secretary and a few committee members shuffle the deck chairs.

Our new member membership grows and we enjoy a membership close to 300. As the largest and most cohesive LMA in Australia we enjoy a privileged working environment set in the most beautiful part of Australia.

Finally, as parting comment, I must briefly entertain you with my recent one-man trip to Sydney and back. I was trading in my car for another car which was for sale at a Sydney dealership. I did the trip in 48 hrs overnighting in Coffs. My indulgence was a bucket of KFC, coleslaw and a few bottles of xxxx. I concluded that most people are employed either as truck drivers or road workers. And I met them all on my journey.

All the best,

Marcel Knesl

kneslm@roc.team

HIGHLIGHTS in this issue:

P 5:	Kevin Hegarty - Health Service Link
P 6:	Dr Chris Zappala - AMAQ President
P 8:	Dr Wayne Herdy - AMAQ Councillor
P 11:	Pattie Hudson CEO - Country to Coast
P 13:	Variety Bash - Last Chance
P 15:	SCR Case of the Month
P 17:	Poole Group - Fixed Business Costs
P 19:	Dr Clive Fraser - Women in Sport
P 21:	Women's Health Conference 2016
P 29:	Advertising Guidelines
P 31:	Classifieds

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 15 SEPTEMBER 2016

NOTE: CHANGE FROM 4th THURSDAY TO 3rd THURSDAY TO AVOID SCHOOL HOLS

Speaker:	Dr Jonathan Robertson
Topic:	'Interventional Radiology : It's like Surgery, only Magic'
Speaker:	Dr Rebecca Magee
Topic:	'Advancements in lower limb Arterial Reconstruction'
Sponsor:	Medtronic (TBC)
Sponsor:	National Home Doctor Service
Venue:	Maroochydore Surf Club (

THURSDAY 27 OCTOBER 2016

Speakers:	To be advised
Sponsor:	Sunshine Coast Private Hospital
Venue:	Ebb Waterfront Restaurant

THURSDAY 24 NOVEMBER 2016

Speaker:	Dr Tim Nathan, Urologist
Topic:	TBA
Speaker:	Dr David Morgan (short talk)
Sponsor:	Ipsen
Sponsor:	Neotract
Sponsor:	National Home Doctor Service
Venue:	Maroochydore Surf Club

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.

Website: www.sclma.com.au



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.

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For over 20 years, hundreds of Sunshine Coast women have chosen to rely on Dr James Moir as their obstetrics specialist.

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 **Dr James Moir**
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Health Service Link - August 2016

Acknowledging a Leader

I was very pleased to be a guest at the SCLMA's Annual General Meeting on 25 August. This allowed me to be a part of the formal conclusion of the Presidency of Di Minuskin. For three years Di has led the largest local medical association in Australia with distinction. Her time at the helm will be remembered for the way her personal qualities ensured the organisation continued to be a positive force in local health care and serving its members well.

Mention Di and you think of integrity, passion, selflessness and an unrelenting determination to advance the care of patients.

Those are the characteristics that underpinned her successful Presidency. Thanks Di and I know your contribution will continue especially as you remain on the Committee.

On behalf of the SCHHS I also congratulate the office bearers elected for 2016/17.

The relationship between the SCLMA and the SCHHS is a positive one based on shared objectives and respect. It is a relationship that I am personally committed to and proud of.



Launch of HealthPathways

Sunshine Coast launch of HealthPathways occurred via an interactive 3 day symposium earlier this month. The occasion saw SCHHS clinicians join with general practitioners, the PHN, private and NGO sector representatives and staff from the Healthcare Improvement Unit of the Queensland Department of Health. There was also participation from Townsville, Mackay and importantly Christchurch, New Zealand.

HealthPathways is an online decision support tool for use by clinicians to assist assessment, management and specialist request decisions for over 550 conditions. Each pathway provides clinicians with succinct information at the point of care including when and where to refer patients to local specialist and other services. These pathways are localised and current resources mapped to ensure patients receive clinically appropriate care in the right place at all times. The target audience for HealthPathways is the primary health clinicians responsible for managing patients in the community and for initiating requests for specialist assistance.

This is an exciting opportunity for our health system to work together to map services and localise pathways generating benefits for:

the patient with earlier access to assessment and broader range of treatment options in the community;

the clinicians through building relationships between primary care and hospital specialist colleagues as they localise pathways and through greater confidence and options in managing their patients; and

the local health system through less demand on acute, outpatient and residential care services as patients are better managed in the community and creating resource availability for elective services and increase assistance to primary care.

Feedback from the workshop was very positive. A key component of the symposium was the sharing of experiences from Canterbury Health NZ (the home of HealthPathways), Townsville and Mackay. This ensured good understanding the path (excuse the pun) we are embarking on. The learnings showcased will enable and ensure our success in delivering improved care through agreed pathways across health providers on the Sunshine Coast. HealthPathways will provide a framework that will enhance the care and therefore the outcomes for patients. We are pleased to be part of an initiative that is all about improving our health system together.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au

Dr Chris Zappala



Dear Members,

AMA Queensland remains concerned about the ongoing shift towards task substitution in medicine. In particular, recent events within public hospital maternity units have demonstrated why obstetrician-led care is so critical.

Child delivery is an exciting and sometimes challenging time

for many families, but expectant mothers take comfort that they can rely on Australia's highly-trained medical workforce for good outcomes, often unaware that, in the public system, they may not encounter an obstetrician at all. Is this 2016 or 1916?

The recent inquiry into maternity services at Rockhampton Base Hospital highlighted a range of deficiencies in the public hospital model of maternity care. Unlike private hospitals, public hospital maternity units are led by midwives, with obstetrician review often only happening at the request of a midwife, if at all. The perception of 'low-risk' pregnancies being possibly appropriately handled by midwives alone is contradicted the evidence which suggests outcomes can be worse in this group.

The midwife-led model of care experiences higher rates of adverse outcomes than traditional obstetrician-led care, with the perinatal and neonatal mortality rates both being significantly lower in private hospitals than public hospitals; as well as the rates of third- and fourth-degree perineal tears being far less frequent when the obstetrician leads care.

While doctors dutifully espouse the virtues of multi-disciplinary care, the nursing/midwifery lobby has maintained their indignation at being potentially excluded or seen as any less than the obstetrician, while simultaneously manipulating exactly the opposite such that mothers and neonates now endure inferior outcomes in Queensland public hospitals at the hands of midwifery-led care. Queensland Health's own data for some years has highlighted the difference between public and private maternity services. The Australian Commission for Safety and Quality in Health Care is becoming interested in birth trauma and perineal tears as two of the 18 preventable hospital complications upon which they will focus their efforts. In the wake of the Rockhampton Base Hospital maternity services review and, with the threat of greater transparency in maternal/neonatal outcomes in public hospitals, we might finally see some long overdue reform that restores the involvement and leadership of the obstetrician in maternal/neonate care.

