



SCLMA President's Message

Dr Roger Faint

For those of you who don't know, I have been honoured by being voted in for my second year as SCLMA President at the recent AGM. I appreciate the confidence shown in me by the committee and SCLMA members and look forward to another year of representing the medical profession on the Sunshine Coast.

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

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

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

Last Thursday's clinical meeting was sponsored by Radiation Oncology Centres (ROC) and included a particularly interesting presentation by radiation-oncologist and committee member Dr Marcel Knesl. I would like to thank ROC for allowing Professor Scott Kitchener to speak on the Griffith University Rural

program and for giving us some insight in the medical school process. Professor Kitchener is a rural GP with a wealth of knowledge in terms of university education process and the related machinations of government. Thank you Scott.

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

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

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

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

Yours Sincerely

Dr Roger K Faint.



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



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NEWSLETTER
Deadline Date
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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!

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

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

Directory form available on the website.



Editorial

"This month's edition of the Sunshine Coast LMA newsletter contains many articles that encircle mental health issues.



The PHN apprises of plans to continue mental health support services and care for patients as we transition towards an NDIS.

The AMA Queensland informs of a new mental health programme for Queensland interns called Resilience on the Run.

Even the Poole Group, who normally acquaint us with matters financial, examines the Electronic Society and touches on the potential deleterious mental health concerns related to computer and mobile phone use.

I am reminded of a speech that Berkshire Hathaway Vice Chairman, Charlie Munger, delivered to the 1986 Harvard School. He expanded on an earlier oration recited by American comedian Johnny Carson who admitted he did not know how to advise the students on how to be happy in life so he instead expounded on how to guarantee life misery! Carson had advised the audience to ingest chemicals in an effort to alter mood and perception, to be envious and to harbour resentment. Munger reiterated the three points of advice and added four more of his own. To pledge misery, he championed them to be unreliable, admonished them to ignore vicarious wisdom, directed them to stay down when knocked down and advised them to ignore the Rustic's advice when he said, "I wish I knew where I was going to die, and then I'd never go there."

So to invert the aforementioned advice, I would endorse the importance of a positive mindset, even in the midst of adversity and turmoil: to view circumstances as enlightening rather than threatening. Charles Dickens' allegorical description of the disruptive state of affairs in 18th century England and France is as relevant today as it was when penned. "It was the best of times, it was the worst of times..."

Stay positive, stay alert and stay nimble..."

Regards

Kirsten Hoyle

HIGHLIGHTS in this issue:

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P 9:	GPLO SCHHS - Dr Michelle Johnston
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P 17:	Dr David McIntosh - Conference
P18:	Dr Ken Wishaw - Astronomy
P 20-21:	SC Radiology - Case study
P 25:	Wine report returns - Dr Plonk
p 27:	Travel - visit Antarctica
P 29:	Membership Application (Note all Registrars' mship is free)
P 34-35:	Classifieds

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

SEPTEMBER - NO MEETING (school holidays)
SCLMA Committee will hold planning meeting.

THURSDAY 26 OCTOBER 2017

Speaker: Dr Jonathan Robertson
Topic: Clinical trial approved at TSCPH at Buderim for Prostate Artery embolisation (PAE) for benign prostatic hypertrophy

Speaker: Dr Chris Vernon
Topic: Summary of lower urinary tract symptoms (LUTS) in men.

Venue: M'dore Surf Club
Sponsor: TBA

THURSDAY 30 NOVEMBER 2017

Details being finalised.

Dr Peter Georgius and rehab team from Selangor.

NO MEETINGS DECEMBER & JANUARY.

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).

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Peta Boyce – The Master Gardener and his apprentices.

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Health Service Link - August 2017

Over seven years ago the health service identified its vision for the then planned Sunshine Coast University Hospital (SCUH). In particular we wanted to be able to state what it meant to be a “university” hospital and a provider of expanding tertiary services. The outcome was the SCUH vision to *provide excellent care through education, collaboration and enquiry*. The vision was further explained through the following objectives to:

- Provide excellent patient care
- Develop new knowledge through research, to contribute to national and international improvements in patient care
- Educate the next generations of staff to provide all three components

All three objectives are equally important and we remain absolutely committed to each of them. They have formed the overarching principles of the Sunshine Coast Health Institute partnership with University of Sunshine Coast, TaFE Queensland East Coast and the medical school. They also guide our approach to medical training positions including specialty trainees.

For this reason we are extremely disappointed with the recent advice from the Australian Orthopaedic Association (AOA) of its intention to withdraw accreditation of two orthopaedic surgeon training places at SCUH effective 5 February 2018.

Following President Roger’s invitation, I take this opportunity to provide some clarification of the issues raised.

The AOA identified the main perceived concerns related to insufficient allocation of theatre time to orthopaedics and insufficient activity. While disappointing, this decision has absolutely no impact on our ability to provide orthopaedic surgery or any other service at the SCUH, either now or from when this decision takes effect. The Sunshine Coast Hospital and Health Service (SCHHS) provides a comprehensive orthopaedic service throughout the Sunshine Coast and Gympie region and the level of service provided at SCUH is no exception.

In early 2017, in the lead up to the opening of SCUH, there was a planned decrease in public elective surgery services across SCHHS. This was a temporary, pre-planned activity, aimed at safeguarding patient safety. It was based on the advice and lessons learned from other major hospital projects. The AOA conducted a visit of the new SCUH shortly after its opening, on 21 April, when the effects of the temporary activity decreases were prominent. The level of activity over the last 2 years since the two positions have been available

has not materially changed and is planned to increase in the 2017/18 financial year. Already additional theatre sessions are available and orthopaedics will shortly be provided, as planned, at Nambour. Activity will increase even further between July and September 2018 when the contract with Sunshine Coast University Private Hospital ceases.



I have sent a letter to Dr Omar Khorshid, Chair of Education and Training with the AOA, seeking review of their decision, through further discussions and have also requested information on the required numbers of cases to support trainee positions. Discussions are continuing and include the Royal Australian College of Surgeons. We will continue to work collaboratively with the AOA to address the issues raised with the aim of avoiding a formal appeal.

SCHHS worked with all colleges well before commencing services at SCUH. Provisional accreditation for all specialities and sub-specialities was provided and plans are in place for reviews during this year if required. One of these reviews occurred on 29 August and the feedback was that there would be no recommendations. Indeed we were encouraged to apply for additional positions as we increase activity and scope of services in 2018. Many specialities will be requesting additional trainee places from 2018.

Despite the provisional accreditation, overall the number of trainees has actually increased since we commissioned SCUH, with advanced trainees increasing from 107 prior to April to 146 and basic trainees increasing from 36 to 53. Importantly new positions have been provided in paediatrics, mental health, pain management and community child health.

I would like to reassure the members of the SCLMA that we consider this trend will continue as will our ongoing commitment to medical training.

Regards

Scott Lisle

Scott.Lisle@health.qld.gov.au

AMA QUEENSLAND

CEO UPDATE - 'Resilience on the Run'

Junior doctors benefit from resilience booster

Hundreds of Queensland hospital interns will benefit from AMA Queensland's unique mental health program, *Resilience on the Run*, thanks to a funding commitment by Queensland Health.

The program was devised by the AMA Queensland Council of Doctors in Training to increase resilience, manage stress and promote wellbeing among junior doctors.

