



SCLMA President's Message

Dr Di Minuskin

From Dr Di..... *"Dear Santa, I haven't written to you for a long time but thought I might put pen to paper this year. It's just that I am a little confused about this list that you draw up each year. Last year, I was a little miffed when doctors failed to make the nice register. Twelve months ago in my report, I highlighted the efforts we were making to reduce the burden of chronic disease both on the individual patients and the health budget. I mentioned the increasing paper work and the growing role of advocating for our patients in an increasingly complex and confusing health system.*



We also successfully argued against plans to bring in a payment that would have placed a financial barrier between our most vulnerable patients and good health care. And yet, there it was, a gap on the "nice list" where doctors should have been! Now Santa, I know you are very busy and perhaps I should have been a bit more pro-active in writing to you, but I must admit my irritation level has risen from "miffed" to "peeved". And what is the reason for this? I have just noticed that not only have doctors again been overlooked in the nice list this Christmas; we now seem to have found a spot on the naughty one! Instead of being congratulated for leading the battle against the tsunami of chronic disease, we are being accused of over prescribing, over investigating and generally being naughty little boys and girls.

So Santa, if it's not too much trouble, could I just put a few things on the wish list?


- 1. Could you please do something about the 4 year rebate freeze?*
- 2. The increasing burden of paperwork is eroding the value of consultation times. Can you have a word to somebody about this?*
- 3. Could you please have your elves in the IT Department urgently sort out the issue of accessing information across the different health providers? P.S. Please tell them we are too busy to trial their "beta" version, so don't force it on us until it works!*
- 4. If you could manage to fix it so that a google search of symptoms only leads to hits on evidence based reputable sites and direction to seek professional advice.*
- 5. A health system that ensures all patients have access to the right treatment at the right time would be wonderful.*
- 6. A health system that values the time taken to educate and motivate patients to become active participants in their own health would be most appreciated.*

There are quite a few other things that I would like to put on this list Santa, but I don't want to make things too difficult for you. Perhaps you can start with these issues and work your way up to the hard stuff like "world peace". I hope the reindeer are in good health and best wishes for a safe journey on Christmas Eve. Kind Regards, Dr. Di"

From Santa.... "Dear Dr Di, I've just had a look at the list you have sent and could I suggest we have another crack at "world peace". Perhaps it might be the easier option!!

Merry Christmas, Santa"

*I would like to take this opportunity to wish you all a very Merry Christmas.
Di Minuskin*



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



CONTACTS:

President and	Dr Di Minuskin Ph: 5491 2911
Vice President & AMAQ Councillor	Dr Wayne Herdy Ph: 54791 5666
Secretary:	Dr Jenny Grew Ph: 5441 0200
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
Meetings Convenor:	Dr Scott Masters Ph: 5491 1144
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
Committee:	Dr Kirsten Hoyle Dr Mason Stevenson Dr Nigel Sommerfeld Dr Mark De Wet

For general enquiries and all editorial or advertising contributions and costs, please contact:

Jo Bourke (Secretariat)

Ph: 5479 3979

Mob: 0407 037 112

Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558

Email: jobo@squirrel.com.au

Fax: 5479 3995

Newsletter Editor:

Email: Dr Marcel Knesl

Marcel.knesl@roc.team

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**FEBRUARY
2016 NLETTER
Deadline Date
will be FRIDAY
FRIDAY 5th
FEBRUARY
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 800 recipients!

Contact Jo: 5479 3979

Mobile: 0407 037 112

Email: jobo@squirrel.com.au

Fax: 5479 3995

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

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

Directory form available on the website.



Editor's Column-

As in every December newsletter the main message from me is a big thankyou to all the contributors and in particular SCLMA President Dr Di Minuskin and Jo Bourke (Secretariat). Without the two of you the rest of us may as well go home.



Di special thanks from the teacher's pet. I loved the chutneys and am still in awe as to how you manage to do so many things.

To the committee thank you for your input throughout the year, the robust debate and the resolution of many matters.

I call and encourage any future budding medico journalists to put their hand up to submit a regular monthly column. We value everyone's opinion and always appreciate a bit of controversy.

On a personal business front it has been a long year for the crew at Oceania Oncology. We started a merger 12 months ago which was completed this November. Welcome to ROC, Radiation Oncology Centres.

Have a safe and restful Christmas break.

Fly safe, drive safe and swim between the flags.

Have a good one.

Regards

Marcel Knesl

marcel.knesl@roc.team

**HIGHLIGHTS in this issue:**

- P 5: Kevin Hegarty - Health Service Link
- P 6: Dr Chris Zappala - AMAQ President
- P 11: Pattie Hudson - Country to Coast PHN
- 12-13: Dr Wayne Herdy - AMAQ Councillor
- P 15: Case of the month (SCR)
- P 17: Dr Wayne Herdy - Variety Bash
- P 18: Dr Clive Fraser - Medical Motoring
- P 20: Dr Wayne Herdy - BMW for a day
- P 22-23: Poole Group - Exit Strategy Planning
- P 29: SCLMA Membership Application
- P 31: Classifieds

(NO JANUARY NEWSLETTER - Deadline for February - Friday 5th February)

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

FIRST MEETING FOR 2016!

(No January meeting)

Maroochydore Surf Club Function Room

THURSDAY 25 FEBRUARY 2016

Speaker: Dr Russell Bourne, Orthopaedic Surgeon

Topic: TBA (Q&A format)

Speaker: TBA Sunshine Coast Radiology

Topic: TBA

Sponsor: Sunshine Coast Radiology

THURSDAY 24 MARCH 2016

Speaker: Dr Daevyd Rodda, Orthopaedic Surgeon, SCUPH

Topic: 'Anterior Cruciate Ligament Injuries'

Sponsor: Biomet

ENQUIRIES:

Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Clinical meetings are for current SCLMA members.

Membership Applications are available at each meeting, in the newsletter and the SCLMA website.

Website: www.sclma.com.au

SUNSHINE COAST'S FIRST PET/CT SERVICE HAS NOW COMMENCED

Sunshine Coast Medical Imaging (SCMI), a subsidiary of Wesley Medical Imaging, is pleased to announce that the installation of Sunshine Coast's first PET/CT (Positron Emission Tomography/Computed Tomography) scanner has been completed, and scanning commenced on the 24th November. The installation of the PET/CT at Sunshine Coast Medical Imaging will enable local residents, and those living north of Brisbane an option closer to home, to undergo the advanced imaging procedures.

Currently the closest available PET/CT centres are located in Brisbane and Townsville, requiring significant travel for regional patients. The availability of the PET/CT scanning service at Sunshine Coast Medical Imaging provides patients with local access to advanced diagnostic imaging without the burden of extensive travel, particularly for rural regions. This scanner has also being approved for Medicare rebates, which allows bulk billing for patients diagnosed with specific forms of cancer.

PET/CT is a form of Fusion Medical Imaging that combines a PET scanner with a CT scanner in a single machine. The development of PET/CT, with its accurate localisation of functional imaging, has had a major impact in several medical fields including oncology, cancer staging, surgical planning, prostate imaging and radiation oncology planning. PET/CT is quickly becoming an essential diagnostic tool for the assessment of cancer and determining the stage of the disease.

The team of experienced Radiologists, Nuclear Medicine Physicians and clinic staff aim to provide the highest standard of healthcare for patients, and look forward to providing this service for the Sunshine Coast community. Sunshine Coast Medical Imaging is located at the Sunshine Coast Private Hospital at Buderim. It provides comprehensive diagnostic imaging services to both the hospital and the wider community.

For more information regarding the new PET service or any of Sunshine Coast Medical Imaging other medical services, you can contact the clinic on 07 5373 2900 or Katrina Palmer, SCMI Customer Relationship Manager, on 0437 898 616. Additional information regarding Sunshine Coast Medical Imaging and its service can be found at www.sunshinecoastmedicalimaging.com.au.