In light of the evidence, AMA Queensland is calling for an improved multidisciplinary approach to maternity services that restores the involvement and leadership of the obstetrician.

Australia's midwives make up a significant and necessary portion of our medical workforce, but they are not a replacement for obstetricians, who are the only health care professional trained to deal with all complications of pregnancy and delivery. We should never be afraid to say this.

It is an absolute nonsense to point to increased obstetric procedures and management as a negative in 'low-risk' obstetric models of care. That is like saying more endoscopies whenever there is a gastroenterologist about, or more coronary artery stents inserted whenever there is a cardiologist, are somehow a bad thing – when we full well know they improve survival and reduce morbidity, just as the obstetrician does. It's exactly this ridiculous, myopic logic, often sprouted by those who should know better, that has led us to shamefully inferior outcomes for public mothers and their newborns.

Increased obstetric review, antenatally, during hospital admission and periodically throughout labour, is essential to ensuring labouring mothers receive the best quality care and that any complications or risks can be addressed early by a highly-trained obstetrician in consultation with the midwife. Furthermore, we need to ensure our medical workforce can keep pace, by increasing the number of senior salaried and visiting medical officer consultant obstetricians to provide the depth and mix of expertise and experience required to run successful maternity services units.

The public hospital system's reliance on midwife-led care is just one example of the increasing number of care models and initiatives that seek to substitute the role of doctors, sacrificing safe, high-quality outcomes in the process. Recently, discussion has emerged about allowing physiotherapists to prescribe Schedule 8 opiate drugs.

This is a risky proposition for drugs with a high potential for dependence. Whilst physiotherapists play a crucial role in rehabilitation, pain management and improving mobility, they do not have the clinical background necessary to prescribe and appropriately manage the use of S8 medication. This is not a criticism. We desperately need good physiotherapists to help with chronic musculoskeletal disorders, but leave the doctoring to the doctor, and physiotherapists to do their own job well. If a patient's injury or condition is severe enough to require S8 drugs, then it is also severe enough to require review by a medical practitioner.

A collaborative health system with a clear distribution of duties based on training and experience is in the best interest of all health professionals, including medical practitioners, midwives and physiotherapists. It mitigates risk and maximises outcomes. There will be much more discussion in this area and I look forward to providing you with updates.

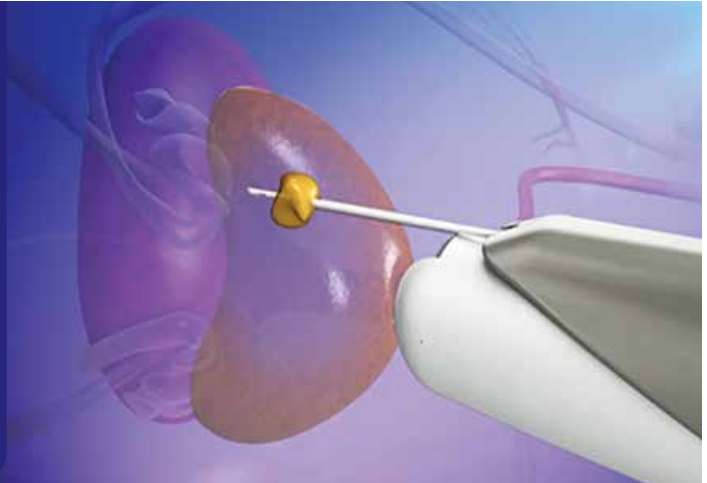
Sincerely,

Dr Chris Zappala

AMA Queensland President

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Dr Gianduzzo has been a resident on the Sunshine Coast for over 20 years and has held leadership roles in the ongoing development of The Sunshine Coast Private Hospital and the state's Urological Society. Tony also introduced Thulium laser prostatic surgery to Queensland in 2010, and offers UroLift minimally invasive treatment for prostatic obstruction.



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AMAA COUNCILLOR REPORT

Dr Wayne Herdy

ASYLUM SEEKERS.

A recent AMA media release reads as follows:

"The AMA has called for an independent statutory body to investigate and report on health and living conditions for asylum seekers, following damning reports of abuse, trauma, and self-harm on Nauru.

"These disturbing reports echo long-held concerns by the AMA about the lack of proper physical and mental health care being provided to people in immigration detention, especially children," AMA President Dr Michael Gannon said.

"The AMA has called for all children to be removed from detention facilities and placed into the community, where they can be properly cared for. Doctors must be able to speak out on these issues without fear of retribution or prosecution."

The AMA wants a transparent, national statutory body of clinical experts, independent of Government, with the power to investigate and report to the Parliament on the health and welfare of asylum seekers and refugees in Australia and in offshore detention."



I am ambivalent about asylum seekers.

Like many, I am persuaded that many are law-breakers, seeking to enter our country through a back door, an illegal entry. I am reminded that John Howard offered a speech in which he said that Australia is a generous country, but we and we alone will decide who crosses our borders and stays on our shores. I am troubled that asylum-seekers cost the taxpayer more in benefits than are available to those among us who are native-born and homeless.

However, doctors are an altruistic profession. Doctors do not tolerate suffering. And it is the suffering of children that we most abhor, even if their suffering is the result of their parents' choosing. Doctors do not remain silent when we see injustice. And it is an injustice to wait for many years to have an administrative application processed.

I am troubled than many of the vocal arguments, from the asylum-seekers themselves or from well-meaning do-gooders, are based more in fiction than in fact. We cannot defend a doctor-based organization which advocates for refugees but whose basic premises lie in mistruths. What happened to evidence-based decision-making? Which brings us to the essence of the AMA media release. None of us know the truth about asylum-seekers and the conditions under which they live. An independent enquiry, unbiased and transparent, is what can bring us closest to the truth. *Veritas liberabit vos.* (The truth shall set you free – John 8:32.)

AMAA CONFERENCE

September sees the annual conference run by AMA Queensland. This year, we are going to India, a country that has a medical tradition that rivals Western medicine in its antiquity and complexity.

The theme this year is Research – turning it into reality. As always, the conference combines an academic programme with opportunities for sight-seeing, and a chance to look deeper into the health system of another country and another culture.

AMAQ COUNCILLOR REPORT / cont:

Dr Wayne Herdy

The 2016 conference takes a bold new step – half of the conference is in one city (New Delhi) and the other half in another city some distance away (Jaipur, the site of the Taj Mahal). Ask me next month how 120-plus participants took to the extra travelling and relocation.

The AMAQ is never a budget affair. At least it is tax deductible. But the participants seem to always include a large proportion of return visitors, so the organizers must be doing something right.

VARIETY BASH

Having this column printed in our Newsletter is a privilege granted to me which I try to always use for good and never for any personal advantage. I am stepping aside from that principle to ask my readers to review the notice that has been in every Newsletter for months about my participation in the Variety Bash.