The program has already been successfully introduced at hospitals in Rockhampton, Ipswich and the Metro South health area and will now be made available to 740 interns statewide.

The long hours, pressure to perform and intense scrutiny that come with working in a hospital can all have major impacts on the health and wellbeing of junior doctors.

The campaign to improve the mental wellbeing of doctors saw other major developments in August.

AMA Queensland hosted a suicide prevention forum in Brisbane, bringing together 45 doctors and senior managers from Queensland Health and the private sector to discuss the barriers to better mental health that affect individuals, leaders and the wider health system.

It was a complex discussion, but there was no shortage of ideas on how to address this problem, all of which will be fed into a national suicide prevention forum on September 14.

The focus of AMA Queensland and others on doctors' mental health is also leading to action at a federal level, with the August COAG Health Council requesting the Australian Health Ministers' Advisory Council to conduct a national review of mandatory reporting.

Health ministers agreed that 'doctors should be able to seek treatment for health issues with confidentiality' – an encouraging sign for the profession.

Jane Schmitt

**CEO
AMA Queensland**



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Dr Marcel Knesl

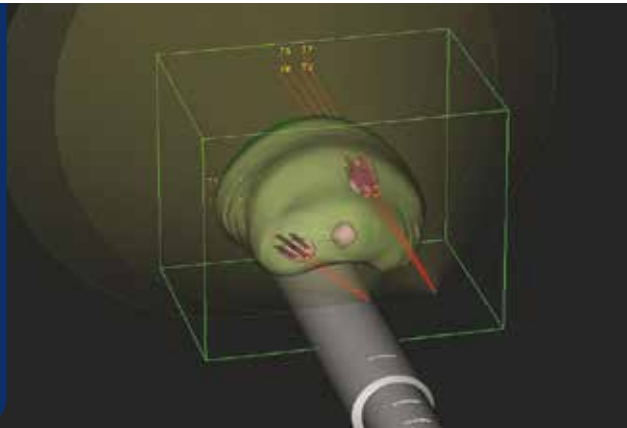
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- Wide-ranging practice
- Particular interest in lymphoma, gastrointestinal, genitourinary and breast malignancies

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Dr. Tony Gianduzzo is proud to introduce **Queensland's first robotic transperineal prostatic biopsy system** – the Mona Lisa BioBot. The service is provided in conjunction with The Sunshine Coast Private Hospital, Buderim.

Robotic targeting provides unsurpassed accuracy during transperineal biopsy of MRI identified prostatic lesions, with extremely low infection risk. The Mona Lisa BioBot imports CAD segmented MRI images and targets, then fuses these with real-time 3-D ultrasound to give accurate lesion positioning. After biopsy planning, the robotic system then gives precise control of the direction and depth of each biopsy core. Biopsies are taken through only two transperineal puncture sites, dramatically reducing the incidence of infective complications compared to classical transrectal biopsy.

MRI-informed robotic targeted transperineal biopsy provides an optimised diagnostic pathway, with more accurate diagnosis and patient risk-stratification. Better diagnosis, grading and staging allows for better treatment choices for patients with clinically significant prostate cancer, while reducing overdiagnosis and overtreatment of insignificant disease.

What about MRI Prostate? The prostate cancer diagnostics service is supported by world-class Radiology. Sunshine Coast Medical Imaging works in conjunction with Wesley Medical Imaging – one of the highest volume units in the world. The group boasts a highly experienced team of radiologists that introduced prostatic MRI to Australia, and were involved in a world-first clinical trial for prostate cancer diagnosis. This published trial has become one of the highest cited papers in all urological literature in the last 2 years.

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MRI is a game-changer in prostate cancer diagnostics, with better detection of significant cancers. When combined with alterations in biopsy techniques, it may also reduce identification of insignificant cancers. Multi-parametric MRI of the prostate (mpMRI) is very difficult to perform and interpret correctly. It requires specialised MRI techniques, specific radiologist training, and urologist clinical input. Even in the best of hands, 10-20% of significant prostate cancers are still MRI invisible. Given the potential for misinterpretation and misunderstanding of this important diagnostic aid, the general radiological and urological view is to refer any patient of concern to a Urologist before performing prostate MRI.

Why Offer PSA Testing? Level 1 evidence shows PSA testing saves lives for men 50-69 (Consensus statement, Prostate Cancer World Congress, Melbourne, 2013), with numbers needed to screen per life saved better than for breast cancer. The main concerns with PSA testing relate to potential downsides of overdiagnosis and overtreatment of insignificant cancer. Recent advances in MRI and biopsy diagnostics, improvements in radical therapies, and surveillance of low-risk cases are working to mitigate these issues. It is important to discuss the pros and cons of reduced death rates and rates of presentations with metastatic disease vs. potential overdiagnosis and overtreatment with patients before embarking on PSA testing.

When to start? 50 years of age. High-risk patients 40-45yo. Men up to 70 years of age are those most likely to benefit from early detection.

HIGH RISK - Family history prostate cancer (especially if <60yo), BRCA or Lynch Syndrome, African ancestry.

When to refer? **PSA >3 (PSA >2 in 40's)** (NCCN Guidelines Version 1.2014 Prostate Cancer Early Detection). Given the complexities and the pros and cons of prostate cancer diagnostics, Urologists are then best placed to further assess and advise patients whether further evaluation is indicated.

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SCHHS GPLO - AUGUST 2017 UPDATE

Since the opening of the Sunshine Coast University hospital in early 2017 the GP Liaison unit has run a number of GP Education events.

These have been extremely popular with record numbers of GPs. They have been keen to see the new hospital, to find out about services and to meet the staff and specialists.

The demand from hospital teams to hold education events has also been high. We are running out of months left in the year so we have decided to run a full Saturday combined education event which will consist of presentations from many of the hospital departments such as Orthopaedics, Vascular surgery, Gynaecology, Gastroenterology Neurology, ENT and Mental Health. Clinical topics will be covered but there will also be a focus on referral pathways and services. Watch this space for more info next month...

It is encouraging to see better relationships and communication continuing to build between the GP and Hospital sectors.

Within the Hospital, the GP Liaison unit is continuing work on referral processes, support, clinical information access, same-day discharge summaries and ACC (Outpatient) letters, as well as innovative ways to reduce the waiting lists!

However, we would like to ensure that we best respond to the needs of our colleagues and improve the patient journey. To help guide our efforts within the SCHHS we would appreciate your feedback. If you have a few minutes to answer the following question we would be grateful.

1) What is the one thing that we could do to better support you and your patients?

Please email your response to the GPLO email below

Important Numbers:

GP Liaison Unit: 5202 3822, GP Liaison Officer 0439 591 731

SCHHS-GPLO-COMMUNICATION@health.qld.gov.au

Central Referral Fax: 5202 0555

Referral Centre GP Hotline 5202 6633

(please **DO NOT** give this number to patients. It is for GPs only and is answered ahead of all other calls)

Dr Michelle Johnston, GPLO

PHN UPDATE - AUGUST 2017

Primary Health Network - Central Queensland, Wide Bay, Sunshine Coast

Mental health services are changing

Central Queensland, Wide Bay, Sunshine Coast PHN would like to keep GPs in the Sunshine Coast and Gympie region informed of changes to mental health services across the area.