PET/CT Scans AVAILABLE at Sunshine Coast Medical Imaging

Other services include:

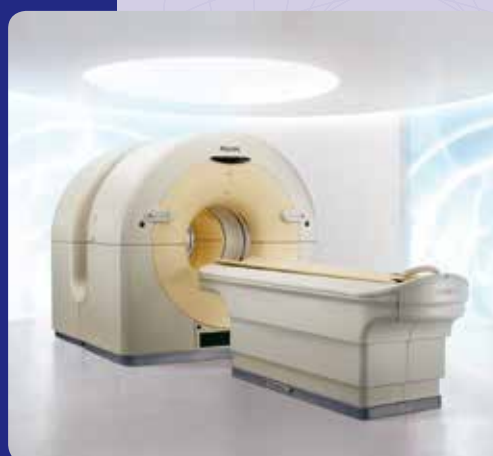
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Sunshine Coast Medical Imaging

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Ph: 07 5373 2900
Fax: 07 5373 2999
www.sunshinecoastmedicalimaging.com.au

Sunshine Coast Medical Imaging is

pleased to announce the inauguration of the first PET/CT scanner located on the Sunshine Coast. All Medicare eligible PET/CT scans are bulk-billed at our Diagnostic Imaging Department at the Sunshine Coast Private Hospital at Buderim. This billing policy provides your patients with local access to the most advanced diagnostic imaging without the burden of out of pocket expenses or travel to Brisbane.



For more information regarding our medical services please contact:

Katrina Palmer

CUSTOMER RELATIONSHIP MANAGER

0437 898 616

KPalmer@wesleymedicalimaging.com.au

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HEALTH SERVICE LINK December 2015

Kevin Hegarty



Our Annual Staff Awards and Excellence Awards ceremony held on Thursday 26 November saw us celebrate the great work that is undertaken within the Hospital and Health Service. The selection of Dr Sandra Peters, as this year's recipient of the Dr HH (Barry) Moy Memorial Medal, is as well deserved as it is popular.

All award recipients had demonstrated the strength of the organisation, through their commitment, enthusiasm and passion for the delivery of quality health services. The ceremony was even more special, given that we recognised six colleagues who have each marked 40 years of service. To have the number of staff that were recognised for 30 years or more service is a testament to their commitment to the delivery of public health services.

The Minister for Health and Minister for Ambulance Services, the Honourable Cameron Dick MP, also attended the ceremony and took the opportunity to announce that the new hospital will be known as the Sunshine Coast University Hospital (SCUH). That is the word 'public' will no longer be part of its title. Importantly, the Minister also announced that the skills, academic and research centre will also be officially known as the Sunshine Coast Health Institute. This name was chosen by our partners in this exciting joint venture.

There is a significant amount of work occurring in order to finalise staffing profiles and other details for SCUH, as well as Nambour and Caloundra. The process to finalise these profiles is complex as it needs to occur in accordance with Models of Care, together with the discipline of the funding envelope, in which we will be operating. There is a real eagerness within the organisation to know in detail what the staffing profile and associated opportunities will be. This is very much the focus of our attention and will be advanced in an appropriate, considered and consultative way.

As the Chief Executive of this organisation, I know it is this quality of the staff that sets our organisation apart and is the foundation on which our transformation towards a tertiary level health care provider is based. We are an organisation that continually responds and meets challenges. The last 12 months saw us deliver more services than ever before and a greater range of services – what a foundation that is for our exciting expanded future.

On behalf of the Executive Leadership team and all staff of the Hospital and Health Service I extend best wishes for the festive season and for a safe and healthy 2016.

Regards

Kev Hegarty

Health Service Chief Executive
Sunshine Coast Hospital and Health Service
Kevin.Hegarty@health.qld.gov.au

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Chris Zappala



Dear Members,

I recently spoke to the media about the topic of nurse endoscopies –something I have monitored with active interest over the last several months. As many practitioners would be aware, thousands of people across Queensland are currently waiting for endoscopies while endoscopy suites lie idle and gastroenterologists stand ready to provide increased capacity and training within the public system.

Despite the fact that there is no shortage of medically trained endoscopists, Queensland Health's proposed solution is to train nurses to perform these critical procedures. This measure is despite evidence from a new systematic review that concluded non-medical endoscopists are less efficient and more expensive, due to repeat procedures and consultations. This does not consider the limited scope of diagnostic practice they are trained in. Doctors are still called in for tasks such as emergency work and treatment plan development. The irony is that if we need to conduct more scope sessions, we gain next to nothing by sidelining the doctors and instead using the nurses as the endoscopists! This is a policy driven by sectional interests without consideration of the current evidence.

Medical endoscopists are the most cost-effective and efficient option as they are able to manage the full range of patient needs, generally without the need for repeat procedures or consultations. Additionally, their ability to perform over double the number of endoscopies in a session means more quality procedures can be done in a particular timeframe.

Our healthcare system has a range of urgent needs, and nurses are better suited to address those needs on wards, within theatres and in outpatient specialist clinics. Recently the State Government announced more funding for another raft of nurses to meet patient to nurse ratios – an early Christmas for the Queensland Nurses' Union.

We will continue working with Government to develop a reasonable model of care that ensures all health professionals are performing the roles that suit their skills and meet the most urgent demand in a common sense and cost-effective way. Doctors will always be better suited for certain tasks within healthcare and we should not be shy in making this point. Medical leadership needs to come back into vogue or our patients and the system will suffer.

Of course, waiting lists on services such as endoscopies are just one aspect of the Queensland healthcare system that needs improvement. We must also address bigger issues, particularly those which affect broader communities, such as mental health, obesity, smoking and alcohol/drug-related harm.

In the first part of AMA Queensland's *Health Vision*, we called for the development of a whole-of-government health plan to ensure policies and initiatives are not just driven by politicians, but developed with the input of clinicians, health advocacy groups, community organisations, and allied health professionals.

In this year's budget, the Government announced it would be investing \$7.5 million in the development of a Queensland Health Promotion Committee (QHPC) to serve many of the functions I've just mentioned. AMA Queensland recently provided a submission in the consultation phase of the QHPC and we look forward to being a part of its development in the 2016 year. Perhaps a renewed focus on preventing and addressing drug and alcohol-related harm should receive some focus.

It is my sincere hope, and the goal of the organisation, that in 2016 Queensland will make further steps in improving the streamlining, accessibility and fairness of the health system. I'm determined for doctors to achieve a return of stature and leadership within the health care system. Our patients and future generations of doctors depend on it!

Sincerely,

Dr Chris Zappala
AMA Queensland President



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07 5493 6100



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Traditionally Sunshine Coast Brain & Spine has donated to a charity and sent traditional Christmas/Thank you cards to our supporters with a note about our donation. This year, we are again making a donation, but in keeping with our 'paperless office', and cutting edge techniques in Brain and Spinal surgery, it is time we modernised our Seasons Greeting messages.

We are donating \$5,000 to **Médecins Sans Frontières (MSF)** or Doctors without Borders who are the world's leading independent organisation for medical humanitarian aid. Every day more than 24,000 MSF field staff provide assistance to people caught in crises around the world. With offices in over 19 countries, every year they coordinate the field support of around one hundred Australian and New Zealander professionals and provide valuable relief and health programs to those least able to access these services.

We would like to thank all our referrers, suppliers, patients and all others associated with Sunshine Coast Brain & Spine for supporting us in 2015.

We wish everyone a fun, safe holiday and a Happy New Year.

Dr Janusz Bonkowski, Christine & Jess



Correspondence to:

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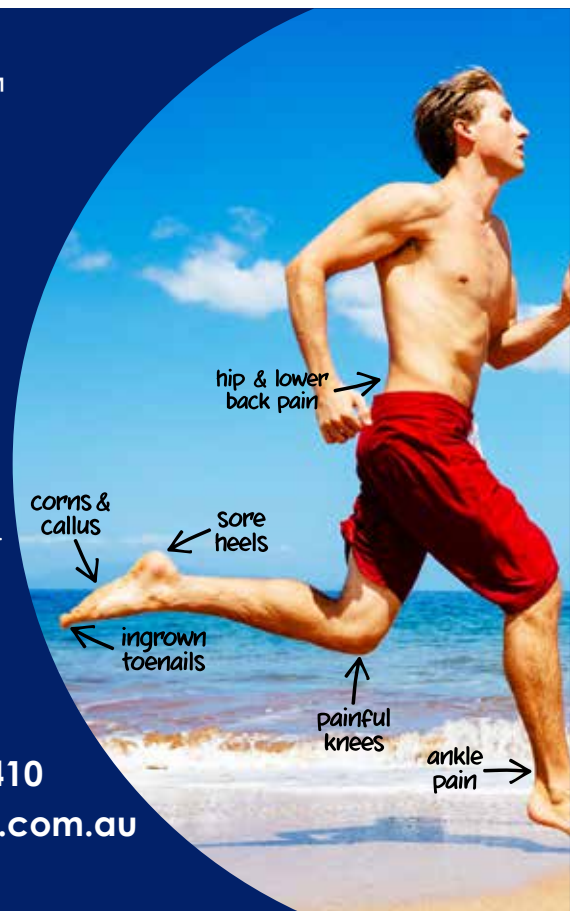
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SCHHS GP LIAISON - December Update

Sandra Peters

The month of November always seems busy as we try to fit everything in before the Christmas break. This November was no exception at SCHHS! I have promised to try and keep this month's column brief as my last few have exceeded the recommended length (thanks for your lenience Jo!)