This is a fund-raiser for a kids' charity, one of the few charities that actually delivers donated money to where it is intended to go. It should be a lot of fun for me, but the fun has a serious intent, and I pay all my own costs. If every one of my readers were to donate \$100, the proceeds of one or two consultations (tax deductible), I would easily reach my publicized target. And there would be another country town out the back of Bourke where every kid has a laptop to take to school, or another kid would get some of the special help that just doesn't come easy when you live out in the real bush.

This is the last month that my readers can make a donation before the Bash sets off in a cloud of dust and ancient machinery noises. Just go to the Variety website published in the flyer printed elsewhere in this Newsletter, and show somebody that you actually care about our disadvantaged native-born kids too.

As always, the opinions expressed herein are those of your humble correspondent.

Wayne Herdy.



Visiting Dr Bob Anderson in his Nursing Home at Eight Mile Plains, Brisbane



Dr Herdy presents a Niki pump syringe driver to Alex, the manager of Cittamani Hospice Service, as a donation from the SCLMA

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Central Queensland, Wide Bay, Sunshine Coast PHN

Pattie Hudson, CEO

Obstacles to good health across the Sunshine Coast: Health Needs Assessment Findings

The PHN's annual Health Needs Assessment has identified a range of health needs affecting the Sunshine Coast community, including low immunisation rates, large populations with a disability and the highest rate of hospital admissions due to mental illness within the PHN catchment.

The Central Queensland, Wide Bay, Sunshine Coast PHN's 2015-16 Health Needs Assessment combines existing health data from a range of credible sources, along with feedback from local communities, Sunshine Coast GPs, nurses, Aboriginal and Torres Strait Islander health workers, and allied health practitioners to create a comprehensive population health planning document. It addresses issues such as rates of disability, economic status, obesity, chronic disease, employment, infant mortality, alcohol and drug use.



The Assessment found that the Sunshine Coast LGA had the second largest predicted population growth in the PHN catchment, with a 2.3% growth predicted by 2036. The Sunshine Coast regional data also show the largest number of persons with a profound or severe disability, with 12,823 persons living with disability. An ageing population was evident in the retiree suburbs of Caloundra, particularly in Kings Beach, Golden Beach and Pelican Waters.

As an organisation, the data collected for this important document is extremely effective for us in designing the services our people in these communities can easily engage with. By utilising the Health Needs Assessment in the development of our services and commissioning plans, we avoid duplication and waste, we can target the highest priority issues, and we direct the resources in the areas they are most needed, such as targeting mums and new babies in the North Burnett and Bundaberg, and improving mental health service in rural areas of Central Queensland.

We're designing services with the consumer in mind, which is why we chose not only to look at the facts, but get out there and engage with the community and find out who is using or looking for better services. We want communities that are healthy and happy – whether you are a farmer in Kilkivan, a young family in Caloundra, or a retiree in Buderim, we want primary health care to be accessible, equitable and outcome focused-driven.

The findings of the 2015-16 Health Needs Assessment will be used to analyse, identify and plan local, cost-effective and needed services in each local area. In the Sunshine Coast region, the PHN will consult and commission services to improve access to primary health care access for young people.

The PHN is working to establish programs to enhance the health and wellbeing of all children and families, particularly those at greatest risk of poor health and developmental outcomes. Our focus will be directed at improving immunisation rates in areas where levels are low such as pockets of the Sunshine Coast, and may also include smoking cessation, pregnancy, antenatal and parenting programs.

We will also continue to engage with local service providers to identify the most effective use of mental health, alcohol and other drugs funding over the coming years. Additional programs aimed at early intervention in young people with, or at risk of, severe mental illness will also be created.

The Health Needs Assessment is a valuable tool that can be used by health service providers, Local Government, and the PHN itself, to plan health care activities that address the most urgent health needs of our communities.

Download a copy of the HNA at our website ourphn.org.au.



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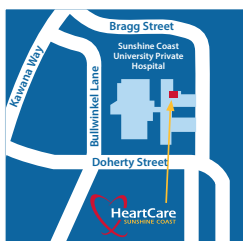
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HeartCare Sunshine Coast provides comprehensive cardiovascular consultation, testing and procedures at the Sunshine Coast University Private Hospital in Kawana.

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HeartCare Sunshine Coast is supported by the widest network of cardiology clinics across Queensland, allowing comprehensive and accessible service and quality patient care.



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Contact us on (07) 5390 3700

www.heartcarepartners.com.au/sunshinecoast



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General Cardiologist and
Echocardiography Specialist



Dr Jonathan Cherry
General and Interventional
Cardiologist



Dr Stefan Buchholz
General Cardiologist and
Echocardiography Specialist



Dianne Grant
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Barry Rudd
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Marcus Silbery
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Echocardiographer

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www.genescancercareqld.com.au

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GenesisCare

Last Chance Fundraiser: Variety Bash - Dr Wayne Herdy Car 55

<https://2016varietybash.everydayhero.com/au/wayne>

This is a fund-raiser for a kids' charity, one of the few charities that actually delivers donated money to where it is intended to go.

It should be a lot of fun for me, but the fun has a serious intent, and I pay all my own costs.

If every one of my readers were to donate \$100, the proceeds of one or two consultations (tax deductible), I would easily reach my publicized target. Thank you to those who contributed during the SCLMA Mid-Winter Christmas function. The total was \$251

And there would be another country town out the back of Bourke where every kid has a laptop to take to school, or another kid would get some of the special help that just doesn't come easy when you live out in the real bush



Depart Warwick 30 September
Arrive Bathurst 8 October

Will this car make it??

1986 Mercedes Benz 280SE \$800

Check out the website for the
comments and list of donations!





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Dr Anthony Chan
MBBS, FRANZCR

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Angiogram, CT Colonoscopy.
Fellow of RANZCR. Accredited Breast screen reader
with QLD Breast Screen.



Dr James Challen
MBBS, FRANZCR

Dr Rodney Larsen
Fellowships: MRI, Neuroradiology, Breast Imaging,
Cardiac CT.
Fellow of RANZCR.