The PHN will be working closely with health care professionals and service providers across our catchment in the 2017-18 period to implement the Australian Government's Mental Health Reforms, ensuring that those in need of mental health care services receive the right care, in the right place, at the right time.

This new model of care will be referred to as 'stepped care'. Stepped care is an evidence-based, staged approach to the delivery of mental health services, comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs.

The Mental Health Commission has adopted this approach nationally, and the Australian Government Department of Health has directed PHNs to commission all mental health services under a stepped care model. The PHN for the Central Queensland, Wide Bay, Sunshine Coast region is conducting a competitive tender process to commission the service providers who will deliver these services in the catchment.

All the mental health services that are currently funded under PHN programs will continue to be provided, however the name of the programs, the referral process or the service provider may change in the coming months.

Changes to the mental health care system will affect programs such as the ATAPS program, which will be retired in its current form to pave the way for a more flexible approach to mental health services. Services currently delivered as part of ATAPS will be soon implemented as a range of service options under a stepped care model – from low-intensity through to moderate-intensity services, tailored to the needs of the client. This approach will allow for greater affordability, access and efficiency of services.

Under the stepped care model, Mental Health Care Plans will still exist in their current format. This means GPs will be able to offer allied mental health services to patients with an assessed mental disorder according to MBS eligibility guidelines.

The stepped care model will also offer physicians the opportunity to refer appropriate patients to telehealth services with trained Cognitive Behaviour Therapy (CBT) professionals.

This service is suitable for those in the well-population who may be experiencing behavioural or life stress, those living with low-intensity mental health conditions, and those living in areas with limited access to qualified mental health professionals.

Partners in Recovery (PIR) will continue to provide care coordination for eligible clients with severe and persistent mental ill health. Elements of this program will transition into the NDIS over the next few years. Acute care will still be accessible through Queensland Health community and acute care services.

The priority for the PHN and all service providers is continuity of care for existing clients, and a smooth transition to new service providers.

We ask clinicians to continue to use the PHN's online clinical decision tool, HealthPathways

<http://www.ourphn.org.au/healthpathways/>

will provide advice and information on clinical eligibility and referral pathways. The PHN will also commission a central intake and referral service that will assist people to access the right type of support at the right time.

The PHN website will be continually updated as we work continue to work with service providers across our catchment.

www.ourphn.org.au

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Dr Greg Finch FRACS FAOrthA
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OPEN MONDAY TO FRIDAY 8AM - 5PM

Dr Terry Coyne

Well known Brisbane based neurosurgeon Dr Terry Coyne has been providing neurosurgical services to the Sunshine Coast region for the past 22 years.

Initially consulting at the Sunshine Coast Private Hospital (for many years from the rooms of Dr Russell Bourne, orthopaedic surgeon), Dr Coyne more recently has been consulting out of the rooms of Sunshine Coast Brain & Spine, where the Sunshine Coast's first resident neurosurgeon, Dr Janusz Bonkowski has been providing services since 2013.

With Sunshine Coast Brain & Spine now housing 3 permanent local neurosurgeons - Dr Janusz Bonkowski, Dr Stephen Byrne and Dr Hazem Akil, Dr Coyne is thrilled to see the Sunshine Coast finally receiving the local care it deserves.

As there is now no need for patients to travel to Brisbane for spinal or peripheral nerve surgery, Dr Coyne will discontinue consulting from the Sunshine Coast after October 2017.

Dr Coyne feels privileged to have worked in such a warm tight knit community and thanks everyone for their support throughout his time on the Sunshine Coast.

Dr Coyne remains available to consult in Brisbane, and remains happy to see patients from the Sunshine Coast in Brisbane or participate in Skype consults., particularly for intracranial problems, which can't yet be treated locally on the Sunshine Coast. However referrers and patients can rest assured that patients can receive high quality care for spinal and peripheral nerve conditions without having to travel out of the region.



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31 August 2017

Hon Greg Hunt MP
Federal Minister for Health
PO Box 6022
Parliament House
CANBERRA ACT 2600

Dear Mr Hunt

As President of the Sunshine Coast Local Medical Association Inc., I would like to thank you for supporting the establishment of the Sunshine Coast medical school in association with the Sunshine Coast University Hospital (SCUH).

This has been a popular but difficult and at times confusing process. The SCLMA appreciates the Federal funding and your support to assist Griffith University in establishing a local medical school.

I would like to extend the SCLMA's appreciation and thanks to local federal members Ted O'Brien and Andrew Wallace for their unwavering support regarding this issue.

Yours Sincerely

Dr Roger K Faint
President
Sunshine Coast Local Medical Association Inc.

Cc: Mr Ted O'Brien
Mr Andrew Wallace.



Latest CT Technology is now available at our Maroochydore branch

Sunshine Coast Radiology is dedicated to providing the highest quality radiology services to achieve the best health outcome for our patients. In line with this mission, we are proud to announce our Maroochydore branch is offering a new 160 CT technology.

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Dr Scott McNab
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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.

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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.

Notes from an ENT conference

Dr David McIntosh ENT

At my recent presentation at the SCLMA meeting, it became apparent to me that much of what I was saying seemed foreign and challenging to the paradigm of sleep apnoea management. This was interesting to me as the information I was sharing was something I have been utilising and moderating since 2003, and is reflective of the few ENT surgeons that have training and expertise in adult sleep apnoea operations. For the benefit of those that may find this useful, I am sharing my notes from adult and paediatric sleep apnoea lectures at a big ENT conference that has just been held. The presenters are the top of the best that there are. The information provided is cutting edge- a lot of this hasn't been published yet, so it's a real heads up as to where modern specialist thinking is at. For me it was very rewarding for me to have my personal professional opinions validated by world experts. Much of what they were saying is what I have been saying and implementing for a long time.

Adult OSA

The starting point of sleep apnoea management in adults in making sure that the nose is clear. The main benefits of this outside of sleep apnoea are improving cardiovascular status, as studies have shown an increased chance of pulmonary and systemic hypertension with patients that have a deviated nasal septum. From a specific sleep apnoea perspective, having a clear nose is absolutely essential to either facilitate other treatments or very occasionally deliver a cure.

With respect to the surgical management of palatal level obstruction, many of the older techniques don't work. Palatal implants are definitely not a good idea. There is no role for laser to the palate- Medicare Australia statistics confirm it was popular mid to late 1990's and by 2006 pretty much none were done. In terms of the main palate operations, the modified UPPP and the lateral pharyngoplasty are more robust in their outcomes, and palatal advancement surgery is technically more involved but likewise more successful. Of interest, in the process of doing palate surgery, it is often necessary to combine it with tongue volume reduction surgery (sub mucosal or open) to have a positive clinical benefit.

Tongue surgery for OSA came out in about 2005 (I worked with the first ENT surgeon in Australia to adopt this technique). It works really well, and there are both open or sub-mucosal approaches, depending on the pattern of tongue obstruction. There is now a really good open procedure for tongue base under endoscopic visualisation (which I will be looking to adopt in appropriate patients).

Paediatric Sleep disordered breathing (SDB)

In cases where adenotonsillectomy does not work completely, the tongue base is leading cause of failure. The means of assessing for this are endoscopy or cine-MRI. There is no indication for irradiating imaging as it does not yield any definitive information of benefit to patient management.