Clinical Prioritisation Criteria – the end user testing has been extended for a further period to allow for a greater sample size than had been collected after one month for Urology, Orthopaedics and Gynaecology . Many thanks to the participating GPs.

Spot-On pilot – the tender process is underway.

There is not currently a public rheumatology service here on the Sunshine Coast. Those patients who request a public referral should be referred to Metro North HHS.

A reminder from the Obstetricians and Public health team that pregnant women should be offered DTPa immunization in each pregnancy, regardless of the interval from the preceding pregnancy. The vaccines can be ordered from Queensland Health free of charge, as per usual process.

Last but not least SCHHS annual staff awards were held on the 26th November. There were a significant number of award recipients, and I was fortunate to be numbered amongst them. I would like to thank the colleagues who nominated me and acknowledge the efforts of the team of people who contributed to the outcomes we achieved this year.

Wishing you all the very best for the Festive Season, and the New Year!

Sandra Peters

Sandra.peters@health.qld.gov.au

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From the team at **SPORTS & SPINAL PHYSIOTHERAPY**

The holiday season is a wonderful time for us to remember the friends & medical community who help our business and make our jobs a pleasure all year long, Sports & Spinal would not be possible without your support.

We would like to take this moment to say thank you and send our best wishes to you and your families. May the New Year be filled with success and happiness.

We look forward to continuing to provide you and your patients with the very best evidence based treatments and rehabilitation in 2016.



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Pattie Hudson, CEO

MENTAL HEALTH REFORMS - HEALTH MINISTER'S ANNOUNCEMENT

As you may be aware, the Minister for Health has recently made some announcements about reforms to the way community mental health services are coordinated, in particular the role that PHNs will play.

Under the reforms, PHNs will be taking on a much larger role in the commissioning of mental health services from 1 July 2016.



We are pleased to see a genuine commitment to reform in the mental health sector. We have recognised mental health as a priority in our region for some time, and the inclusion of regionally tailored packages for people living with mental illness is an important part of these reforms.

We at the PHN have only recently been advised of these reforms, so we don't yet have the details of exactly what they will look like or how they will be implemented, but we are committed to keeping you updated as we learn new information.

However, as with any organisational change that we undertake, the PHN will undertake authentic consultation and participation with GPs, Hospital and Health Services and other clinicians, our Clinical and Community Councils, health service providers and our communities to ensure that any programs we deliver are person-centred, and truly meet the needs of our region.

We look forward to receiving more detail of the Department's commitment to additional funding for PHNs to build capacity and resources so we can ensure that the roll out of these reforms doesn't allow anyone to fall through the cracks.

Patient wellbeing and service continuity will be paramount during this period, and we are committed to working with the Department and service providers to provide that certainty.

Our strength lies in population health planning, and identifying the local and regional mental health priorities will be a critical component of our approach.

Collaboration, partnerships and relationships will be the key to the success of this reform, and we look forward to continuing to build our strong relationships with you.

Pattie Hudson, CEO

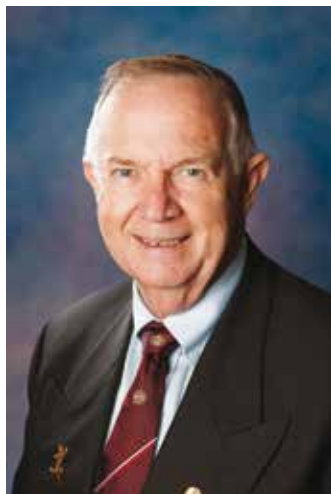
WAYNE HERDY

AMAQ Councillor Report

This month I am departing from the expected socio-political commentary and teaching my learned colleagues how to suck eggs:

IS THIS PATIENT A DRUG-SEEKING DOCTOR-SHOPPER?

We have all been caught out as the unwitting prey of drug-seeking frauds. We are all paranoid about being a victim of fraud again. We are even more paranoid about getting a reputation as an easy mark for drug-seekers. On balance, we should be just as paranoid about missing the genuine patient and stereotyping the wrong person.



Be cautious about stereotypes. The tattoos and dreadlocks and histrionics might seem to be a giveaway, but even old track marks are no guarantee that the patient in front of you is a fraud. With over two decades in the addiction field, most of the patients who have successfully deceived me have been suit-and-tie presentations.

I refer to “controlled substance” as a group. We all have alarm bells ring with a patient unknown to us asks for narcotics, but we are just as much a target for benzos (luckily, alprazolam is now S8 listed) and to a lesser extent Seroquel is subject to abuse. OxyContin has an increasing reputation as the drug of choice for doctor shoppers – unfortunately, because it is a useful tool in the pain armamentarium. Fortunately, it is available as the constipation-preventing variant Targin, which is not loved by the drug-abusing community. But OxyContin is rapidly being overtaken by fentanyl patches as the drug of choice for doctor shoppers, and not all doctors are yet switched on to the changing pattern of abuse consumption.

With a few guidelines, we can filter most of the errors out. When I look back at the times that I have been deceived in the recent past, it is because I failed to follow these steps.

1. GOVERNMENT-ISSUED PHOTOGRAPHIC IDENTIFICATION.

It is fairly difficult to obtain a driver's licence or 18+ card or passport unless the person in the photo is actually you.

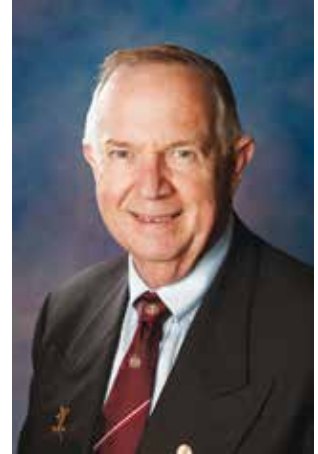
First rule of thumb for the new patient seeking a controlled substance – no photo ID, no script for controlled substances. The gym membership card is just not good enough, and credit cards or pension cards don't carry photos.

The faded crumpled letter from the previous prescriber also doesn't convince. If it is more than a few months old, it can be disregarded. If you can't speak to the writer (or at least the dispensing pharmacy near the erstwhile legitimate prescriber), ignore it. It doesn't prove the patient's identity unless the other prescriber can describe some very clear distinguishing features. Rarely, I will accept the other doctor's description of an unequivocal tattoo or similar – but very rarely.

WAYNE HERDY / cont:

2. PHONE MEDICINES REGULATION AND QUALITY.

There are two telephone numbers that must be familiar to you. The first is MRQ (3 years ago DDU, the Drugs of Dependence Unit, was re-badged with the same people, the same phone number, the same office, the same role). 332 89890. The number is manned 24/7. Outside work hours, you can still be told that the patient is or ever has been on the Queensland Opioid Treatment Programme, if there are current approvals to another prescriber, what scripts have appeared in the last 3 months (but with a lag time so you don't get the last few weeks). If they are currently on the QOTP, simple answer – you do not have authority to prescribe. If they have EVER been on QOTP, you need prior approval (during government business hours) to prescribe.



3. DOCTOR SHOPPERS HOTLINE.

The second must-know telephone number is 1800 631181. Also manned 24/7. They won't know if the patient has been treated in Queensland for addiction, but the prescription information will raise or erase most red flags. It is a national service, so you will get information about interstate prescriptions, which MRQ can't give you.

4. STAGED DOSING.

If the patient passes the first three tests but you still have your suspicions, arrange staged dosing, maybe every dose supervised by the pharmacy until you have had enough time to confirm or refute the patient's bon fides.

It will cost the patient a few dollars extra for each dose, but at worst the fraud will only get a few doses before they are identified properly. For a few dollars per dose, they can be given a choice – take it or leave it.

Even if the patient fails every test, sometimes you still have to prescribe beyond the rules. The presentation with one end of the fractured femur going up through the pelvis is probably a legitimate pain. At the end of the day, we are doctors, we have clinical acumen, and despite all the alarm bells ringing sometimes it is still clear that the patient in front of us is genuine. Even drug addicts get genuine pain.

Bottom line: MRQ will send you a nasty letter if you consistently overlook the safety rules. Nobody will send you a nasty letter if you have genuine reasons (and documented the reasons) for actually caring for a patient in real need.

Wayne Herdy.