Dr Rodney Larsen
MBBS (Hons), FRANZCR

Dr Angus Thomas
Fellowship: MRI with an emphasis on
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Dr Angus Thomas
MBBS FRANZCR

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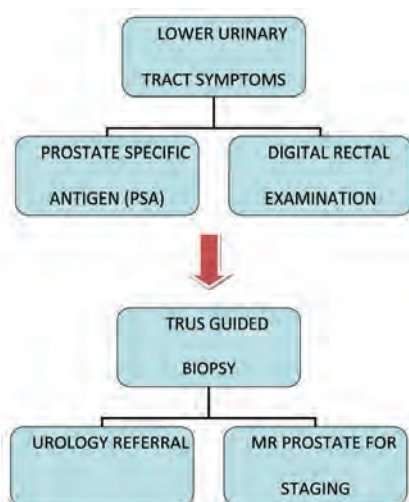
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The Changing Face Of Prostate Imaging

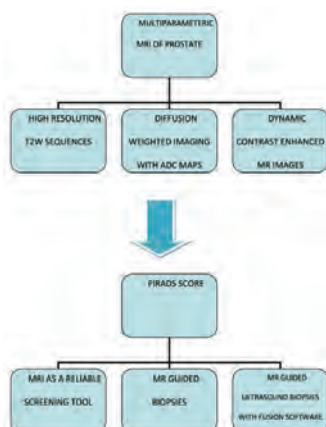
Conventional Evaluation Of A Patient Suspected Of Having Prostate Cancer



Shortcomings Of The Traditional Approach

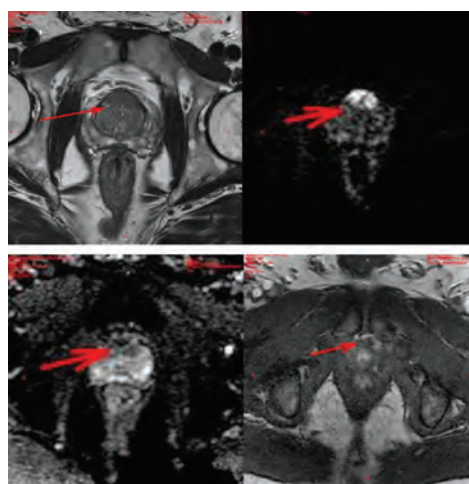
1. Low positive predictive value of DRE (digital rectal examination).
2. PSA levels correlate with cancer risk but no threshold provides with an acceptable combination of sensitivity and specificity. Up to 32% of men with positive biopsies have PSA levels lower than 4ng/ml and up to 79% of men with PSA serum levels higher than 4.1 ng/ml do not have prostate cancer.
3. Systematic random TRUS-guided biopsies sample only a small fraction of the prostate and are known to give false-negative results in a significant number of patients, often requiring repeated biopsy procedures, which are associated with discomfort and potential morbidity.

Emerging Techniques In Evaluation



Prostate Cancer Evidence-Based Practice

1. Development of prostate MR imaging is an ongoing process that includes both technical and clinical aspects.
2. MRI at 3.0 T provides images with higher signal-to-noise ratios and this increase in signal-to-noise ratio removes the need for the endorectal coil, leading to better patient acceptance and lower costs.
3. The recently proposed ESUR Prostate MR Guidelines and the PI-RADS scoring system represent a landmark step toward universal standards in prostate cancer detection and evaluation.
4. Anatomic high-resolution T2W imaging also correlates with tumour aggressiveness. Wang and colleagues showed that the tumor-to-muscle signal intensity ratio on the T2W images in the peripheral zone has an inverse correlation with the Gleason score. Thus, lower signal intensity on the T2W images means a more undifferentiated tumour Wang L, Mazaheri Y, Zhang J, et al. Radiology 2008;246(1):168–76.
5. A good correlation was recently demonstrated between washout gradient and the Gleason grade. In a study of 56 patients, using prostatectomy specimens as the reference standard, Hambrock and colleagues demonstrated that ADC can discern low-grade from combined intermediate-grade and high-grade lesions with an AUC of 0.90. Radiology 2011;259(2):453–61.
6. Recent study compared the performance of systematic and mpMR imaging/TRUS fusion-targeted biopsies in 195 patients with a previous negative transrectal biopsy and reported that none of the high-grade tumours were missed by targeted biopsies whereas approximately half were not detected by systematic biopsies. Vourganti S, Rastinehad A, Yerram NK, et al. J Urol 2012;188(6):2152–7.



T2W, DWI, ADC MAPS and Post Contrast images show a mitotic lesion in the anterior aspect of the Prostate gland, which would be easily missed on DRE/TRUS Biopsy/Staging MR protocol. Multiparametric MR could act as a screening and staging tool in this case and guide biopsies to the appropriate area.

This guy has been looking at women's legs for the last sixteen years ...



If your patients come to see you with uncomfortable, painful or unsightly veins, Dr Karl Schulze at Sunshine Vascular can provide a full range of treatment options tailored to suit their lifestyle and get their legs back to looking their best, alleviate their symptoms and prevent further problems. Treatment options include:

SCLEROTHERAPY for spider veins and small varicose veins.

EVTA (Endovenous Thermal Ablation) using the latest radiofrequency technology.

VEIN SURGERY which remains an effective option for some people.

Sunshine Vascular Imaging can provide a comprehensive venous assessment to diagnose venous incompetence and help determine the most appropriate varicose vein treatment. All investigations are bulk billed.

Trust your patient's legs to a qualified and experienced Vascular Surgical Specialist. Contact Dr Schulze and the team today on 5453 4322 or visit www.sunshinevascular.com.au



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Medical Suite 11, 3 Doherty Street, Birtinya QLD 4575

Noosa Clinic
Ochre Health Medical Centre, 24 Sunshine Beach Road, Noosa Heads QLD 4567



Do you have your fixed business costs covered?



The majority of medical professionals are aware of the importance of Income Protection (IP) and have the relevant policy in force, however; there is only a small portion that have their fixed business costs covered.

Business Expense Insurance (BEX) is a policy designed to replace up to 100% of eligible fixed business expenses such as rent, medical leasing equipment, interest on business loans, administration staff, medical professional fees etc.

The policy works similar to IP in that it provides a monthly benefit to cover ongoing costs, however with IP you are insuring up to 75% of your gross income and with BEX you are insuring up to 100% of eligible fixed costs. You are able to have both policies and in the event of a claim they do not offset each other.

BEX policies are generally a lot cheaper compared to IP policies but that is because the benefit period is shorter and there is generally less bells and whistles in the policy. The waiting periods are similar in that you can have 14, 30, 60 and sometimes 90 day waiting period options but with all BEX policies they will only pay for up to 12 months benefit for any one ongoing claim. This is opposed to IP policies where you can have up to "age 70" benefit periods. The theory behind only being covered for 12 months is due to the fact that from a practical sense after 12 months you would either be well enough to go back to work or you would sell/exit the business as an ongoing concern. Also, a lot of fixed business expenses are worked on a 12 month basis hence the policy is designed to cover them for this period.

If you are self-employed or in an arrangement where you are responsible for a percentage of fixed ongoing service fees, it is important to consider BEX so that in the event of a claim you are not using your IP benefit to try and cover your personal living needs in addition to ongoing business needs.

The majority of retail insurers offer BEX cover but not all of them meet our recommendations from a product, definition and features perspective. One of the biggest issues with some BEX policies is that some insurers include a sneaky clause which offsets any ongoing profit to the monthly benefit. Hence, if you have a practice with other doctors and there is an ongoing profit, this profit can reduce your monthly benefit. These policies do not meet our recommended list and being a medical professional you also need a flexible policy that covers both total and partial disability along with specific wording relating to blood borne diseases.

BEX policies are tax deductible like IP but they should generally be paid and claimed by the operating business entity. From a structuring perspective BEX cannot be held or paid from a superannuation environment.