The lectures of greatest interest were the one presented by an author of the CHAT study and another by a paediatric sleep physician. The CHAT study was a \$10m USD study looking in to whether we should be doing adenotonsillectomy in children with airway obstruction, or just leave them to outgrow it. Their prime outcome measure was sleep study findings. For those unfamiliar with the study, they found that about 40% of sleep studies in children, based on the apnoea-hypopnea index (AHI) normalised with no intervention within 6 months. However, these normalised sleep study results were not associated with clinical improvements in measures such as cognition or behaviour. The best results in these domains were evident in children that had surgery.

This lecture was a great prelude to a talk by an Australian paediatric sleep physician. As she said, "I am probably going to put myself out of a job here". Her research and professional opinion showed that in children, most of the time you do not need sleep studies. Furthermore in children, sleep studies are very limited in what they tell you. Of greatest importance, and reflective of the CHAT study outcomes, there is no clinical relationship between symptoms or complications of SDB and AHI. The progress is such that AHI is being abandoned in many places and are no longer advocating treating the AHI- just the symptoms. As a consequence of this, many studies using AHI may well be useless, including the CHAT study. The line in the sand is if the child snores and the sooner they are fixed the better.

EXTRA ENT COVER IN SEPTEMBER ...

Dr David McIntosh and Dr Daniel Timperley have arranged extra ENT cover in September to meet the growing demand and wait times for ENT services on the Sunshine Coast. Dr Edward Cleland will be available September 11-29 and we are already taking bookings for him. He is also happy to see emergency cases the same or next day on weekdays and all appointments can be made by calling **5451 0333** or Fax 5451 0300 **or via Medical Objects to David McIntosh**. He offers a general ENT service, so all cases can be seen.

Astronomy scores hole in one

Dr Ken Wishaw

A collaboration between the Maleny Golf Club, the Brisbane Astronomical Society and the Sunshine Coast Council now sees regular stargazing events on the Sunshine Coast.

The organizing team includes retired anaesthetist, Dr Ken Wishaw, and paediatrician Dr John Waugh.

The Golf Club has enthusiastically supported the concept as a perfect partnership and use of their club facilities.

The club house provides kitchen facilities lighting and power and an ideal viewing deck, while the council provides adjacent car parking facilities as well as brand new toilet facilities that have lighting modified to preserve night vision.

Public viewing nights are held each month, and have attracted over 100 people to the events.

On average there are 5 - 10 telescopes at the events.

Details are available at the Facebook site "Sunshine Coast Dark Sky Astronomers (Australia)" or at the Facebook and web site of the Brisbane Astronomical Society.

Ken can be contacted at mobile No. **0412 947 429**



Top Photo:
Dr Ken Wishaw and Dr John Waugh describing the origins and geology of the moon.

Bottom Photo:
Dr John Waugh gives a laser guided tour of the constellation.

Dr Karl Schulze - helping patients with **painful varicose veins** on the Sunshine Coast since 1998



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Change in Seizure pattern

Background

A 20-year-old female presented to her general practitioner with an 8 year history of seizures that have changed in nature and frequency over the last few months. This change was associated with unexplained headaches.

The patient had a prior MRI examination as a child that was reported as normal. The images were not available for review.

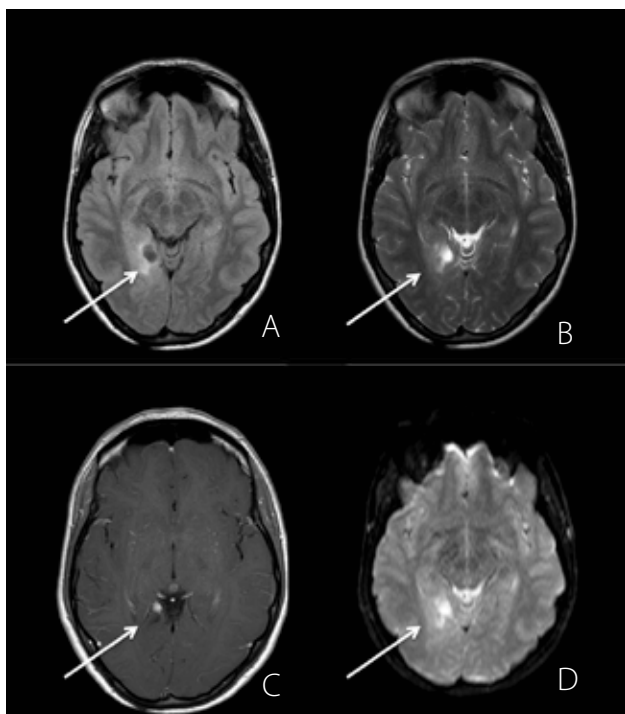


Figure 1: MR Brain Axial Images: FLAIR (A), T2 (B), post-contrast T1 (C) and DWI (D) weighted imaging demonstrating enhancing lesion with cystic component (arrow) involving the medial aspect of the right occipital lobe.

Findings

9mm x 8mm (Axial) x 9mm (Coronal) well circumscribed intra-axial lesion involving the medial right occipital lobe with a 6mm enhancing mural nodule involving the superomedial aspect. It is predominantly T2 hyperintense and T1 hypointense

with restricted diffusion, mild surrounding oedema and thickening of the adjacent cortical grey matter. This likely represents a pilocytic astrocytoma.

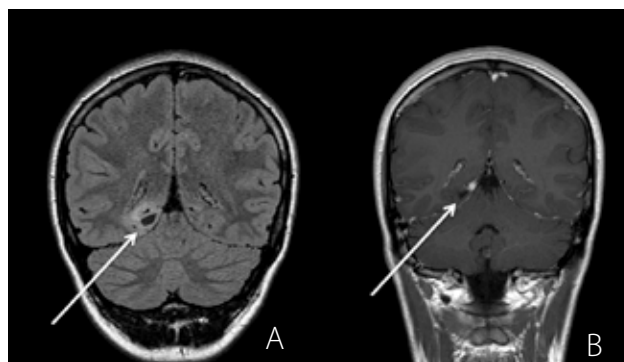


Figure 2: MR Brain Sagittal Images: FLAIR (A) and post-contrast T1 (B) weighted images demonstrating an enhancing mural nodule and small cystic component (arrow).

Pilocytic Astrocytoma

Well-circumscribed, slow-growing tumor of astrocyte lineage, often with a cyst and mural nodule.

Association with neurofibromatosis type 1 (NF1)

- 15% of NF1 patients develop pilocytic astrocytomas, most commonly in optic pathway.
- Up to 1/3 of patients with optic pathway PAs have NF1.

Staging, Grading, & Classification

WHO (World Health Organization) grade I.

Epidemiology

5-10% of all gliomas, the most common primary brain tumor in children (up to 25% of total).

Age: > 80% under 20 years, peak incidence: 5-15 years of age.

Gender: M = F

Location: Cerebellum (60%) > optic nerve/chiasm (25-30%) > adjacent to 3rd ventricle > brainstem.

REFERENCES

STATdx 2014, AMIRSYS Inc, 2005, 2180 South 1300 East, Suite 570 Salt Lake City, UT 84106, viewed 7/3/14. www.statdx.com
Robbins et al, Pathologic Basis of Disease, 6th Edition, 1999, W.B. Saunders Company.