No wait, rapid access Palliative Care radiation treatment within 24 hours, on the Sunshine Coast.

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Maroochydore

Unit 1, Cnr Horton &
Plaza Parades

Ph: 5443 8660

Noosa

Noosa Private Hospital
Pav A, 111 Goodchap St

Ph: 5430 5200



Poland Syndrome

Clinical history: On chemotherapy with RUQ pain, to rule out right lower lobe pneumonia.

Findings

XRAY

Radiolucency of the right hemithorax. This may be due to congenital absence of the pectoralis muscle, which may be partial or total.

CT

Absence of the major and minor left pectoral muscles



Diagnosis

Findings are in keeping with Poland syndrome.

Discussion

The **Poland syndrome** refers to a congenital unilateral absence of the pectoralis major muscle/ minor muscle and is a recognised cause of unilateral hyperlucent hemithorax.

Epidemiology

Poland syndrome is usually sporadic, although rare familial cases have been described. It is rare with an estimated incidence of 1: 36000 - 50000. There does not appear to be a side or gender predilection. Although rare, an association with Möbius syndrome has been described (thus Poland-Möbius syndrome) as well as with Morning glory syndrome and Pierre-Robin syndrome.



Clinical presentation

The abnormality is usually evident at birth due to asymmetry of the chest and frequent and ipsilateral abnormalities, most frequently syndactyly. Spectrum of abnormalities includes:

- aplasia or hypoplasia of
 - pectoralis major (most common)
 - pectoralis minor
 - ipsilateral 2nd to 5th ribs
 - ipsilateral breast or nipple
- upper limb abnormalities
 - small hand and brachysyndactyly
 - simian crease of affected extremity

Pathology

No definite cause has as yet been identified, although it is thought to result from an isolated vascular insult in early gestation (involving embryonic subclavian and vertebral arteries).

Radiographic features

Mammography

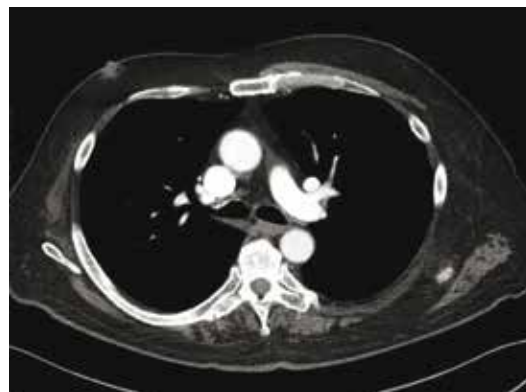
May be seen as hypoplasia of the breast or of the pectoralis major muscle (thus absent on MLO view).

Chest radiograph

On CXR it is one of the classic causes for a unilateral hyperlucent hemithorax, and should be considered when asymmetry of chest is not explained by other causes.

CT / MRI

Although clinical examination usually suffices to make the diagnosis, cross-sectional imaging will elegantly outline abnormalities.



Treatment and prognosis

The condition is benign and depending on the degree of involvement of the upper extremity may be asymptomatic. Cosmetic reconstructive surgery may be considered (e.g. breast implant).

Etymology

It was first described by Sir Alfred Poland: English surgeon (1822 - 1872) in 1841, after he dissected the body of a convict named George Elt at Guy's Hospital

Differential diagnosis

For hypoplastic breast / absent tissue on one side on mammography, consider

- amazia : absence of breast parenchyma and
- amastia : absence of breast tissue
 - this can occur from a an excision of a pre-puberal breast bud or from chest wall irradiation during childhood



LESS IS MORE



dr. plonk

"Hark now hear the bottles clinking"! The big man will be stumbling from house to house as he consumes endless numbers of beers left outside Australian houses. There is not much call for milk and cookies anymore.

It used to be simple; a 4X, Tooheys or Carlton Draft. Now there is a plethora of Hipster micro brewed beers. Perhaps a cool aromatic Belgium hopped mid strength beer served in a broad based balloon glass with a slice of lime. And of course with a macrobiotic quinoa juju berry cookie?

I love variety and the fact we have evolved, but sometimes you just zip in for a can of Bundy and Coke and spend 10 minutes passing your eyes over the mid strength, zero sugar, O.P., lime infused options. I must fully applaud the lower alcohol versions.

Lower alcohol wines can be purposefully picked early with less sugar to ferment, hence less alcohol. Also the fermentation process can be stopped by chilling down the ferment hence inactivating yeast. Alcohol can be reduced by reverse osmosis. Brewed beverages reduce alcohol by using less sugar in fermentation.

My Substance abuse colleagues often wonder whether I should book in for a rehab spell as I tell them I only drink wine for the taste. Being inebriated is a real pain at Xmas. Putting the kids swing set together with 10 screws left over, you end with something resembling a work of Gaudi architecture. Always let the cousins go first. Then there's the slicing of the ham. Don't let on there is a bit of fingertip somewhere in the mix.

Xmas used to be predictable for me. Smoked salmon and scrambled eggs with **Veuve Cliquot Rose** for breakfast. A bone dry aromatic **Clare Riesling** with oysters. A sparkling Red, usually **Seppelts Show Reserve**, with the ham and assorted meats. Maybe some **Bass Phillip Pinot Noir** with duck. A few German beers and a lie down. As we are now more aware as our role for responsible drinking, I am enthusiastically flying the flag for the low alcohol options.

Recently I convinced the wife to do a mock Xmas lunch run; all in the name of research. The oysters this time were paired with the **2014 Matua Lighter 9% alcohol Marlborough Sauvignon Blanc**. Very light color, with classic, yet subdued, gooseberry and lychee notes. The flavor is crisp with some diminished fruit and mouth feel. Low alcohol beverages can run the risk of an apparent lack of flavor as alcohol adds sweetness as well as a more complete tasting experience. Overall very enjoyable.

Thought we would have an old fashioned prawn cocktail with the **Lindeman's early picked 8.5% alcohol Semillon Sauvignon Blanc**. Some attractive citrus grassy notes and white peach aromas were apparent. The nature of the wine is a rounded medium fruit driven wine with a crisp finish. Overall it did its job.

The next challenge was roast duck with a mandarin and star anise infused glaze. **The Lindeman's early picked Shiraz 8.5% Alcohol**, with its overall reserved style complemented it well. Restrained red currant aromas with mild vanillin oak influences were noticeable. Served slightly chilled, it had enough flavor to pair the meal.

Whilst not a classic plum pudding, the wife conjured up some form of sticky date pudding with brandy custard. Out of left field I grabbed a **Matso's 3.5% Alcoholic Ginger Beer from Broome**. Spicy ginger notes, nice balance of sweetness and herbal notes really matched well.

Using the practice breathalyzer showed me to under 0.05 and the other guests didn't have to put up with any suggestions of turning on the Karaoke machine. Also I could have easily erected the kids cubby house without it looking like an Ettamogah Pub.



VARIETY BASH –

2016 ‘Dusty Swags to Chequered Flags’

Warwick to Bathurst –

30 September to 9 October 2016



Dr Wayne Herdy has registered to take part in the Variety Bash next September.

This is a charity event, raising funds for Variety Queensland, a long-established childrens' charity. Check out their website to get a taste of the wide variety of activities that they fund for Queensland kids.

You are being asked to make a donation to the charity. All of your donation goes direct to the charity – none of it goes to the participants. The deduction is fully tax deductible.

Dr Herdy is asking every health professional in our area to donate \$100 (or more) to Variety Queensland.

The donation can be made by getting on to the website and using the user-friendly link. Just go to

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

and follow the links. Your reference should include “Car 55” so that Variety Queensland can keep track of how generous Queensland doctors can be to kids in need.

Watch this space – you will be getting updates on the car and its painful progress.

Did I forget to mention – the qualifying criterion is that the car must be at least 30 years old. I have bought a 1986 Mercedes-Benz 280S. Cost me \$800!

And then I needed a supply of spare parts, so I bought another car, this time a 1987 Mercedes-Benz 280S. That one cost me \$300!

Wayne

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MEDICAL MOTORING

with Dr Clive Fraser

Hiring a car for the holidays



Christmas is that time of year when most of us are thinking of taking a well-earned break.

And with flying now cheaper than ever why not go even further afield for a getaway.

It's always tempting to snap up one of those fly-drive packages.

But the ACCC have recently been warning us about the airlines using "drip-feed pricing" to lure us into a deal that ultimately costs us (much) more.

Just as well then that the car hire part of the package doesn't contain any hidden extras, or does it?



I have yet in nearly forty years ever hired a car when I haven't had that uneasy feeling that something unexpected might suddenly catch me out and cost me more than I had budgeted for.