If you would like any further information or would like to arrange a quote please contact Hayden White and Poole Group Accountants & Investment Advisers on 07 5437 9900 or hwhite@poolegroup.com.au

This is general advice as each individual situation may vary so please call us to discuss.

MEDICAL MOTORING

with Dr Clive Fraser

“Girls Just Want To Have Fun”

Women in Sport ...



Once every four years a host city puts on the biggest show on Earth.

This year the world has seen the 2016 Rio Olympics come and go.

As usual these games were not free of controversy with doubts about security, venue preparedness, mosquito-borne diseases, systemic doping scandals and even a stoush about the reporting of female athletes.

It seems that women in sport may find that journalistic reporting will focus too heavily on what they wear and how they look rather than on their performance as athletes.

All of this in a town which hosts an annual Carnival where many female participants are baring more flesh than an Olympic swimmer.

Closer to home I've just been to a much smaller show in Brisbane called “The Ekka”, hosted for the 139th time by the Royal National Agricultural and Industrial Association.



I love going to “The Ekka”. There are no metal detectors and no security on the gate and where else in a big city do you get to see wood chopping, so many animals, so much embroidery and so many elaborately iced cakes.

I remember as a child seeing a man shot out of a cannon in the arena (see below) and every year forever there was the Holden Precision Driving Team.

Monaros and then Commodores would race around the track barely touching, because they were.

In later years one extra vehicle would circuit on two wheels, but please don't try to do this at home.

The Ekka was also a place where innovations would be show-cased.

This year they had a Tesla Model S.

Apparently, there are 115 other Model S's on the road in Queensland, but I haven't seen one and I certainly haven't heard one yet.

While \$111,196 will get you a basic Tesla Model S 60, the variant on display at The Ekka was the P90D for \$245,387 fully optioned.

For that money you get the \$15,000 Ludicrous Speed Upgrade which is exactly what it says.

This vehicle will take the occupants from 0-100km/h in 3.3 seconds.

That's less time that it takes to say our Prime Minister's name.

So a trip to The Ekka is always memorable.

But for me the best memory from the 2016 Brisbane Exhibition was seeing 21 year old Renee Gracie in the Hot Wheels V8 Commodore ute drifting around the speedway track.

Readers will remember that in 2015 Ms Gracie and fellow driver Simona de Silvestro were an all-girl team at the Bathurst 1000.



29 other women had run the race previously, but at only 20 years of age Ms Gracie was pushing the boundaries of both age and gender.

MEDICAL MOTORING / cont:

Less memorable was David Reynold's sexist comment which earned him a \$25,000 fine and for which he quickly and unreservedly apologized.

Ms Gracie did have the misfortune of running into a concrete barrier during the 2015 race, but the all-girl team never gave up and they did finish the race.

Sure they qualified second slowest (3.5 seconds off the pace) and finished last, but none of that matters because they beat the sceptics, including Dick Johnson who said they were only a "million to one" chance of actually finishing the race.

Ms Gracie retorted that, "Dick Johnson hasn't finished heaps of races so he can't talk".

Well done Renee! Simona and you were both winners in my mind.

Thank you also so much for staying back at The Ekka to sign autographs for your legion of female (and male fans), including yours truly.

An enduring memory for me will be how much inspiration you gave to so many young girls who were at The Ekka that night.

Safe driving,

Doctor Clive Fraser

PS Arena: Early 17th century: from Latin *harena*, *arena* 'sand, sand-strewn place of combat'. Roman amphitheatres, used for staging gladiatorial combats and other violent spectacles, were strewn with sand to soak up the blood spilled by the wounded and dead combatants. The word for 'sand' in Latin was *harena* or *arena*, and after a time this came to be applied to the whole amphitheatre.

Source: www.oxforddictionaries.com



Renee Gracie



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This is Dr Wayne Herdy's car! Wayne is registered to participate in the 2016 Variety Bash!

Cars have to be over 30 years old! Wayne has bought a 1986 Mercedes Benz 280SE (cost \$800) and his co-driver Keith Beard has been working to get it roadworthy and registered.

The 2016 Bash will start in Warwick on Friday 30 September and finish in Bathurst on Saturday 8 October, the day of the big race. Wayne would love your donations for this worthy cause - his goal is \$8,500 and his tally to date is \$4,727.46

Check out the list of donations so far and add yours - easy to do by going to

<https://2016varietybash.everydayhero.com/au/wayne>

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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.

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Noosa Private Hospital
Pav A, 111 Goodchap St
Ph: 5430 5200

THE SUNSHINE COAST PRIVATE HOSPITAL
**WOMEN'S HEALTH
CONFERENCE 2016**

**BOOK
NOW**



Saturday 29 October
8am – 5.15pm

Mantra Mooloolaba, Venning St, Mooloolaba

Get the latest updates on women's health from your local specialists

Program

Physical wellness and menopause	Dr Bev Powell <i>Consultant Gynaecologist</i>
An update on urogynaecology	Dr Peta Higgs <i>Consultant Urogynaecologist</i>
Mental illness and menopause	Dr Fionnuala Dunne <i>Consultant Psychiatrist</i>
Management options for the women with atrial fibrillation	Dr Alana Harris <i>Consultant Cardiologist</i>
Controversies in breast screening	Dr Emma Secomb <i>Consultant General Surgeon</i>
Infectious diseases in pregnancy	Dr Nerida Flannery <i>Consultant Obstetrician & Gynaecologist</i>

40 Category 1 QI&CPD points approved

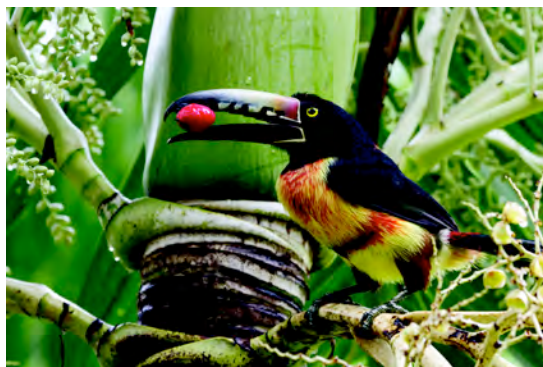
**Online registrations can be completed by visiting
sunshinecoasthospital.com.au/gpeducation
or emailing raelene.davies@uhealth.com.au**

Cost Rica's Caribbean Coast – A Rustic, Heavenly Beauty

The Caribbean Coast of Costa Rica is just as enchanting as its Pacific coastline. With sunny, humid weather, serene beaches, extraordinary wildlife, and mysterious cloud forests, Costa Rica has is a magnificent place to visit. From fascinating sight of nestling turtles of Tortuguero, rafting in Rio Pacuare, and scuba diving in the coral reefs to relaxing at the black-sand beaches or, savouring its exotic cuisine, especially, *rondón* –the spicy seafood gumbo, Costa Rica's will create a memory worth remembering for the lifetime.