Change in Seizure pattern

Natural History & Prognosis

Slowly growing with any associated mass effect accommodated.

Rarely they spontaneously involute without treatment or after partial resection or biopsy.

Tumor may spread through subarachnoid space in rare cases (but remain WHO grade I).

Median survival rates at 20 years > 70%

Rare reports of malignant features associated with prior radiation therapy.

Presentation

Examination/History

1. Prolonged duration of symptoms on close inquiry: Months to years
2. Headache, nausea, and vomiting (consequence of hydrocephalus and increased intracranial pressure)
3. Visual loss (optic pathway lesions)
4. Ataxia, cerebellar signs (cerebellar lesions)

Imaging

CT Findings

Discrete cystic-solid mass, may have little or no surrounding oedema.

Solid component hypo- to isodense to grey matter (GM).

- 95% enhance (patterns vary)
- 50% non-enhancing cyst, strongly enhancing mural nodule
- 40% solid with necrotic centre, heterogeneous enhancement
- 10% solid, homogeneous
- Cyst may accumulate contrast on delayed images
- Cyst wall may have some enhancement

Calcification in 20% but haemorrhage uncommon
Often causes obstructive hydrocephalus but this is location dependent

	Solid Portion	Cystic Portion
T1W1	Iso-hypointense to GM	Iso- to slightly hyperintense to CSF
T2W1	Hyperintense to GM	iso-/hyperintense to CSF
FAIR	hyperintense to GM	Hyperintense to CSF
DW1	Similar diffusivity to GM	
T1W1 C+	Intense but heterogeneous enhancement Cyst wall occasionally enhances	Cyst wall occasionally enhances

Rare: Leptomeningeal metastases

Optic pathway: Variable enhancement

MRS

Aggressive-appearing metabolite pattern;

↑choline, ↓NAA, ↑lactate.

Paradoxical finding: MRS does not accurately reflect clinical behavior of tumor.

PET

18F-fluorodeoxyglucose (FDG) studies show increased tumor metabolism in PAs

Paradoxical finding: PET does not accurately reflect histologic behavior of tumor

Imaging Recommendations

Best imaging tool: Contrast-enhanced MR.

Treatment

- Cerebellar or hemispheric: Resection
- Adjuvant chemotherapy or radiation only if residual progressive unresectable tumor
- Optic/chiasmatic/hypothalamic: Often none
- Stable or slowly progressive tumors watched
- Debulking or palliative surgery considered after vision loss
- Radiation or chemotherapy for rapidly progressive disease

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REFERENCES

STATdx 2014, AMIRSYS Inc, 2005, 2180 South 1300 East, Suite 570 Salt Lake City, UT 84106, viewed 7/3/14. www.statdx.com
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Excellence in Diagnostics

THE ELECTRONIC SOCIETY



When I was in High School computers & mobile phones first started being used mainstream. We never had a computer at home and even throughout University I relied solely on computer rooms on campus. Yes I am showing my age but below is how computer and mobile phones have affected the last 20 or so years in my occupation alone:

- Spelling and grammar no more. It seems that with spelling and grammar checks people can no longer string a sentence together and spell even simple words like principle or principal correctly nor use them in the correct context. The art of English has been somewhat lost.
- Emails and texts. This is a minefield. Too often (and I include myself in this comment) both emails and texts are misinterpreted. Have you ever typed an email or text in all capitals simply because you couldn't be bothered taking the caps lock off, only to be berated by the recipient for yelling at them.
- It has become almost acceptable to send a text/email and quickly and easily dump a job and responsibility on the recipient. In my occupation I can receive up to 100 emails a day, granted it is my job to assist clients but emails like this are also received from banks, solicitors, ATO etc and the list goes on. If I had a dollar for every time a bank had requested financials only to respond to them that they received them months earlier, I would be a very rich person.
- Emails and texts can be totally devoid of emotion, or have misinterpreted intentions or in the event of an over user of emojis, full of a mess of icons with no clear purpose.
- Emails and texts both save and waste time.
- Cyber crime. Two words that put fear in most of us. We are constantly being reminded of our online vulnerability with warnings such as be wary of suspicious emails, check if websites are secure, change your passwords, avoid dodgy emails and links, use trusted mobile apps and keep anti-virus software up to date.
- Junk email. This is probably one of the biggest time wasters. Deleting it, unsubscribing to it and checking to make sure it is in fact junk.
- Internet connection is lost..... need I say more.

As medical practitioners I am sure you are seeing more cases of the below conditions from computer or phone use:

- Shoulder, neck and back pain.
- Mental health issues caused from cyber bullying etc
- Sleep deprivation
- Repetitive strain injuries
- Eyesight issues.

And the list goes on. I haven't looked into the statistics but prolonged use of computers and mobile phones are surely detrimental to our health?

So what is the point of my article? It is to prompt you to look within yourself and think about how computers and mobile phone use is affecting your lives? From what you discover in this process how computers/mobile phones are enriching your lives and how they are detracting from it? How you can improve and make your use of these more valuable and how you can ensure your communications with others are clear and concise.

Not all of you will agree with this article and that is ok. If all this article achieves is that it makes you think about your use then it was a success. For me I personally don't have the internet at home as I work on computers all day. When I send emails or texts I try to be clear, concise and human. And most importantly I try to stick to the below matrix:

Figure 1 – Eisenhower's Urgent/Important Principle

If any of you have any feedback I look forward to hearing it.

Article written by Kerri Welsh, Manager Poole Group 07 54379900
kwelsh@poolegroup.com.au



PHYSIO CAN HELP NECK PAIN



Non-traumatic neck pain (including acute wry neck) when cleared of a medical cause by the Doctor is usually a result of sub-optimal postures or repeated positions, resulting in abnormal or prolonged stresses onto the soft tissue and articular structures. Physiotherapy including manual therapy and acupuncture is effective at reducing the symptoms and restoring normal movement (Trinh K et al 2016; Walker et al 2008, Copurgensli et al 2016).

Traumatic neck pain from mild trauma (can be whiplash or direct trauma/impact from fall) often responds very well to physiotherapy and would not usually require imaging. Some patients however, still fare badly from minor trauma and experience problems returning to work in a fully functional capacity.

If imaging is not required and/or there is no radiographic evidence of injury, then physiotherapy treatment with a focus on normal movement patterns would be appropriate. Early physiotherapy in the emergency department has been associated with lower pain and disability levels. (Sohil et al 2017)



Julie Gear



Briony McSwan



Dave Stevens



Jordan Vanderkelen

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Dr Irene Krajewska **FRCPA FIAC**

E: irene_krajewska@snp.com.au

T: (07) 5459 1400

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

Dr Jerome Lai **FRCPA**

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

Dr Karien Treurnicht **FRCPA FIAC**

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



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New Private Psychiatric Practice on the Sunshine Coast



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BLENDING !!



*I picked a grape, I picked another.
I picked its cousin, instead of its brother.
Picked more, a brother from another mother.
Picked the ring-ins, All different no bother.
Great in singles celebrated, but the sum of parts
anticipated.
No single vineyard intended, wine from the hand of
man,
Blended!*

In the spirit of trying to keep my writing fresh I thought I would blend some words together to introduce the topic of wine blending. It can be a vigorously debated topic between puritans who impress the importance of single vineyard, single variety and vintage with the winemaker being a steward rather than a master. On the other- hand blended wine is often called the "wine makers wine".

Blending has occurred since the beginning of wine making. The great Bordeaux's are various combinations of merlot, cabernet sauvignon, malbec, petit Verdot, cabernet franc. Champagne is a blend often of Pinot noir, Chardonnay and Pinot Minuer.

In a way like great perfume houses, the skill of blending to have a commercially stable product out ways the art of expression. Penfolds would have to be the greatest blenders in the world.

Australians have become self-educated and excelled in the skill of blending. This has often come about by the lack of grape to make commercial quantities. Max Schubert wanted to make a great Bordeaux blend but there wasn't enough quality Cabernet Sauvignon. Lucky we swim in a lake of Shiraz. So Penfolds Grange has become a blend of Shiraz and Cabernet with only a handful of pure Shiraz vintages.

Australians love affair with its unique Shiraz Cabernet blend has been perpetuated by great wines like Yalumba Signature and Penfolds 389. Australians blending of white grapes Semillon and sauvignon blanc, originating in Western Australia, has produced some truly mouth-watering and cellar worthy wines. The old Houghton's White Burgundy.

Shouldn't the mantra be- Make it to taste good? Extrapolating from the Rhone blends of Grenache and shiraz, Australian wine making icon Charles Melton pioneered the GSM blends of Grenache, Shiraz and Mouvedre. Who would have thought adding white to red would work? Viognier can be added to shiraz to lift its aromatics. Then of course dichotomies exist such as adding Shiraz and pinot noir, as done by the late Maurice O'Shea.

The public gets what the public needs. The wine maker is allowed 15% of a different variety, year and geography but still call it a straight wine. Mathematically it is possible to end up with only about 60% of what is labelled.

My mate Dave Lehman of David Franz wines loves his self-entitled wine- The larrikin. He has orphaned parcels of grapes that remain in the same proportion each year and in a sense, it is a hybrid- "use what the vineyard gave you but tweak it with a desirable ratio.

Some of the more exotic blends in Australia have included Tempranillo and Touriga Nacional, Nebbiolo and Barbera and Sangiovese, Cabernet, Nebbiolo and Shiraz.

Wines to try-

S.C. Panell Tempranillo Touriga McLaren Vale 2015- if you can find this aromatic spicy red that balances the fruit of Tempranillo and the slight grittiness of the Touriga. Plush fruit and good structure- have with "fully charged" Spanish meatballs.

Quealy Pobblebonk Mornington Peninsula 2015- is made from Moscato Giallo and Riesling blended with Friulano, Pinot Grigio and Chardonnay. Intense aromatic wine with notes of florals over melons and grapefruit. Lively white on the palate with mild acidity. Have with some oily fish such as sardines.

Mt Mary Quintets Yarra Valley 2013 -Dr John Middleton's baby started in 1971. Bordeaux varieties of Cabernet Sauvignon, Merlot, Cabernet Franc, Petit Verdot and Malbec are used. Complex deep purple colour. Complex berry fruits, hints of cabernet dust and layers of brambly notes. Full flavour, restrained in its attack but supported by obvious tannins.





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*For Medicare rebatable items

ANTARCTICA

Antarctica, the seventh continent is an astonishingly charming destination blessed with beautiful seascapes and landscapes. It is a wonderful dream for each adventure enthusiast to immerse in the extensive wilderness and spectacular wonders of this icy tourist spot. The awe-inspiring landscapes of snow and ice certainly give you some unforgettable holiday experience to remember.

A supreme travel destination for adventure fanatics



Travelling to Antarctica is expensive, but it is also one of the spectacular continents in the world. A trip to this majestic destination is truly exhilarating and its memories will cherish in your mind for long. Even when it is a distant and inhospitable place, it still offers several opportunities for the intrepid travellers to witness the beauty of this beautiful destination. Explore the marvelous landscapes of Antarctic Peninsula and watch its rich summer wildlife of whales, seals and penguins. Interaction with penguins can be the best thing that can do during your trip to this majestic continent.

What we have planned for you?

A detailed itinerary has been designed that includes all the charming attractions in Antarctica and plenty of exciting activities.

- *Reach the Antarctica Peninsula after crossing the Drake Passage.*
- *Spend a few hours among a penguin colony.*
- *Treat yourself with iceberg formations and wildlife displays.*
- *Take exciting zodiac trips and shore landing in order to get close to natural environment.*
- *Sail into some of the famous bays in the continent and enjoy short trips down through scenic channels.*
- *Go for swimming at Deception Bay where the water is warm because of the dormant volcano.*
- *Hike up local hills to enjoy 360⁰ spectacular views.*
- *Enjoy different activities like kayaking, hiking and photographing wildlife.*

Get ready to discover the wilderness of Antarctica!

www.123Travelconferences.com.au



Special Interests:

- Hip and knee arthroplasty (anterior, minimally invasive hip and knee replacement)
- Complex revision hip and knee arthroplasty
- Sports medicine including anterior cruciate ligament reconstruction
- Orthopaedic trauma surgery
- Foot and ankle

Contact Details

All appointments:

Sunshine Coast University
Private Hospital
Suite 1, 3 Doherty Street
Birtinya QLD 4575

T (07) 5390 6360

F (07) 5390 6222

E reception@scorthogroup.com.au

DR DAEVYD RODDA

MBBS, Dip Surg Anat, FRACS, FAOrthA

Orthopaedic Surgeon

After graduating from medicine at Monash University in 2004, Dr. Rodda worked and trained in the field of Orthopaedics at some of the most prestigious hospitals in Melbourne. During this time, he was awarded an honorary fellowship at the University of Melbourne Department of Anatomy. Dr Rodda maintains an active interest in orthopaedic trauma and providing excellent outcomes, even in very complex cases. He has also done further post-fellowship training in various centres of excellence throughout Europe and North America, particularly in the field of joint replacement surgery of the lower limb and sports knee injuries.

Dr Rodda is widely regarded for his Anterior Minimally Invasive Total Hip Replacement surgery. He teaches this complex operation to other surgeons throughout Australia. Dr Rodda performs both primary and in select cases, revision hip replacement via the anterior approach.

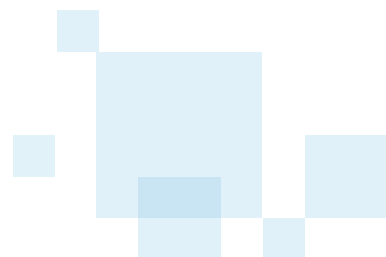
Dr Rodda maintains an active interest in orthopaedic trauma and providing excellent outcomes, even in very complex cases.

He places a huge emphasis on delivering the highest quality surgical results with a compassionate and caring approach.

Outside work, Daevyd is enjoying the Sunshine Coast's warmer weather and his recreational hobbies including running, swimming, water-sports and travel.

Professional memberships:

- Australian Orthopaedic Association
- American Academy of Orthopaedic Surgeons
- Royal Australasian College of Surgeons
- Sunshine Coast Local Medical Association



sunshinecoastuniversityprivate.com.au



**Sunshine Coast University
Private Hospital**

Part of Ramsay Health Care

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 22 JUNE 2017

Maroochydore Surf Club Function Room, Maroochydore

Accepted at Committee Meeting 27 July 2017)

Attendance: Drs Roger Faint, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, Alicia Lorenz, Fabio Brecciaroli, Di Minuskin, Scott Masters, Mason Stevenson. (Observer Jo Bourke).

Apologies: Drs John Evans, Marcel Knesl, Jon Harper, Wayne Herdy and Tau Boga.

Minutes of last meeting: 25 May 2017 (To be accepted).

Moved: Peter Ruscoe. Seconded: Di Minuskin.

Accepted.

Business arising from Minutes:

Discussion re printing of generic cards for SCLMA. Jo to obtain prices from Snap Printing.

President's Report: Dr Roger Faint

1. Kevin Hegarty has resigned. We have invited him to attend our meeting at 6 pm to celebrate/commiserate. We will have nibbles and drinks initially with the Mx committee then a small gift at the initial part of our education meeting. Kevin can then stay or leave. I have spoken to Dr McIntosh, ENT, and he is comfortable with this approach. He is by far the longest serving CEO of any health district in QLD.
2. The Medical School is in Status Quo.
3. I travelled to Townsville recently for the RDAQ conference. I met briefly Dr Bill Boyd, AMAQ President and Cameron Dick MP, QLD Health Minister. They are both well aware of the SCLMA and in particular our efforts with the Medical School. Dr Boyd mentioned our membership size and was impressed with our newsletter.
4. I encourage you all to fax your local member regarding the Health Practitioner Regulation Law Amendment Proposal 2017 if not already done.
5. Please like us on Facebook if not already done
6. I need your thoughts regarding snappier meetings and a 'gong'

Vice President's Report: Dr Wayne Herdy – Apology.

Secretary's Report: Dr Mark de Wet

Correspondence In: Nil

Correspondence Out: Nil.

Business arising from Correspondence: Nil

Treasurer's Report : Dr Peter Ruscoe

(a) Accounts to be paid:

- Australia Post – Account May 2017
- Jo Bourke – Secretariat May 2017
- Jo Bourke – Adobe CC subscription May 2017
- Snap Printing – Newsletter June 2017
- Jo Bourke – Newsletter June 2017

Moved: Peter Ruscoe 'that the accounts as tabled be approved for payment' – Seconded: Roger Faint. Carried.

(b) Membership Report:

- Dr Bree Morris (Orthopaedic Registrar, SCUH)
- Dr Brett Sillars (Endocrinology, SCUH)
- Dr Ebony Stock (GP Buderim Marketplace MC)
- Dr Franz Weil (Surgical Assistant)
- Dr Shaun Rudd (GP)

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

AMAQ Councillor's Report: Dr Wayne Herdy – Apology.

Meetings Convenor Report: Dr Scott Masters.

- Tentative date 4 November 2017 – depends on interest and numbers.

Hospital Liaison Report: Dr Marcel Knesl – Apology.

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

- From July, GPs will have access to the Sunshine Coast Hospital and Health Service viewer. This will allow GPs to directly access radiology reports, pathology, and clinical documents created within SCHHS. GPs must register for the "Health Provider Portal (HPP)" and will be receiving packs from their PHN practice support officers.
- The PHN is collating local responses to the Health Needs Assessment for stakeholder and consumer surveys. The team is focusing on vulnerable high risk groups such as people at risk of homelessness and culturally and linguistically diverse consumers.
- The Stepped Care Mental Health tender evaluation process is underway to be completed for board approval by July 2017. The Stepped Care Mental Health program is part of the national mental health reform. Flexible mental health funding will be provided to PHNs to commission organisations to work within this framework. It aims to provide a continuum of primary mental health services within a stepped care approach that will ensure a range of service types, making the best use of available workforce and technology, are available within the

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 22 JUNE 2017
Maroochydore Surf Club Function Room,
Maroochydore
MINUTES**

(Accepted at Committee Meeting 27 JULY 2017) /Cont:

local region to better match with individual and population need

- The HealthPathways GP clinical editing team is continuing to localise pathways in collaboration with a number of specialists. Nearly all of the specialist referral information pages are now live, providing a single point of truth for service information and referral criteria. A number of mental health clinical pathways are in the process of localisation, in line with the upcoming Stepped Care Mental Health reform.

General Business: Nil

Committee members then enjoyed chatting and reminiscing with Kevin Hegarty, CE, SCHHS and wishing him well for the future.

Meeting Close: 7.10pm

Next meeting: Thursday 27 July 2017.

Maroochydore Surf Club.

Dr Mark de Wet, Honorary Secretary.

REMINDERS:

SCLMA Membership is FREE for doctors in training.

Full membership: \$77

Partner Mship: \$33

Retired Mship: Free

Are you listed on the SCLMA DIRECTORY?

Are your details correct on the SCLMA Directory?

www.sclma.com.au

Fax Directory Form with information to: 5479 3995

Have you checked out our Facebook page?

sunshine coast local medical association inc

PLEASE 'LIKE' OUR FACEBOOK PAGE!

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



A DIVORCE FOR CHRISTMAS

An elderly man in Oklahoma calls his son in New York and says, "I hate to ruin your day son, but I have to tell you that your mother and I are getting a divorce; 45 years of marriage... and that much misery is enough!"

"Dad, what are you talking about?" the son yells. "We can't stand the sight of each other any longer," the old dad explained. "We're sick of each other, and I'm sick of talking about this, so you call your sister in Hong Kong and tell her!"

Frantic, the son calls his sister, who explodes on the phone. "Like heck they're getting divorced," she shouts, "I'll take care of this." She calls her elderly father immediately, and screams at him, "You are not getting divorced. Don't do a single thing until I get there. I'm calling my brother back, and we'll both be there tomorrow. Until then, don't do a thing, you hear me?" she yelled as she hung up the phone.

The old man hangs up his phone and turns to his wife. "Okay", he says, "it's all set. They're both coming for Christmas and paying their own air-fare."

FROM ROLLS-ROYCE STAFF MAGAZINE

Sometimes it DOES take a Rocket Scientist!! (true story)..

Scientists at Rolls Royce built a gun specifically to launch dead chickens at the windshields of airliners and military jets all travelling at maximum velocity.

The idea is to simulate the frequent incidents of collisions with airborne fowl to test the strength of the windshields.

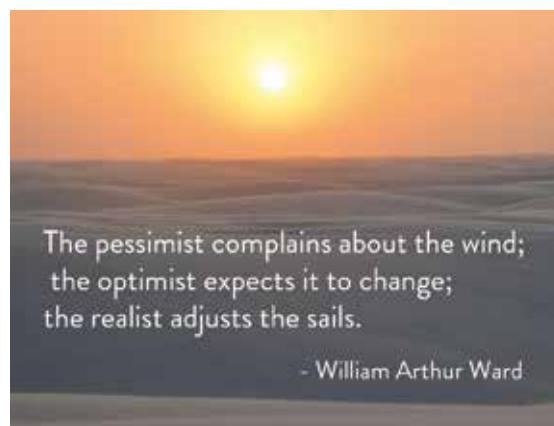
American engineers heard about the gun and were eager to test it on the Windshields of their new high speed trains.

Arrangements were made, and a gun was sent to the American engineers.

When the gun was fired, the engineers stood shocked as the chicken shot out of the barrel, crashed into the shatterproof shield, smashed it to smithereens, blasted through the control console, snapped the engineer's back-rest in two and embedded itself in the back wall of the cabin like an arrow shot from a bow.

The horrified Yanks sent Rolls Royce the disastrous results of the experiment, along with the designs of the windshield and begged the British scientists for suggestions.

Rolls Royce responded with a one-line memo: "Defrost the chicken."



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2017 'SURF AND TURF' VARIETY BASH

Sunshine Coast to Airlie Beach via Longreach

30 August - 8 September 2017

Support Dr Wayne Herdy in car 5555

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



CLASSIFIEDS

HEADSPACE MAROOCHYDORE – VR GP WITH SPECIAL INTEREST IN YOUTH MENTAL HEALTH

Headspace Maroochydore seeks a GP to join our team at our centrally located service in Maroochydore.

- We require a commitment of one session per week to complement and enhance the provision of early intervention mental health treatment for 12-25 year olds.
- Our Centre offers you the opportunity to improve the lives of young people with flexible working hours, full administration support and an on-site clinical team.

For further information or to register your interest, please contact Karen Glover, Practice Manager.

Email: kglover@unitedsynergies.com.au

August 2017

DOCTOR OPPORTUNITIES NOW AVAILABLE AT KON-TIKI MEDICAL CENTRE

"KON-TIKI MEDICAL CENTRE" is currently receiving applications for VR GPs, Registered Nurses and Specialists

- Up to 70% of billings, plus initial retainer
- Full-time and Part-time opportunities available – flexible and supportive environment
- Bonus incentives for education and investment to develop your special interests
- All EPC Plans, Health Assessments and Medication Reviews are organised by Registered Nurse
- Assistance of management with your patients to ensure a high value service is offered to your patients
- Acute treatment room, Medical Emergency attendance facility and state-of-the-art Fracture Clinic
- Onsite pathology, imaging and pharmacy
- Coastal lifestyle with proximity to beachside living and reputable schools and University
- Located in a thriving and accessible business centre in the heart of the Maroochydore CBD
- Join something special and Live the Lifestyle!

Expressions of interest to Kimberley Richards,

Email: kimberley@krsolutions.com.au

Phone: 0414 889 079.

August 2017

**DR DRAGO POPOVIC HAS MOVED TO:
COTTON TREE GASTROENTEROLOGY GROUP
Level 2, Cnr Esplanade & Second Avenue
Cotton Tree 4558**

Contact details:

Mobile: 0468 488 444 **Work:** 07 5443 6011

Fax: 07 5302 0703

Email: reception@coastalgeneralsurgeons.com.au

EXPERIENCED MEDICAL RECEPTIONIST REQUIRED BY PSYCHIATRIST

A vacancy exists for a casual receptionist, two days a week with the flexibility to cover sick and annual leave.

Preferred Criteria:

- Experience working in a medical practice including Medicare, DVA and Workcover billing
- Familiarity with Pracsoft software an advantage
- Excellent typing skills
- Exceptional interpersonal skills, a professional work ethic and an ability to work under pressure

All applications by email to:

margaretmodini@hotmail.com

August 2017

NEW PRIVATE PSYCHIATRIST PRACTICE – SUNSHINE COAST

Dr Joanne Boynton B.Biomed Sci MBBS UQ (Hons)
FRANZCP Consultant Psychiatrist

- Experience as both a GP and an embedded GP Consultation-Liaison Psychiatrist
- Prompt assessments and management advice now available for adults 18-65yo
- Focus on prompt feedback and multi-disciplinary liaison with other providers
- For more information regarding special interests, exclusions et al please phone or email:

Ph: (07) 5493 5859 Fax: (07) 5390 9671

E: reception@asielhouse.com.au

Referrals via Medical Objects or Fax accepted.

Level 5 Suite 602 Pulse Oceanside Medical Cnr
Eccles and Florey Boulevards Birtinya Q. 4575

August 2017

**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.

CLASSIFIEDS

GYMPIE PRIVATE HOSPITAL

Gympie Private Hospital has space available in their co-located Gympie Specialist and Diagnostic Centre.

- Utilisation of area either for formal lease or individual agreement
- 79.2 square meterage available
- Reception support if required
- Past utilisation by a nuclear medicine provider
- Onsite VMOs (surg/med), pathology, allied health professionals and breast screen QLD
- Close proximity to diagnostic and interventional radiology provider
- Accessible onsite parking for patients
- Permanent undercover parking for lease holder
- Onsite kiosk for light refreshments.

Contact Helen Chalmers, GM/DON - Gympie Private Hospital.
Phone **07 5483 0500** or email Helen.chalmers@pulsehealth.net.au for further information or onsite viewing.

DR SHAUN RUDD MB BCH BAO FAMA (VR GP)

- Relocating from Hervey Bay to the northern end of the Sunshine Coast on 1st July.
- Hoping to find ongoing part time work ideally 3 days a week.
- Otherwise available for Locum work from that date

Please phone 0418 341 055

June 2017

CONSULTATION ROOM AVAILABLE AT SPECIALIST SUITE - BUDERIM

- Prime location at Sunshine Coast Private Hospital, with leafy outlook and natural lighting
- Modern, well equipped rooms
- Close to pathology and radiology facilities
- Convenient patient parking
- Suited for Allied, Specialist or GP
- Sessional basis with different levels of services offered - From Meet and greet only to full reception service with our friendly experienced staff

For further information please contact the Practice Manager or Dr Dana Moisuc on 5478 3533 or reception@danamoisuc.com.au

June 2017

GP REQUIRED FOR BUDERIM PRACTICE

- We require a dedicated and caring GP who believes in the best of patient care.
- Our privately-owned practice is an extended hours clinic, in exquisite Buderim, a premium suburb of the Sunshine Coast.
- Enjoy our long-time, newly refurbished premises with spacious rooms (yes, we have windows!), 5 current GPs and excellent nursing and admin support.
- After hours shifts are available as an option, giving opportunity for increased income. Non-VR GPs are welcome to apply for the after-hours shifts. If you really want to make a difference in medicine, then call us.

Shanti Herbert 0418 714 864 *June 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)

CHANGE OF POSTAL ADDRESS

Please be advised that Dr Heyworth's

postal address has changed to:

PO Box 4961

Sunshine Coast MC QLD 4560

Phone 5444 5022 and fax 5444 5033 are still the same.

Referrals can be sent by mail or fax".

Ph. 5444 5022 Fax. 5444 5033

July 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 on 07 5441 1455, 0412 292 666 or email admin@nambourclinic.com.au

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.wrnc@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 CLINICAL MEETING - 27 JULY 2017

Maroochydore Surf Club Function Room

Speaker: Dr William Craddock, Sports & Exercise Physician

Topic: Tendinopathy, particularly medical management, including GTN therapy

Speaker: Dr Jo Brown, Physio, SportsMed Sunshine Coast

Topic: Rehabilitation of Tendinopathies, especially recent advances

Speaker: Dr Peter Georgius, Pain Medicine Specialist

Topic: Fibromyalgia and CRPS

Sponsors: SportsMed, Orthocell, Pierre-Fabre and Axome Pharma.