I guess it all started on my honeymoon with my partner when the brakes on my/our Peugeot 306 failed at the top/bottom of the French/Swiss Alps.

I diagnosed the problem by taking a front wheel off only to notice that the almost red hot wheel nuts had melted into the bitumen.

My dearly beloved made her best efforts to speak in a non-native tongue to the French call-centre to explain that the car was "les dangereux".

We were told to keep driving to Chur which I thought was just a place that sounded like my teeth grinding together.

I resolved that we weren't going any further on our honeymoon in a car with no brake pads.

Eventually a replacement car (with an empty fuel tank) arrived and a French dare-devil drove our hire car back to the depot via a series of mountain passes, still with no brake pads.

I reasoned that they thought we were Americans because we spoke English and that they were trying to kill us.

Either way the experience left us traumatized, and yes, it still Hertz!

But the worst part of all was finding on my return to Australia that my credit card had been raided by the car hire company to fill the defective returned vehicle with fuel even though I was given a replacement car with an almost empty fuel tank.

Numerous phone calls to the Number One car rental company in the world couldn't resolve the disputed transaction.

I swore that I'd stay one step ahead in any future encounter involving hiring a car.

Fast forward to New Zealand's beautiful South Island where my travel voucher said that the CDW (collision damage waiver) was included in my fly-drive package when their computer said it wasn't.

Once again it seemed to Hertz a lot, particularly when their Ford Territory had a chip as big as a bullet-hole in the windscreen and the vehicle report showed no pre-hire damage.

I am not intending to single out any particular car hire company, but I do think one needs to be extra careful about the fine print when a credit card has been swiped, my credit card in particular.

My best hiring experience so far has been with, of all things, hiring a trailer.

MEDICAL MOTORING / cont:

I had some furniture to move and I thought a large enclosed trailer would do the job.

The small hire company was really helpful and said that for only a few dollars more than the cost of hiring a trailer that I could hire a whole truck with a tail-lift loader.

No hitching up and 37 cubic metres of space with no lifting at all. What a bargain I thought.

They did warn me that the rear wasn't water-proof as evidenced by six inches of water sitting in the back, but this could be overcome by only parking the truck in an up-hill direction.

But what I was most impressed about was the effort that the attendant made to document that all of the damage to the truck's cab was pre-existing by photographing every bit of damage on his iPad.

He found dents and scratches that I hadn't noticed and on the return of the undamaged truck I knew there would be no surprises on my credit card statement.

I wonder if that firm hires out motor-homes for a second honeymoon?

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com



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**X-RAY &
IMAGING**



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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

NEW BMW i8 - for a day

Wayne Herdy

I was just given the chance to drive the new BMW i8 for a day. One unforgettable day!

The i8 is a whole new concept in BMWs. The i3 was produced by a special sub-branch of BMW, and the i8 is the next evolutionary step. And as an evolution it is more like a revolution.

The concept has two outstanding features:

Firstly, BMW has come pretty close to perfecting carbon fibre technology, which makes this an ultra-lightweight piece of machinery. Lightweight makes for challenging acceleration, 0-100 in 4.4 seconds is claimed. This puts it way in front of the fastest car that I have ever owned personally, and I used to think that my Porsche 911 was pretty quick at about 6 seconds.

Secondly, the car is half-electric, half-petrol. Not the now-familiar hybrid technology, but an electric motor driving the front wheels, and a petrol motor driving the back wheels. The driver can choose either or both. There is no mechanical linkage between the front and rear drives, but don't ask me how they got around the 4-wheel-drive wind-up phenomenon. It is when you throw it into sports mode and engage both drives that you get the brilliant acceleration. Although there is a little notchiness to the acceleration, not as smooth as you would get with a single drive train. And now we come to the next surprise. The petrol engine that fires this pocket rocket is a tiny 1.6 litre turbo-charged. This over-sized lawnmower engine is said to return 2.7 litres per 100 km.

What really hits the eye is the ultimate style of the exterior design. It draws attention just sitting still, and the wow factor goes into overdrive when you open the doors, the scissor action takes the door almost straight upwards. When I parked this car at the supermarket, young girls (OK, young women) drove up asking to have their photo taken with the car. Parked at work, the women in the adjoining office were going down and taking their photos draped across the bonnet, presumably trying to take advantage of the ultimate sex toy.

Of course there is a downside. Well, more than one downside. For starters, the price tag is more than an average suburban house; if you have a spare mill you can take home just three of these babies. Cheap if you are in the market for a Ferrari. Next, despite the scissor-action doors, ingress and egress requires gymnastics to wrap the driver's capsule around you. No woman in a skirt is ever going to look dignified getting in, and even less so getting out. For the price, most luxury cars give the proud owner a lot more gadgets to play with, but this little beauty does not even have a split air conditioner. The rally driver in me thought the lights were pretty ordinary, but they are putting laser headlights in next year's model. The electric motor has a range of only 57km, and strangely is not recharged by the petrol engine when it cuts in. Last of all, the luggage compartment is big enough to take a briefcase (unless you are a barrister).



This is not the car to take shopping, let alone to the airport for a week away. Standard for a real sports car, the rear seats have more of a decorative role than a genuine function.

But if you can live with the inconvenient entry/exit calisthenics, and don't need to carry much this is an absolutely brilliant car. Even ignoring the sex appeal (an impossible ask), the technology that has gone into this machine makes it a trend-setter for the future of motoring.

This car would suit:

- A gymnast with an uncontrollable desire to get into trouble with police and young women.
- An avid technophile with a tax problem.
- Anybody who really enjoys the finest of machinery, isn't fixed on extra creature comforts, and never needs to carry more than a briefcase and one passenger.

I come into all three categories, but much as I am thankful to Brisbane BMW for the opportunity, this truly remarkable car is unfortunately not on this year's Christmas list for me. I'm still trying to work out why not, but it might be partly explained by the fact that my wife would always find a reason why she has to have this car on this day and I am stuck with her old jalopy.



EXPLORE DENVER AND AMERICA'S NATIONAL PARKS 2016

Nothing beats heading out on an exciting weeklong break from work to the fascinating National Parks of America - every nature lover and adventure-junkie's delight. Breakfast on Lake Powell, visit to the grand Zion's cliffs, night stays at the Salt Lake City and the Jackson Hole, there are plenty of wondrous locales that will capture your mind in their spellbinding beauty. The metaphorical cherry on top on any getaway trip would be a visit to the remarkable Denver and the inviting ski slopes of Rocky Mountain National Park.



Beauty Au Natural

- **Grand Canyon of Arizona** is one of the most visited national parks in the world. Hike down the Rim Trail or the pine-forested, relatively desolate North Rim of the park on a mule or by foot and let your mind turn on the introspection mode in the serenity of the environs. One can also enjoy the vastness and intense tranquillity of the Canyon while lying back on a raft on the Colorado River. The **Yavapai Point** gives a stunning panoramic view of the Canyon.
- The **Yosemite Valley** is the crown jewel of the National parks of America. Here nature is at its impeccable glory. Camping, lounging, fishing, hiking, rock climbing... this Park has a plethora of fun activities to get your adrenaline soaring at the Ahwahnee Hotel, a valley-floor mainstay since 1927.
- **Maine's Acadia National Park** is a nearly 50,000 acre of inexplicably beautiful vistas. Bike or hike along the park's trails and then once you are by the sea, plop yourself onto a kayak and enjoy the pleasant view of seals playing around in the water or even an occasional appearance of whale.

What have we planned for you?

A comprehensive itinerary has been developed to include all the amazing national parks of America and Denver.

- *A breakfast cruise on the breath-taking Lake Powell shall be arranged to start your day on a bright note.*
- *A trip to Denver, known as the Mile High City and the Rocky Mountain Park shall be arranged. Activities like hiking, horseback riding, and biking to be organised on demand.*
- *Visit to the resort villages of Estes Park and The Grand Lake for dining as well as shopping.*
- *Black Canyon of the Gunnison National Park. Hiking down the trails along the gorge to the river in groups.*
- *Night stay inside the Yellowstone National Park with tons of sightseeing to do.*
- *Scenic drive to the Black Hills National Forest.*
- *Head to the rugged, beautiful Grand Teton National Park and the famous chuck wagon cookout at the Jackson.*
- *Trips to the Yosemite Valley, Acadia National Park and the Grand Canyon of Arizona.*

Get ready to treat the wanderlust in you with some hard-core adventure in the spectacular backdrop of the national parks of America!

Tour Dates: 9 July – 1 August 2016

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EXIT STRATEGY PLANNING



One of the biggest issues for Australian small and medium (SME) business owners when they consider an exit strategy is to calculate net proceeds - or in simpler terms work out exactly how much cash I end up with in my pocket after I sell my business.

Obviously, there are minor transaction costs legal fees, possibly stamp duty, possibly fees for advisers, business brokers et cetera. But by far the largest cost for most business owners will be capital gains tax and unfortunately many people simply forget or ignore this cost and others find it ridiculously complicated to determine exactly what the taxation impact will be and therefore vastly underestimate the cost.

For small businesses, the taxation law provides a significant concession known as the small business CGT concessions which are designed (on purpose) to minimise or reduce the impact of CGT upon sale of businesses. However, the CGT small business concessions are complicated and require businesses to jump several hurdles in order to qualify and meet the conditions to allow the concessions to apply to the capital gains tax upon sale of the business.

Most business owners know and understand that capital gains tax applies to the sale of assets and in very simple terms is a tax (most commonly applied at the business owners marginal tax rate) on the gain or increase in value of the assets over the time that the business owners have owned the business. In its most simple form if I purchased the business for \$500,000 and sold it to \$2,000,000. – five months later then I would simply pay tax at my marginal rate on the gain - \$1.5M

This is very rarely the case in practice, as the law is far more complicated, and whilst the legislation is designed to reduce this taxation (as long as we meet certain criteria) the criteria is not simple and often multiple tests need to be successfully completed in order to qualify.

If the capital gain we are considering happened after 21 September 1999 then we may be able to reduce the gain using either or both the CGT discount or one or more of the four CGT concessions available for small business owners.

The CGT discount - This is probably the most simple means of reducing capital gains tax and simply relies on ownership of the asset for at least 12 months. If you are in a partnership, a trust or an individual then the discount allows you to reduce your capital gain by 50%. Importantly companies cannot use the simple CGT discount

Small Business CGT concessions - Firstly, we need to determine if the small business owner qualifies for the concessions at all - this simply means they need to meet the definition of a small business which under this legislation requires satisfaction of two key tests:

Firstly, the business needs to have an annual turnover of less than \$2 million or the total net assets of the owner (see below for a further more detailed explanation) are under \$6 million (excluding both the family home and any superannuation assets).

EXIT STRATEGY PLANNING / cont:

This test sounds ridiculously simple, however this is not always the case as we need to consider related party assets and often other investments (investment properties, share portfolio etc.) when added to the value of the business exceed the limit and therefore neither concessions apply.

This qualification clause raises the first serious issue for small business owners and that is the question of whether we are selling the business and goodwill or the shares in the company that owns the business and goodwill - this seemingly simple choice will have a significantly different taxation outcome - as we have mentioned previously companies are normally not entitled to the CGT discount.

Assuming we are able to meet the qualification clause and therefore become a small business under the legislation then there are four possible CGT concessions which might be available to us:

Firstly the small business 15 year exemption allows a total exemption for a capital gain on the CGT asset if we have continuously owned the asset for more than 15 years and the relevant individual (see below) is 55 years or older and retiring or is permanently incapacitated.

The small business 50% active asset concession provides a 50% reduction of the capital gain and whilst this sounds incredibly simple is actually not the case as we need to determine the level of active assets throughout the ownership period of the business - this can be quite complicated in practical terms.

The small business retirement exemption allows for a reduction of capital gains up to a lifetime limit of \$500,000. If the relevant individual is under 55 years of age before they make the election then the amount must be paid into a superannuation fund or retirement account.

The small business rollover concessions allow us to defer all or part of the CGT on a business asset for a minimum of two years as long as we acquire a replacement asset or make a capital improvement to an existing asset within the two-year period then the gain is deferred until you either dispose of the replacement or improved asset or change its use.

In this case the deferred gaining is in addition to any capital gain you make when you dispose of the replacement or improved asset.

As long as you are eligible for the concessions then you need to meet any additional conditions that apply specifically to the end of the concessions and hence the complexity spoke about earlier.

You can however apply as many concessions as you're allowed to until obviously the capital gain is reduced to zero if managed correctly - this should allow you to manage the capital gains tax and achieve the best possible taxation outcome based on your particular circumstances.

Article by Don Poole Partner Poole Group / Succession Plus. Phone **5437 9900** if any questions.

SUCCESSION+

GP Admission and Referral Information



Acute admissions - 5430 3314

For acute admissions, phone the Hospital Coordinator on **5430 3314**

- To assess the bed situation
- To assess the appropriateness of the admission
- To assess VMP availability to accept admission

If admission appropriate and bed available and VMP accepts admission, the patient can then be sent directly to main reception at the hospital. The GP practice must notify the hospital coordinator that the VMP has accepted care of the patient so the appropriate bed can be held.



Buderim Heart Centre admissions - 1300 675 897

For Buderim Heart Centre admissions, phone **1300 675 897** where you will speak to an ICU RMO who will assist with patient assessment and organising admission directly to the hospital.



Breast Clinic referrals - 5452 0500

For Breast Clinic referrals, phone **5452 0500**. Referral forms can be downloaded from the website at sunshinecoasthospital.com.au/breastclinic.



Acute Mental Health referrals - 1300 780 413

For acute mental health referrals, visit sunshinecoasthospital.com.au/doctorsearch to access your preferred credentialed consultant psychiatrist's details and forward the patient referral directly. For general enquiries, phone the Cooina Mental Health Service on **1300 780 413**.

Important information required at the time of the initial enquiry

- Patients' full name and date of birth
- Diagnosis
- Brief history, including comorbidities that may impact nursing care
- Health fund details

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SUNSHINE COAST
UNIVERSITY PRIVATE HOSPITAL

Sunshine Coast Hospitals, Ramsay Health Care

Hospital executives, clinical staff, medical officers and surgeons from Noosa Hospital, Nambour Selangor Private Hospital, Sunshine Coast University Private Hospital and Caloundra Private Clinic (Mental Health Services) joined to celebrate the festive season at the 2015 Christmas Party, Maroochy River Golf Club.

Guests shimmied up the red carpet to the sweet sounds of local vocalist Erin McKinney (Tamworth Music Festival entrant), danced to the Flaming Thongs band and sampled a variety of vintage champagnes artfully presented by special guest and champagne connoisseur, Bernadette O'Shea.



Dr Michelle Cronk, Cathy Barratt, Dr Hans Seltenreich and Mrs Seltenreich.



Dr Dries Ferreira, Jude Emmer and Dr Michelle Sumner.



Simon Rodger, Dr Rosemary Gan, Dr Premjeet Ram

Right: Judy Beazley and Pam Bull



Left: Dr Jonathan Dick and Mrs Dick



Centre: Cathy Barratt and Dr Stefan Bucholz

Right: Dr Phebe O'Mullane and Michael Baker.



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

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	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).				
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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
MANAGEMENT COMMITTEE MEETING
THURSDAY 22 OCTOBER 2015
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee meeting 26 November 2015)**

The meeting opened at 18:10.

Attendance: Drs Di Minuskin, Wayne Herdy, Jenny Grew, Marcel Knesl, Mason Stevenson, Kirsten Hoyle, Jeremy Long, Nigel Sommerfeld, Mark De Wet, Jon Harper (PHN Country to Coast) and Jo Bourke (Observer)

Apology: Dr Scott Masters

Minutes of last meeting: 24 September 2015

The Minutes were accepted as a true and accurate record, with an amendment: "Mason noted that our SCHHS is the second most financially efficient in Queensland."

Moved: Di Minuskin. **Seconded:** Nigel Sommerfeld. Carried.

Business arising from Minutes. Nil.

President's Report: Dr Di Minuskin

1. Thank you to Dr Ian Colledge who has represented the SCLMA at the presentation of the USC bursary. We are looking forward to having the recipient, Dylan Astley, present his work at a meeting early next year.
2. The delay in receiving correspondence from SCHHS is still causing problems, especially from the OPD. It would appear that the doctors are unaware of the time it is taking for a letter to get through as they are advising patients to make an appointment with their GP in 1-2 weeks expecting the letter to be there.

There was discussion re this to emphasise that it is the *clinicians* who need to be made aware of the delays, as there have already been discussions with typing/clerical/administrative personnel. Delays may occur with some doctors taking time to check their dictated letters (e.g., if part time). The suggestion was made that unchecked drafts might be sent out to speed up the process. Additionally, doctors have the option to mark their letters as urgent at the time of dictation and notes can be made in Medical Objects for those who have access.

Vice President's Report : Dr Wayne Herdy.

1. Note made of the MBS review, with a lot of speculation as to what is behind the review. Wayne notes that he has written an article on the matter for the October newsletter.
2. There are questions as to what lies behind Kate Sinclair (paediatric neurologist and wife of former Liberal National Party MP Chris Davis) recently speaking out about the Lady Cilento Children's Hospital. Wayne indicated that there is much anguish about the performance of this hospital.

Secretary's Report: Dr Jenny Grew

Correspondence In:

- From Dr Ian Colledge – re USC Bursary presentation;
- From Greg Bradley – thanking Dr Ian Colledge for USC Bursary presentation;
- From Dr Bill Meyers – query re recording clinical meetings

Correspondence Out:

- To Ian Colledge re USC Bursary presentation;
- To Greg Bradley re Bursary student Dylan presenting at an SCLMA meeting in 2016.

Business arising from Correspondence:

- Dr Meyers noted the "tyranny of distance" and made the suggestion of recording the SCLMA clinical meetings, placing them on the website for viewing, particularly by those unable to physically attend the meetings.
- Nigel agreed to liaise with website developer Chris Bourke to explore this possibility. Speakers would of course give consent to have their presentations recorded for this purpose.

Treasurer's Report : Dr Peter Ruscoe – Absent.

Report tabled by Acting Treasurer Mason Stevenson

(a) Accounts to be paid:

- Australia Post – September Account 2015
- Jo Bourke – Secretariat September 2015
- Jo Bourke – Adobe CC subscription September 2015
- C Hawkins – Assist Secretariat September 2015
- Snap Printing – Invites October 2015
- Snap Printing – Newsletter October 2015
- Jo Bourke – Newsletter October 2015

Moved: Mason Stevenson that the accounts be paid. Seconded: Jeremy Long. Carried.

(b) Membership Report:

- Dr Tegen Robertson (GP, Bundilla Clinic)

Moved: Mason Stevenson that the membership application be accepted. Seconded: Jeremy Long. Carried.

AMAA Councillor's Report: Dr Wayne Herdy – Apology for this part of the meeting.

- Di spoke of her attendance at the recent AMA Queensland Annual Conference in New York, where she was invited to speak on health reform. She enjoyed listening to a range of great speakers at the conference; among the best was a presentation by the immediate past president of the American Medical Association, who provided an overview of the American medical care system from the days of the Great Depression to current. Although there are many differences between our 2 health systems, there are also some parallels, including the arguments used by governments of health budget blow-outs – not borne out by the data - to justify spending cuts.
- Mason noted that he had recently attended an AMAQ Past President's Club event. A gem gleaned from his attendance is that there is said to be an additional five year life expectancy for individuals who have held the presidency – of any organisation!

Meetings Convenor Report: Dr Scott Masters – Apology

Update from Jo:

- November 26 meeting final one for 2015 – Maroochydore Surf Club
- Speakers: Bev Powell, Olivia Bigault, Rachael Sharman (USC) & Chris Zappala (AMAA).

Hospital Liaison Report: Dr Jeremy Long

- The Queensland Clinical Senate meeting on Friday October 16 discussed health care integration and was rated by Jeremy and other participants as probably the most useful of the Senate meetings to date.

SCLMA COMMITTEE MEETING 22 OCTOBER 2015

MINUTES / cont:

- Particularly compelling was a presentation by David Meates, Chief Executive of the Canterbury and West Coast District Health Boards on the transformational work going on in Canterbury (NZ) in health system integration. Australia and NZ have different funding models but we can learn from their experience. We have all the ingredients locally – the LMA, PHNs, medical practitioners - and as per the Canterbury experience, ought also to include NGOs, pharmacy, consumer groups, etc. The perfect storm is forming and now is the time to start the conversation. It is by actually having the dialogue that issues get raised and will get the ball rolling.
 - Jeremy has indicated that the HHS will fund a forum to begin these discussions and will liaise with Dr Jon Harper from the PHN to organise.
 - This news generated enthusiastic discussion amongst the Committee members.
 - Di raised the question of what have been the barriers to integration in the past.
 - Jeremy: until very recently, the health system has been missing clinician leadership – health managers need clinician input.
 - Jon Harper: working in silos is a significant barrier. There is work on adopting “HealthPathways” – an online manual/ clinical decision tool – to address health system integration issues. The content of the care pathways in this tool is tailored to reflect the local context and provide all available resources and information at one source. For further on this, see PHN report, below.
 - Kirsten Hoyle: the difficulties of getting public results/ discharge summaries onto Medical Objects are a barrier.
 - Jeremy Long: it's time to discard some of the unhelpful terminology; for example, a discharge summary would be better referred to as “clinical handover”.
 - Jeremy concluded his report by suggesting that it is time to sit down and talk about integrated care.
- that all the correct patient investigations are done and that the patient is referred to the correct service for their particular condition. The PHN has been working through the algorithms for the care pathways and is now focussing on “localising” them. This work has been 2 years in the making and the HHS is on board.
- The first PHN Clinical Council meeting is to be held on Tuesday 27th October and will bring together a broad range of health sectors and specialties.
 - A pilot for Emergency Department attendance/hospital avoidance is being planned. The intention is to have low acuity patients referred either to their own GP or specifically designated “acute care practices”. It is anticipated that this might involve some 4-5 patients per day. The PHN is in the process of establishing the funding model. Once finalised, the financial offer will be sent out to practices for consideration and feedback as to whether this strategy would work in their practise. It is envisaged that 4 to 6 practices in the region might function as these acute care centres.
 - Di made the comment that if a patient was transferred/ referred to a practise other than that of their usual GP, good communication about the care episode was essential.
 - Marcel outlined how A&E centres function in NZ, attendance at which attracts a fee. Jon indicated that QAS data shows that people who have the capacity to pay for medical care will attend their GP rather than present to ED. The target patient group for this current strategy is those who, by contrast, call an ambulance to meet their care needs.
 - A number of educational activities are happening. There are increasing requests to have a webinar option for these and to have an event archive available on the PHN website. Jeremy made the observation that it would be a great feature to have CPDP points built in to a website when a webinar is attended/video viewed.

PHN Country to Coast Report: *Dr Jon Harper*

- Further to Jeremy's report, Jon noted that for the process of integration, it is important to fill missing clinical links. There must be a broad consensus amongst as many clinical groups as possible in order to avoid “push-back” in the face of change. The PHN is actively working with GPs and the HHS in the sphere of integration.
- The work on HealthPathways is now gaining real traction. Among the many features of this tool, its use will ensure

General Business: Nil.

Meeting Close: 1910

**Next meeting – Thursday November 26th,
Maroochydore Surf Club.**

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”

Take Five



Christmas....

Subject: The Office Party FROM: Pat Lewis, Human Resources Director TO: Everyone RE: Christmas Party DATE: December 1

I'm happy to inform you that the company Christmas Party will take place on December 23, starting at noon in the banquet room at Luigi's Open Pit Barbecue. No-host bar, but plenty of eggnog! We'll have a small band playing traditional carols...feel free to sing along. And don't be surprised if our CEO shows up dressed as Santa Claus!

FROM: Pat Lewis, Human Resources Director DATE: December 2 RE: Christmas Party

In no way was yesterday's memo intended to exclude our Jewish employees. We recognize that Hanukkah is an important holiday which often coincides with Christmas, though unfortunately not this year. However, from now on we're calling it our "Holiday Party." The same policy applies to employees who are celebrating Kwanzaa at this time.

Happy now?

FROM: Pat Lewis, Human Resources Director DATE: December 3 RE: Holiday Party

Regarding the note I received from a member of Alcoholics Anonymous requesting a non-drinking table ... you didn't sign your name. I'm happy to accommodate this request, but if I put a sign on a table that reads "AA Only" you wouldn't be anonymous anymore. How am I supposed to handle this? Somebody?

FROM: Pat Lewis, Human Resources Director DATE: December 7 RE: Holiday Party

What a diverse company we are! I had no idea that December 2 begins the Muslim holy month of Ramadan, which forbids eating, drinking and sex during daylight hours. There goes the party! Seriously, we can appreciate how a luncheon this time of year does not accommodate our Muslim employees' beliefs. Perhaps Luigi's can hold off on serving your meal until the end of the party - the days are so short this time of year - or else package everything for take-home in little foil swans. Will that work?

Meanwhile, I've arranged for members of Overeaters Anonymous to sit farthest from the dessert buffet and pregnant women will get the table closest to the restrooms. Did I miss anything?

FROM: Pat Lewis, Human Resources Director DATE: December 8 RE: Holiday Party

So December 22 marks the Winter Solstice...what do you expect me to do, a tap-dance on your heads?

Fire regulations at Luigi's prohibit the burning of sage by our "earth-based Goddess-worshipping" employees, but we'll try to accommodate your shamanic drumming circle during the band's breaks. Okay???

FROM: Pat Lewis, Human Resources Director DATE: December 9 RE: Holiday Party

People, people, nothing sinister was intended by having our CEO dress up like Santa Claus! Even if the anagram of "Santa" does happen to be "Satan," there is no evil connotation to our own "little man in a red suit." It's a tradition, folks, like sugar shock at Halloween or family feuds over the Thanksgiving turkey or broken hearts on Valentine's Day. Could we lighten up?

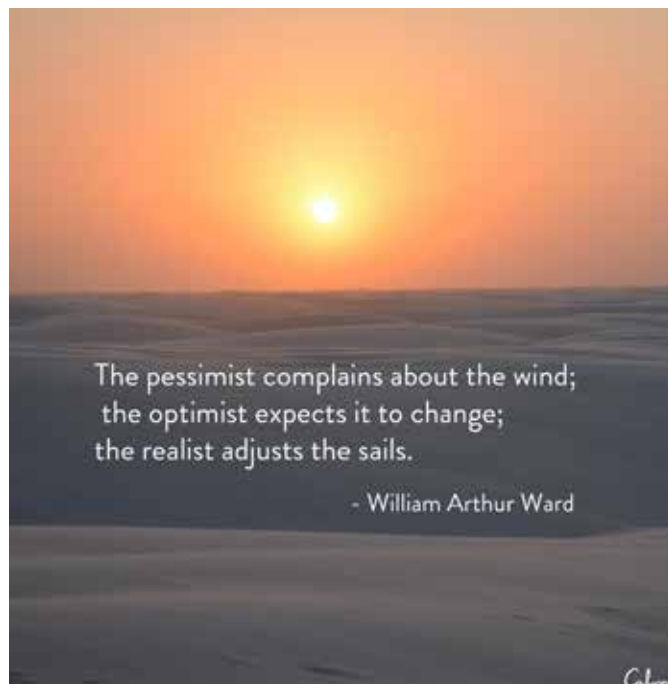
FROM: Pat Lewis, Human Resources Director DATE: December 10 RE: Holiday Party

Vegetarians!?!?! I've had it with you people!!! We're going to keep this party at Luigi's Open Pit Barbecue whether you like it or not, so you can sit quietly at the table furthest from the "grill of death," as you so quaintly put it, and you'll get your freaking salad bar, including hydroponic tomatoes. But you know, they have feelings too. Tomatoes scream when you slice them. I've heard them scream. I'm hearing them scream right now!

FROM: Teri Bishops, Acting Human Resources Director DATE: December 14 RE: Pat Lewis and Holiday Party

I'm sure I speak for all of us in wishing Pat Lewis a speedy recovery from her stress-related illness and I'll continue to forward Your cards to her at the sanatorium. In the meantime, management has decided to cancel our Holiday Party and give everyone the afternoon of the 23rd off with full pay.

We hope that this change does not offend anyone.



CLASSIFIEDS

NOTICE FROM DR FABIO BRECCIAROLI

This is to inform you that after 40 years I have retired from my full time hospital position. This will occur from the 19 Feb 2016.

- I will continue to be available for my private practice as a Palliative Care consultant.
- I look forward to helping you with your Palliative Care patients when needed.

Contact Details: Dr Fabio Brecciaroli
Sunshine Coast Palliative Care Consultancy
PO Box 966 Caloundra 4551
Ph: 0419 722 764 Fax: 5492 3560
Email: fabiopallcare@bigpond.com
December 2015

FURNISHED PRACTICE PREMISES AVAILABLE FROM JANUARY 2016 IN MOOLOOLABA ON A WALK-IN WALK-OUT BASIS.

- Premises well located on main road consisting of large consulting room, procedure room, storage area, kitchen, waiting room and reception area.
- Currently fully computerised with four workstations.
- Wheelchair access and no parking problems.
- Experienced practice manager and nurse available.

Please contact 0408 848 732 for further information.
December 2015

MEDICAL / ALLIED HEALTH PROFESSIONAL OFFICES AVAILABLE FOR LEASE

Nucleus Medical Suites.
The Sunshine Coast Private Hospital.

- Two consulting rooms with minor procedure room.
- Recently completed rooms in modern specialist medical building. Free parking on site.
- Available on long-term or sessional basis.
- Facilities in place for an independent, co-located practice

Enquiries: admin@dcollodge.com.au 5478 1449.
or visit Suite 9B Nucleus Medical Suites.
Sunshine Coast Private Hospital
November 2016

SPECIALIST ROOMS AVAILABLE FOR LEASE

- Sunshine Coast General Surgeons have modern specialist rooms available for lease on the ground floor of the Sunshine Coast University Private Hospital. They are available on a full-time basis or for sessional times.
- Included in the lease are electricity and cleaning. We are able to offer full secretarial services if required.

Please contact our practice manager, Robyn Blackmore, for further information 07 5493 7018,
or email: reception@scgensurg.com.au
November 2016

SPECIAL OPPORTUNITY - MAROOCHYDORE

- Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.
- We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room.

Please contact the Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096
November 2016

SURGICAL ASSISTANT AVAILABLE

- Dr Richard Pope has retired from general practice, but wishes to continue with some surgical assisting. Current and previous experience in orthopaedic and general surgical assisting.
- Dr Richard Pope is accredited at Nambour Selangor, The Sunshine Coast Private Hospital Buderim and the Sunshine Coast University Hospital.

Phone 0408 195 938
October 2015

READY FOR A CHANGE OF LOCATION?

Kawana Waters 7 Day Medical Centre requires at least two Doctors.

- We are very flexible and accommodate our Doctors as a priority
- You choose - your days - your hours
- Great remuneration
- Great facilities
- Excellent friendly and skilled staff
- Exceptionally happy team who work together
- Open seven days 8am to 9pm Monday to Friday and 8am to 4pm Weekends.

Ring Sabra for a confidential chat :

Ph: 5444 7544 or 0407 877 037

Email manager@kwmc7day.com.au
October 2015

GP OPPORTUNITY

General Practitioner wanted to join our friendly team at Better Health on Buderim Sunshine Coast.

- Choice of sessions are available mornings & afternoons, rotating roster for Saturday mornings.
- We offer a CDM nurse, full nursing support and a fully equipped treatment room.
- The practice is accredited and fully computerised using Best Practice. We are a mixed billing practice. Our current consult 23 fee is \$75.90 with the practice charging a 35% management fee.

For further information please call Nicola:

Ph: (07) 5456 1600

Email pm@betterhealthonbuderim.com.au
July 2015

MEDICAL EQUIPMENT FOR SALE

- CoaguChek XS Plus INR DEVICE (complete with case) (used twice) \$500
- Welch Allyn Vital Signs BP Monitor with Pulse Ox (mobile stand/ large cuff included) \$1500
- Niki T 34 Syringe pump (key/carry bag included) \$1200

Ph: 0400 646 027 Denise Simmons NP

Classifieds remain FREE
for current SCLMA members.

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

Classifieds remain on the list for 3 months
unless otherwise requested.

SCLMA CLINICAL MEETING - 26 NOVEMBER 2015

Maroochydore Surf Club Function Room, Maroochydore

Speakers: Dr Chris Zappala, President, AMAQ, Dr Bev Powell, Gynaecologic Surgery and Specialist Gynaecology

Dr Olivia Bigault and Dr Debra Furniss, Specialist Radiation Oncology, Genesis Cancer Care

Dr Rachael Sharman, PhD, Honours Co-ordinator Psychology, USC

Sponsors: MonaLisa Touch (Hightech Laser) and Genesis Cancer Care



Presenter, Dr Bev Powell with Dan O'Donnell,
Sponsor, MonaLaser Touch



Presenters Dr Olivia Bigault with Dr Debra Furniss,
Genesis Cancer Care



Dr Chris Zappala, President AMA Queensland with
SCLMA President Dr Di Minuskin
and SCLMA Vice President Dr Wayne Herdy



Presenter, Dr Rachael Sharman PhD, Honours
Co-Ordinator Psychology, USC



Correction (Nov Nletter). Di Grant is Practice Manager at
Heart Care Sunshine Coast not SC Heart Specialists



MSCC staff who look after us - Chelsea, Mel
(functions Manager), Sue and Chef Justin.