Marine Adventure

Costa Rica's marine world is teeming with spine-tingling variety of life.



1. **Playa Ostional:** Watch thousands of sea turtles paddle through the fine, white, sandy beach. Enjoy the delightful sight of these turtles lay zillions of ping-pong-ball-sized eggs at these gatherings, known as the *arribadas*.
2. **Cahuita National Park:** The marine reserve is where you can have the best snorkeling experience. Explore the beauty of the marine world– gorgeous coral reefs, shiny lobsters, nurse sharks, twirling octopi and over 100 species of fish. Also, discover the nearby 18th century slave ship that was once on its way to Limón.

Pristine Beaches and More!

1. **Cacao Trails:** Seated between Cahuita and Puerto Viejo de Talamanca in Hone Creek, the Cacao Trails is home to a lush botanical garden blossoming with heliconias and bromeliads, as well as chocolate museum where cacao is processed. You can also drop by the proximate small museums, which showcase the unique Afro-Caribbean culture. Explore the area by kayaking on the nearby Río Carbón.
2. **Playa Negra:** This long, black-sand beach maintained to the highest ecological standards is Cahuita's must-visit peaceful spot for swimming, and if you are a novice-surfer, it's an excellent choice for your exciting beach break!
3. **Studio of Fran Vázquez:** All you artsy folks can drop by this studio of a self-taught folk painter whose vibrant landscape acrylic paintings are immensely popular.
4. **Refugio Nacional de Vida Silvestre Gandoca-Manzanillo:** Called Regama, in short, the wildlife refuge is mainly composed of lush rainforest which is home to exotic flora and fauna. **Pantano Punta Mona** – an extensive swamp – has copious holillo palms, sajo trees and is a haven for waterfowls. Caribbean Costa Rica's only red mangrove swamp can also be visited in this refuge. The calm, unspoiled white sand beach of the area has a charming allure. This area is indeed nature-lovers' paradise!
5. **Puerto Viejo de Talamanca:** A popular seaside destination, Puerto Viejo is lively not just for its spectacular beaches, but also for the mouthwatering Caribbean cuisine. Savour the Caribbean delicacies at Restaurante Elena Brown. Go diving, snorkeling, kayaking, mountain biking, boogie boarding or, insane surfing at the famed **Salsa Brava Beach**.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Tanzania.

- A guided tour to Playa Ostional's wildlife refuge during an *arribada*
- Trip to the Cahuita National Park, and snorkeling opportunity to explore the underwater creatures
- Trip to the Cacao Trails, which includes the garden, museums, the proximate organic farm and Río Carbón
- Guided hiking of the Regama reserve with an overnight tent stay
- Trip to Puerto Viejo de Talamanca's beaches

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Our Dietitian can help your patients to:

- Understand the relationship between the food that you eat and your health
- Understand the link between your diet and managing certain diseases

Special interest areas include:

Cardiovascular Disease | Weight Loss & Weight Gain | Gastrointestinal Issues
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With a passion for food and a healthy lifestyle, Sophie can help her patients achieve health and wellbeing goals by providing individualised, evidence-based dietary advice.



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New Trauma Recovery Program for Veterans

The Sunshine Coast Private Hospital
at Buderim

The Sunshine Coast Private Hospital now offers an intensive program to help guide veterans through the trauma recovery process.

Covering topics such as anxiety, depression, anger, addiction and sleep disorders, the program aims to provide veterans with:

- A clear understanding of post traumatic stress disorder and its impact, as well as factors that maintain trauma
- The opportunity to learn how to use cognitive behavioural therapy to overcome trauma
- Assistance to prepare a relapse prevention plan

Patients are now being accepted and do not require a specialist referral. Send your referral via Medical Objects or fax to 5452 0671.



Cooinda Mental Health Service
12 Elsa Wilson Drive
Buderim QLD 4556

T: 1300 780 413 F: 5452 0671
sunshinecoasthospital.com.au/cooinda
cooinda.ptsd@uhealth.com.au





blindness and low vision services

Specialised vision loss support on the Sunshine Coast



Vision impairment can affect people of all ages. Major causes of vision impairment include stroke, diabetic retinopathy, glaucoma and age-related macular degeneration. Approximately two thirds of people who are vision impaired are over the age of 65.

Vision impairment can dramatically impact a person's life. But with the right support and advice people can continue to do the things they enjoy and remain independent.

We have a local support centre in **Maroochydore** with expert staff to support people living on the Sunshine Coast.

Vision Australia is a for-purpose organisation. We take a person-centred approach to the delivery of disability services for people with vision impairment to help them participate in all aspects of life.

A range of specialised vision loss services are available, including:

- Early childhood intervention
- Assisting school aged children to access the curriculum
- Falls prevention
- Home safety and independence
- Assistive technology training and equipment
- Vision loss support for people with chronic disease such as diabetes
- Neuro-mobility, including post acquired brain injury, stroke or multiple sclerosis.
- Expert advice and support to navigate the NDIS and My Aged Care funding systems.

"I have bilateral macular dystrophy, a degenerative condition of the retina. So I only have patches of vision."

"I would recommend that anyone who has a patient with vision loss sends them Vision Australia's way to get the support they need to live well with vision loss. The team at Vision Australia are always extremely friendly and helpful. With their advice on magnifiers I will soon be back reading the books I love."

Lionel, aged 64, Sunshine Coast resident.

Come and meet the local team

Visit us at 19 George Street, Maroochydore, to discover all that we have to offer.

How to refer your patients to Vision Australia

Phone: 5409 2200

Fax: 1300 84 73 29

Email: referrals@visionaustralia.org

Online: www.visionaustralia.org



Have you recently been diagnosed with a Chronic Pain Condition?

If you suspect you have **Complex Regional Pain Syndrome (CRPS)**, or have been diagnosed with CRPS within the past 6 months, you may qualify for the **CREATE-1 Clinical Study**. The study is for an investigational medication that may help improve CRPS symptoms.

To learn more, please contact:

Catherine Bell
Sunshine Coast Clinical Research
5447 4777
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CREATE-1
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 Website : <http://www.ama.com.au/>



‘NAURU FILES’ EXPOSE NEED FOR INDEPENDENT ASSESSMENT OF HEALTH OF ASYLUM SEEKERS

AMA President, Dr Michael Gannon, said today that the AMA wants independent investigation and assessment of health and living conditions for asylum seekers in offshore detention, following damning reports published in *The Guardian*.

Dr Gannon said that the reports of abuse, trauma, self-harm, sexual assault, inadequate health services, and deplorable living conditions for asylum seekers, especially children, demand urgent action from the Government.

“These disturbing reports echo long-held concerns by the AMA about the lack of proper physical and mental health care being provided to people in immigration detention,” Dr Gannon said.

“The reports detail high levels of trauma and mental illness, especially in children being detained on Nauru.

“Having children in detention is harmful - it causes physical, psychological, emotional, and developmental harms.

“The AMA has called for all children to be removed from detention facilities and placed into the community, where they can be properly cared for.”

Dr Gannon said that the AMA regularly receives reports from asylum seekers and their advocates – from within and outside the medical profession – detailing failures to provide proper physical and mental health treatment and services for asylum seekers.

“The AMA believes doctors must be able to speak out on these issues without fear of retribution or prosecution.

“We need greater transparency and we need more clinical input to policies regarding the health of asylum seekers.”

The AMA wants the Government to establish a transparent, national statutory body of clinical experts, independent of Government, with the power to investigate and report to the Parliament on the health and welfare of asylum seekers and refugees in Australia and in offshore detention.

“The AMA’s position is clear - people who are seeking, or who have been granted, asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay,” Dr Gannon said.

“Asylum seekers and refugees under the protection of the Australian Government should be treated with compassion, respect, and dignity.”

10 August 2016

CONTACT: John Flannery

02 6270 5477 / 0419 494 761

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: <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)		DELIVERY OPTIONS?
Full-time ordinary members - GP and Specialist		\$ 77	<input type="checkbox"/>	Your Monthly Invitation?
Doctor spouse of full-time ordinary member		\$ 33	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Absentee or non-resident doctors		\$ 33	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Part-time ordinary members (less than 10 hours per week)		\$ 33	<input type="checkbox"/>	By Post? <input type="checkbox"/>
Non-practising ordinary members, under 60 years old		\$ 33	<input type="checkbox"/>	Your Monthly Newsletter?
Residents & Doctors in Training		Free	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Non-practising ordinary members, over 60 years old		Free	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Patron and honorary members		Free	<input type="checkbox"/>	By Post? <input type="checkbox"/>
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.				

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 23 JUNE 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 28 July 2016)**

Attendance: Drs Di Minuskin, Wayne Herdy, Peter Ruscoe, Scott Masters, Mark de Wet, Marcel Knesl and Nigel Sommerfeld and Jo Bourke (Observer).

Apologies: Drs Jenny Grew, Kirsten Hoyle, Jeremy Long, Mason Stevenson and Jon Harper.

Minutes of last meeting: 26 May 2016 (*To be accepted*).

Moved: Peter Ruscoe. Seconded: Di Minuskin. Passed.

Business arising from Minutes.

Further discussion about proposed donations to charities.

Motion: *'that the LMA authorise Wayne Herdy to expend up to \$2,600 to purchase a Nikki pump (syringe driver) for Cittamani and up to \$2,600 to purchase a number of swags and a washing machine for The Shack.*

Moved: Peter Ruscoe. Seconded: Di Minuskin. Carried.

President's Report: *Dr Di Minuskin*

- Planned further meeting to discuss the proposed Urgent Care Centre at Caloundra to commence when the DEM transfers to the SCUH;
- President SCLMA has been invited to chair a committee comprised of Caloundra GPs, SCHHS, PHN, RACGP and clinician from the current DEM.
- Meeting with Prof Kim Grieves next week to discuss research and data sharing opportunities between general practice and the hospital;
- Also further meeting of the Integrative Care Alliance next week. Have not yet heard whether successful application for funds from the state government Integrative Care Fund.

Vice President's Report : *Dr Wayne Herdy*

- Although the surveys are saying that health is a number one issue for voters, the media and politicians are focussing on the economy, housing affordability and jobs.
- Only brief debate has been held around Medicare freezing or Medicare privatisation.

Secretary's Report: *Dr Jenny Grew – Apology.*

Correspondence In:

- Scott Masters – re gender specific advertisements in the SCLMA newsletter

Correspondence Out:

- Di Minuskin – response re gender specific advertisements.

Business arising from Correspondence: Nil.

Treasurer's Report : *Dr Peter Ruscoe*

(a) Accounts to be paid:

- Australia Post – May 2016 Account
- Jo Bourke – Secretariat May 2016
- Jo Bourke – Adobe CC subscription May 2016
- Snap Printing – Newsletter June 2016
- Jo Bourke – Newsletter June 2016
- Surfair – deposit for social function 2016

Peter Ruscoe moved that the accounts as presented be approved for payment:

Seconded: Marcel Knesl. Carried.

(b) Membership Report:

- Dr Rachelle Smyth (General Practice)

Peter Ruscoe moved that the membership application be approved.

Seconded: Wayne Herdy. Carried.

AMAA Councillor's Report: *Dr Wayne Herdy (as per his Vice President's report)*

Meetings Convenor Report: *Dr Scott Masters*

- Yearly social function – 'Christmas in August' – Saturday, 13 August, Surf Air, Marcoola. Mark your diaries.
- November meeting to include speaker from OHA.

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

PHN Country to Coast Report: *Dr Jon Harper – Apology. (Report tabled).*

- The PHN has signed the Health Pathways contract and will soon begin an awareness campaign for all clinicians working in the region. GPs and specialists will be invited to assist in the localisation of these clinical decision tools.

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 23 JUNE 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:
(Accepted at Committee Meeting 28 July 2016)**

- Part of the work includes the creation of a reliable clinical service directory. This will involve the PHN working to improve the National Health Service Directory (NHSD) and educating local clinicians to update their information on the NHSD.
 - The applications for Queensland Health Integrated Care Innovation Fund (ICIF) are being reviewed and we have already received a favourable preliminary response for one application. Final decisions will be made in July for programs to begin in August.
- for approval at next meeting;
- Members are invited to give consideration to joining or re-joining as committee members before the next AGM to be held 25 August.

Meeting Close: 1845.

Dr Wayne Herdy, Acting Secretary

Next meeting:

28 July 2016 Maroochydore Surf Club.

General Business:

- Renewals of Agreements – J Bourke and C Hawkins. To be forwarded to committee members



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 TIME



Financial Planning explained by an Irishman in the Outback.

Paddy bought a camel from a farmer for \$100.

The farmer agreed to deliver the camel the next day.

In the morning he drove up and said, 'Sorry son, but I have some bad news. The camel's died.'

Paddy replied, 'Well just give me my money back then.'

The farmer said, 'Can't do that. I've already spent it.'

Paddy said, 'OK then, just bring me the dead camel.'

The farmer asked, 'What are you going to do with him?'

Paddy said, 'I'm going to raffle him off.'

The farmer said, 'You can't raffle a dead camel!'

Paddy said, 'Sure I can. Watch me. I just won't tell anybody he's dead.'

A month later, the farmer met up with Paddy and asked, 'What happened with that dead camel?'

Paddy said, 'I raffled him off.'

I sold 500 tickets at \$2 each and made a profit of \$898'

The farmer said, 'Didn't anyone complain?'

Paddy said, 'Just the guy who won. So I gave him his \$2 back.'

MURPHY'S LESSER KNOWN LAWS

1. Light travels faster than sound. This is why some people appear bright until you hear them speak.
2. A fine is a tax for doing wrong. A tax is a fine for doing well.
3. He who laughs last, thinks slowest.
4. A day without sunshine is like, well, night.
5. Change is inevitable, except from a vending machine.
6. Those who live by the sword get shot by those who don't.
7. Nothing is foolproof to a sufficiently talented fool.
8. The 50-50-90 rule: Anytime you have a 50-50 chance of getting something right, there's a 90% probability you'll get it wrong.
9. If the shoe fits, get another one just like it.
10. The things that come to those who wait may be the things left by those who got there first.
11. Give a man a fish and he will eat for a day. Teach a man to fish and he will sit in a boat all day drinking beer.
12. Flashlight: A case for holding dead batteries.
13. God gave you toes as a device for finding furniture in the dark.
14. When you go into court, you are putting yourself in the hands of twelve people who weren't smart enough to get out of jury duty.

Subject: The morality of dishonesty

Robbers entered a bank in a small town.

One of them shouted: "Don't move! The money belongs to the bank. Your lives belong to you .

Immediately all the people in the bank lay on the floor quietly and without panic.

This is an example of how the correct wording of a sentence can make everyone change their view of the world.

One woman lay on the floor in a provocative manner.

The robber approached her saying, " Mam, this is a robbery not a rape. Please behave accordingly."

This is an example of how to behave professionally, and focus on the goal.

While running from the bank the youngest robber, who had a college degree, said to the oldest robber, who had barely finished elementary school: "Hey, maybe we should count how much we stole. ? The older man replied:

"Don't be stupid. It's a lot of money so let's wait for the news on TV to find out how much money was taken from the bank."

This is an example of how life experience is more important than a degree.

After the robbery, the manager of the bank said to his accountant: "Let's call the cops and tell them how much has been stolen. .

"Wait, said the Accountant, "before we do that, let's add the \$800,000 we took for ourselves a few months ago and just say that it was stolen as part of today's robbery."

This is an example of taking advantage of an opportunity.

The following day it was reported in the news that the bank was robbed of \$3 million. The robbers then counted the money, but they found only \$1 million so they started to grumble.

"We risked our lives for \$1 million, while the bank's management robbed two million dollars without blinking?

Maybe it's better to learn how to work the system, instead of being a simple robber."

This is an example of how knowledge can be more useful than power.

Moral: Give a person a gun, and he can rob a bank. Give a person a bank, and he can rob everyone.

This page is the most difficult to complete!

It's hard to find humour that is not controversial!

*If you have any good jokes to share,
please, please email to jobo@squirrel.com.au*

CLASSIFIEDS

VRGP MOOLOOLABA

Busy, not for profit clinic is seeking a VR GP to work with a supportive and relaxed team of GPs and nurses offering family planning services

- In Mooloolaba. Hourly rate, work at your own pace with no particular number of clients to be seen per hour. Fully computerised using Best Practice software.
- Work as many or as few hours as you like. Would suit a semi-retired GP or a GP with young children who would appreciate flexibility.
- No after hours or weekend work (unless you want to). The opportunity also exists to be involved in decision making and goal setting for the clinic.

Please contact Wendy Stephenson on 5444 8077 or 0416 938 040 or E: womenshealthcare@bigpond.com

August 2016

GP REQUIRED - O&G PRACTICE - BUDERIM

Excellent opportunity for a GP to join our Integrated Women's Health Practice located in Buderim on the beautiful Sunshine Coast Queensland.

We are looking for a full time or part time VR or Non VR GP to join our well established practice.

- Private Billing
- No weekends
- No after hours
- Remuneration negotiable

For further information please contact Dr Dana Moisuc or Danielle Evans, Practice Manager **Ph: 07 5478 3533**

Email: reception@danamoisuc.com.au

July 2016

POSITION VACANT - CALOUNDRA SKIN CLINIC

Non-corporate practice established in 2003

- Private billing
- Remuneration by negotiation
- Full time or part time
- Friendly supportive team including nursing support
- Modern premises with three consultation rooms, treatment room and OT
- We are in an area of Work Force Shortage
- You will need to be experienced in Skin Cancer Medicine and preferably be Skin Cancer College accredited or studying towards same. Mentorship towards Diploma and fellowship is available.
- Principal is a Fellow of the Skin Cancer College Australasia

Dr Alex Morgan 075492 6333(W) 075443 2610(H) after hours Email : tk1doc@gmail.com

July 2016

GP VACANCY – MEDICINE ON SECOND

Opportunity exists for 2 VR GPs, full time and part time hours available.

- Busy, fully accredited and computerised practice with a team of Nursing and Reception support staff.
- Fully equipped treatment room, Pathology on site, and pharmacy next door.

Please contact: judy@medicineonsecond.com.au

June 2016

DR PETER GEORGIUS

To better service southern areas of the coast, Dr Peter Georgius, Pain Specialist and Rehabilitation Physician, is now seeing patients at Suite 16, Sunshine Coast University Private Hospital.

All correspondence to go to Noosa Heads rooms.

Medical Objects preferred.

Suite 4 Noosa Central

6 Bottlebrush Ave Noosa Heads 4567

Phone: 5447 2144 Fax: 5447 2322

June 2016

SUNSHINE COAST BREAST CLINIC AT BUDERIM- SENIOR MEDICAL OFFICERS

The Sunshine Coast Private Hospital at Buderim seeks expressions of interest from experienced Medical Practitioners or Breast Physicians for permanent part-time or casual sessions in our state-of-the-art Breast Clinic.

- Duties will depend upon the SMO's experience and qualifications, but will include clinical history and examination, interpretation of results, liaison with referring practitioners, and referral for treatment. Percutaneous biopsy and image interpretation may be offered to suitably trained or interested candidates.

For further information regarding this position, please contact the Breast Clinic Director on **(07) 5452 0500**.

To apply for this opportunity, please go to:

<https://uhealth.mercury.com.au/> and enter the reference number – 11386.

June 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.wrhc@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: 5479 3979 or 0407 037 112 Email: jobo@squirrel.com.au

SCLMA CLINICAL MEETING - 28 JULY 2016

Maroochydore Surf Club Function Room, Maroochydore

Speakers: Dr Ali Sharafi, Endocrinologist, ('Unmet Need in Obesity Management as a Chronic Disease')

Drs James Askew & Garth McLeod, General & Bariatric Surgeons ('The Obesity Epidemic')



Pam Bull SCU-GP Liaison with
Vanessa Coman, Exercise Psychologist



Presenters: Drs Garth McLeod and James Askew,
General and Bariatric Surgeons

Please note: The September meeting will change to the third Thursday of the month to avoid school holidays. Thursday 15th September, Maroochydore Surf Club.



Left: Sponsor, Lindsay Stewart from National Home Doctor Service



Right Sponsor Shane Harvey from Medtronic with SCLMA member, Dr Drago Popovic.

Check out the September Newsletter for photos from our successful mid-Winter Christmas at Surfar, Marcoola. They will also be uploaded to the SCLMA website:

