



SCLMA President's Message

Dr Roger Faint

My December President's report was written on my iPhone on an international flight to the UK. Thus it was not as informative as it could have been. So to retrace

Dr Chris Zappala is a tireless, hard working AMAQ President and deserves recognition as his tenure winds down and finishes mid year. He is a fearless and tough negotiator amidst controversy and he coped well at a special November meeting with the full SCLMA committee, Kevin Hegarty (CEO, SCHHS), Steve Coverdale (Associate Professor, SCHHS) and from the Regional Development Association (Darrell Edwards, CEO and Dr Ian Young. He ate little, listened intensely, provided rigorous debate and respectively agreed to be more supportive towards the establishment of the local medical school (but of course, no new medical school student places).

Chris then presented at the educational meeting afterwards and stayed for a rigorous and challenging question time. He then drove the late night arduous journey to Hervey Bay to attend his next day's respiratory clinic. Also his stance of supporting the establishment of the Sunshine Coast Medical School is alternative to the AMA Federal body views and you have to be a man of conviction to do this. The SCLMA looks forward to continuing support from Chris towards the Sunshine Coast, particularly the establishment of the new medical school.

The establishment of the new 'Medical School' on the Sunshine Coast is in a state of political flux. There is a Federal review currently being conducted by Dr David Gillespie FRACP, Assistant Minister for Health, (and past rural doctor) as requested by Malcolm Turnbull. The findings as to how best find 15 more medical school places (one idea is to take one position off each Australian Medical School, a patient of mine helpfully suggested) to establish the medical school will be released in April this year. It is not at all certain what the findings will be and quite likely the advice will be in the negative.

There is also the risk that the successful University (Griffith?) will lose interest and withdraw secondary to uncertainty and delay (they did apparently want a decision by February this year). The establishment of a local medical school will then be postponed for an indeterminable period of time, rather than 2019.



I have written to Malcolm Turnbull expressing the SCLMA concerns regarding this issue with copies to Dr Gillespie and other political local members. If LMA members share these concerns, please contact your local political representative. I have been impressed how many local residents and patients have read my recent Sunshine Coast Newspaper article and offered support. It is a significant escalating community issue as illustrated by the fact that Mayor Mark Jamieson, and Steve Dickson MP, One Nation have also contacted me.

Included in this February magazine is an article written by Dr Steve Coverdale and Kevin Hegarty at my request. There is considerable confusion regarding what a 'Clinical School' is as compared to a 'Medical School' and the differing benefits to the coast. This article provides considerable clarity on the current issue and is recommended reading.

Thank you.

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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**MARCH 2017
NLETTER
Deadline Date
will be FRIDAY
17th MARCH
2017**

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

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

Contact Jo: 5479 3979

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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

According to Greek mythology, Sisyphus was the hubristic, self-aggrandising king of Ephyra who was punished for all eternity by being made to repeatedly push a huge boulder up a steep hill, only to have it roll back down and hit him each time.



As we usher in a new year, we have the opportunity to confront and embrace new challenges while continuing to battle fights not yet won. The struggle to establish a medical school on the Sunshine Coast represents one of the latter. And I fear it may be becoming a Sisyphean task - laborious and futile.

I draw your eye to President Roger Faint's report and his letter to the Prime Minister regarding the ongoing machinations to establish a Sunshine Coast medical school as well as Kevin Hegarty's article expounding the benefits of same.

The AMAQ highlights ongoing issues regarding maternity services in the public sector and their dealings with the government on the matter. Seems the health ministers, both State and Federal, have much work afoot.

Just as Trump's Presidency is inchoate, so too is 2017. Perhaps both will surprise us in their denouement!

*Regards
Kirsten Hoyle*

The SCLMA Committee wishes to express its deep sympathy to the family and friends of loved and respected Coast GP, Dr Christine Orazio.



Dr Orazio was surrounded by family when she died in Royal Brisbane Hospital on Australia Day, succumbing to complications from a brain haemorrhage.

HIGHLIGHTS in this issue:

- P 5: Kevin Hegarty - Health Service Link
- P 6-7: Medical School vs Clinical School
- P 9: SCR Case Study
- P 10-11: Dr Wayne Herdy - Medical Marijuana
- P 14-15: AMA Queensland Report
- P 17: New Mental Health Act 2016
- P 22: Clive Fraser - Motoring article
- P 23: Advertising Guidelines
- P 24-25: Dr Roger Faint - to Prime Minister
- P 27: Poole Group 'FBT Year End'
- P 31: Membership Application
(Note registrar's mship is free)
- P 35: Classifieds

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

THURSDAY 23 MARCH

Overall topic: **"There's more to Urology than Prostate Cancer".**

Dr Stuart Collins: "Management of small renal masses including Robotic Partial Nephrectomy".

Dr Chris Vernon: "Overactive bladder".

Dr Chandra Perumalla: "Male stress and urinary incontinence"

Followed by a question and answer session to the Panel of Presenters.

Sponsor: Ipsen

Venue: Maroochydore Surf Club

THURSDAY 27 APRIL

Speaker: Dr Jenny Grew

Topic: 'Changes to the Cervical Screening Program'

Sponsor: QML Pathology

Venue: Maroochydore Surf Club

ENQUIRIES: Jo Bourke

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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).



Ground-breaking treatment for patients with left-sided breast cancer



Introducing Deep Inspiration Breath Hold (DIBH) for left-sided breast cancer patients, the DIBH technique delivers radiation therapy whilst the patient is holding their breath. A breath hold increases the amount of air in the lungs and moves the heart away from the chest wall, offering the safest treatment by reducing the risk of incidental radiation to the heart.

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- ➔ Neuro-oncology and pituitary surgery
- ➔ Hydrocephalus and Chiari malformations
- ➔ Peripheral nerve surgery

Neurosurgeon and Spinal surgeon Dr Terry Coyne also visits monthly.
Find out more about Dr Coyne at www.brizbrain.com.au

CONSULTING AT:

Sunshine Coast University Private Hospital
Medical Suite 11, 3 Doherty Street, Birtinya QLD 4575

Noosa Clinic

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



Health Service Link - February 2017

On Friday 3 February 2017, the Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick MP joined our Board Chair Dr Lorraine Ferguson AM and I to announce details of the commencement of services at the Sunshine Coast University Hospital (SCUH).

A process underpinned by a comprehensive readiness assessment and supported by the recommendation of the Clinical Readiness Assessment Group (CRAG), enabled me to recommend to the Board that we are in a position to proceed with the opening of SCUH.

SCUH is scheduled to be opened progressively over a number of weeks. Clinical support and back of house services will commence from 7 March 2017. The first outpatient appointments are planned to commence from 21 March 2017. Inpatient services, the emergency department, operating theatres and maternity services are set to commence progressively in the week beginning 27 March, with elective surgery planned to start on 4 April 2017.

The Board endorsed the progressive opening schedule which is designed to maximise safety for patients and staff. Again this approach reflects the advice of senior clinicians.

Our determination to open SCUH safely with patient care of the highest quality from day one has always been the absolute objective. Given that a final review by the CRAG and the Board will be undertaken at the end of February 2017 to ensure the hospital is ready to open, services will not commence until we receive a positive confirmation at this additional final checkpoint. At that time we will also confirm the exact date for the opening of the emergency department and other inpatient services in the nominated week of 27 March 2017.

The schedule outlined above enables us to start finalising important operational matters including service move plans, patient appointments, commencement dates for transferring staff and staff rostering.



It also importantly allows us to communicate details of various services with the community. Communication with General Practitioners and our other partners in health care delivery will also be paramount in the lead up to services commencing at SCUH.

The imminent commencement of services at SCUH is a culmination of an immense amount of work undertaken by a range of people within the Sunshine Coast Hospital and Health Service and beyond. The direct involvement of clinicians in every aspect of SCUH is something that sets this major development apart from most others. We have worked hard to make SCUH a reality. Now it is time to ensure its opening is a success and as a whole the health care sector on the Sunshine Coast can lead the community celebration and acknowledgement of what this means for the delivery of health care. This is a time when we are entitled to feel proud and excited.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au



Medical School vs. Clinical School

For more than 30 years the Sunshine Coast Hospital and Health Service (SCHHS) has taught medical students during their clinical years (3rd and 4th years) of training. With the growth in population, and consequently clinical services, the number of students has grown to 40 per year. However this number is still considerably less than our medical officer requirement which increases each year. Teaching at the local level is currently coordinated by the UQ Sunshine Coast Clinical School and provided by General Practices, Specialists and SCHHS clinical staff.

In order to address the health care needs of a population of ~ 400,000 in the SCHHS region, and the tertiary needs of an even larger area, the Sunshine Coast University Hospital will commence the delivery of services in a progressive scheduled phased way from March 1 this year. The integrated Sunshine Coast Health Institute (SCHI)¹, the skills, academic and research centre, was built at the same time to address the workforce training requirements across all professional streams, including a full four year Medical MD Program i.e. a Medical School. This facility can accommodate and be economically viable with a minimum of 50 pre-clinical medical students in each of first and second years. A university can offer a full 4 Year program on the Sunshine Coast.

There are advantages in a regional medical school, as distinct from the current clinical school. Firstly it can offer, from the first year of the program, training more relevant to our region - characterised by the urban-rural mix, wide socio-economic spectrum and aging population. The proposal will have a strong rural/hinterland stream (QRME Longlook)² in addition to the traditional 'metropolitan' stream. It should be noted that there are already a number of medical schools in centres with smaller populations than the Sunshine Coast: Geelong, Wollongong, Townsville and Hobart. No hospital in Australia of SCUH's capability is without a medical school.

Secondly a full medical school will bring additional educational and research infrastructure to the Sunshine Coast, with the potential for further improvement in training and service delivery over time. The staff required to teach first and second year medical students bring a different skill and experience mix. They are usually experienced academics with clinical background and are likely to also increase the research capability as well as contributing directly to patient care. Only having a clinical school means accepting not having this vital part of the total education and teaching jigsaw. We will be the poorer for it.

Thirdly a medical school raises the profile and prestige of the region and various health services thus enabling us to recruit more widely, particularly in highly specialised clinical fields. Evidence suggests that a strong university presence helps recruit and retain clinical staff that are also committed to teaching and research. In addition the presence of a pre-clinical program would provide a different opportunity for general practitioners interested in teaching. /cont:

/Cont:

Fourthly the proposed biomedical degree, envisaged for the University of the Sunshine Coast, will link into the local four year medical program. This will provide a new pathway for school leavers to complete medical education on the Coast. Of course there are advantages in receiving tertiary education away from home, but for some students this is not economically viable.

Following on from the points above, the presence of >200 medical students (4 years x 50 students) will have a more significant positive economic impact on the community (through the demand for and provision of social infrastructure) rather than the current 80 (2 years by 40 students). Both healthcare and education are significant contributors to the local economy.

Finally, we must stress that no one is asking for more funded student places. There are currently strong arguments that medical student places across the nation should be capped. What is needed is redistribution from existing medical schools in regions where there is oversupply or declining population. Some Australian medical schools are considered far too large by International standards. Smaller medical schools offer many advantages ranging from enhanced student experience and participation, to committed teaching and relevance to the local community.

We look forward to the outcome of the Federal Government's review of the current allocation of funded medical student places which is anticipated to be completed by the end of April 2017.

Kevin Hegarty, Chief Executive, Sunshine Coast Hospital and Health Service

Assoc Professor Steve Coverdale, Sunshine Coast Hospital and Health Service.

¹ SCHI

The SCHI will be delivered as a partnership between Sunshine Coast Hospital and Health Service and leading providers of tertiary education, skills training and research, including the University of the Sunshine Coast, TAFE Queensland East Coast and a university that will deliver medical education.

The SCHI will feature space shared with these partners to deliver:

- *multiple education programs to train existing health professionals across a wide range of disciplines*
- *hands-on clinical training for students studying to become health professionals, or health professionals undertaking post-graduate training*
- *clinical and innovative research.*

² Qld Rural Medical Education: Griffith Medical School, 3rd and 4th year extended rural placement program.

Expressions of interest for management of private Emergency Department

In support of a proposal for an Emergency Department at The Sunshine Coast Private Hospital at Buderim, the hospital is seeking expressions of interest from parties interested in managing the private centre. As the proposed Emergency Department will be a 24-hour provider of emergency services, we are seeking suitably qualified medical practitioners who can ensure the highest standards of medical care for patients is maintained.

The proposed partnership includes the provision of 24-hour medical cover aligned with service demand and to meet agreed service indicators. Engagement of key stakeholders inclusive of visiting medical practitioners and the Queensland Ambulance Service is required. The proposed partnership will also be required to align with the values and principles of UnitingCare Queensland.

Expressions of interest in service delivery, inclusive of credentials and the reason for interest, are to be submitted by COB Monday 27 March to Wallis Westbrook, General Manager, wallis.westbrook@uchealth.com.au. For more information, contact 07 5430 3260.



The Sunshine Coast Private Hospital at Buderim



The Sunshine Coast Private Hospital is a 190 bed hospital with a comprehensive range of clinical services, including cardiac, surgical, rehabilitation, mental health and maternity. The Sunshine Coast Private Hospital is a not-for-profit organisation owned by the Uniting Church and is a member of UnitingCare Health, which includes The Wesley Hospital in Brisbane, St Andrew's War Memorial Hospital Brisbane and St Stephen's Hospital in Hervey Bay.



Sunshine Coast Orthopaedic Clinic

The Acute Knee Clinic

The first few days can make all the difference in recovery from a sporting injury.

Dr Steve Lawrie at the Sunshine Coast Orthopaedic Clinic provides an Acute Knee Clinic each Monday and Tuesday which is specifically designed for, but not limited to, sports injuries of the knee with a view to rapid assessment, investigation and adoption of a management plan within the first few days of the initial injury.

The Acute Knee Clinic has now been running for twelve years. We have treated many professional and semi-professional athletes as well as the "weekend warriors", including a special interest in paediatric sporting injuries. Dr Lawrie has a close association with many sporting teams on the Sunshine Coast, including the Sunshine Coast Falcons, Melbourne Storm and many other local clubs.

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques

or an appropriate non-operative treatment programme.

To access the Acute Knee Clinic, a patient needs to have a current referral to Dr Steven Lawrie and plain x-rays of the knee should also be arranged before the initial consultation.

A plain x-ray is very important in the initial assessment to exclude fractures, loose bodies, and to show the alignment of the knee joint and the patellofemoral joint, which cannot be seen on other investigations, such as an MRI scan.

Splints and orthotics can be organized directly with Leonie Walton on 5473 5858. Leonie attends our clinic on a Thursday afternoon, but she is available throughout the week as needed.

The Acute Knee Clinic is intended to complement Dr Lawrie's other interests, including hip and knee replacement, revision arthroplasty, computer assisted joint replacement, cartilage surgery, as well as hip, knee and ankle arthroscopy.

Dr Lawrie is happy to take phone calls for advice, queries etc as this often helps the referral process.

For appointments contact

Dr Steven Lawrie
Suite 17, Kawana Private Hospital
5 Innovation Parkway, Birtinya QLD 4575
p: 07 5493 3994
f: 07 5493 3897
e: sunshineortho@bigpond.com.au
www.sunshineortho.com.au

Examples of these injuries include:

A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied with the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.

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

Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.

Traumatic meniscal tears where early repair rather than delayed resection can make a dramatic difference in outcomes

Early ACL surgery in the young active patient/sportsman.



Sports Hernia

Findings

There is avulsion of the proximal right adductus longus muscle. This injury appears long standing as it is not associated with any intramuscular or bony oedema. The left adductor longus muscle appears normal.



Diagnosis

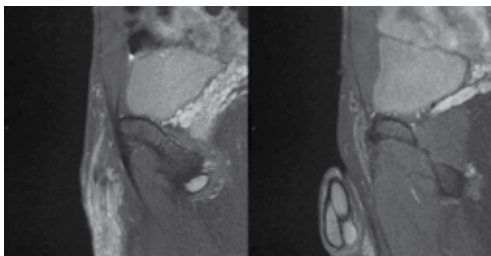
Findings in keeping with long standing avulsion of adductor longus tendon (sports hernia/athletic pubalgia)

Discussion

Clinical features

Athletic pubalgia is a diagnosis of exclusion. Other more important cause of groin pain must first be ruled out. The symptoms are usually very nonspecific and include:

- tenderness on palpation of the medial inguinal floor
- tenderness on palpation over the pubic ramus
- exacerbated pain with resisted hip adduction



Radiological features

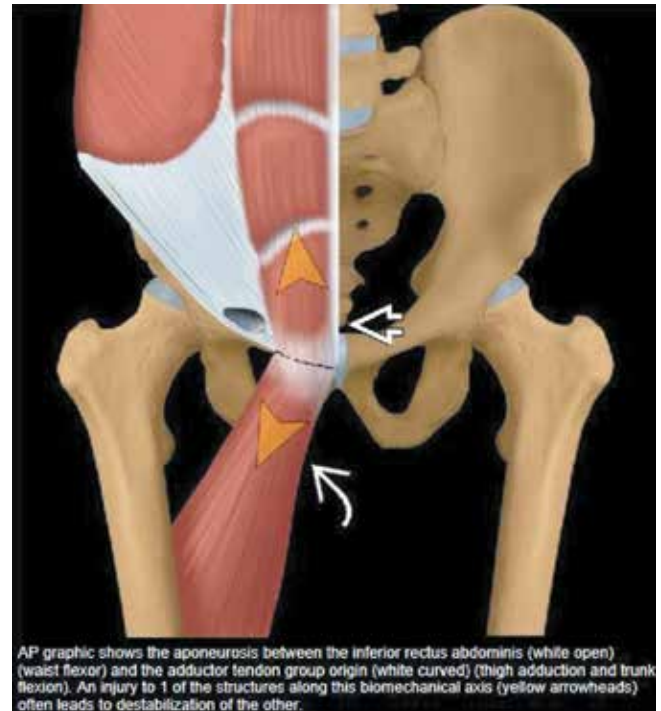
This diagnosis can only be made on MRI and findings are usually very subtle. Specific protocol for this pathology must be done to give a proper diagnosis. The most specific finding is a hyperintense T2WI signal involving the anteroinferior aspect of the pubic

symphysis. Other findings include:

- osteitis pubis
- tenoperiosteal disruption of the aponeurosis or frank tear
- marrow oedema at the pubic tubercle

Differential diagnosis

- piriformis syndrome
- hip adductor injury
- pelvis stress / insufficiency fracture



Etymology

The name sports hernia is a misnomer, since there isn't an actual hernia. However, it is commonly misdiagnosed as an inguinal hernia and the surgical approach is similar to hernia repair.

MEDICAL MARIJUANA LEGISLATION 2017

Dr Wayne Herdy

Medical marijuana is about to be legal in Queensland, commencing 1st March. GPs are already being approached by patients demanding that their doctor give them access to their rights to obtain legal prescribed, marijuana, and presumably at taxpayers' expense.

I attach the information available on the Queensland Health website. I make no apologies for burdening my readers with an extra two pages, but this information tells you all that most doctors will ever need to know, and it is actually well written for a government statement so I can't improve on it. If you think you will be targeted by patients demanding prescriptions for medical marijuana, you must read this relatively short statement at least once.

For those who do not already know, I have to disclose my personal biases:

(a) I have an addiction practice. To be more precise, about a quarter of my patients have a problem with addiction or with long-term use of controlled substances. I am seen to be an "expert" but am really only a family GP with a higher-than-average experience of the subculture that uses illicit drugs. Despite my denial, the drug-using subculture on the Sunshine Coast has already labelled me as a "specialist" for the purpose of the Act. I am not.

(b) I have never used any illicit substance myself, including marijuana. My friends know me as an incredibly boring person who has never smoked a cigarette or even had a single alcoholic drink in my life. I am eminently unqualified to judge the use of any drugs from personal experience.

(c) Because I serve a particular demographic, every patient who has approached me for my support of the use of MM has been a patient already using marijuana for recreational purposes. A high proportion of them have a marijuana addiction. In my biased perception they are universally seeking to have a legal justification for their pre-existing illegal habit. It is probably secondary to them that they might be hoping to obtain their drug of choice at taxpayer expense.

(d) Until I can see some hard science, I am not interested in being involved in writing prescriptions for MM.

The critical points

Marijuana is available legally but only under very limited circumstances. The Act defines "a cannabis product" incredibly broadly, including literally any cannabis preparation as long as it has a therapeutic intent.

Appropriately qualified specialists can get a generic approval as "patient-class prescribers" to prescribe MM for any patient, but the Act is vague about which specialists can prescribe MM. The classes of specialists who can be approved will be made clear only after the Act comes into force on 1st March.

GPs can only get approval to prescribe MM for individual patients, as "single-patient prescribers", but only in conjunction with a specialist.

Every prescription has to be approved by the chief executive, which means going through the same process that we all have to go through to prescribe S8 drugs, i.e. a conversation with Medicines Regulation and Quality (MRQ, formerly DDU). Unlike routine scripts for opioids or other S8's, the chief executive can require an additional specialist opinion.

MM does not have a TGA approval, so every prescription will have to be written with an individual TGA approval.

Unless prescribed as required by this Act, marijuana is still illegal in Queensland.

I am troubled by the requirement to obtain MRQ approval. Firstly, I doubt that MRQ is adequately resourced to handle its present roles with regard to conventional S8 medications, let alone to manage what I think will be a surge of workload with requests for approvals for MM prescriptions. Secondly, my special position in the medical workforce has demonstrated to me that most doctors do not submit reports or request authorizations for the familiar S8 prescriptions, and that MRQ is not resourced to pursue every prescriber who breaches the rules, even habitual repeat offenders. So I must wonder if prescribers will even make the correct application to prescribe, or if MRQ will be able to respond to the new workload.

Any doctor who believes it is appropriate to prescribe MM to a particular patient for a particular medical condition will find the administrative hurdles difficult and time-consuming. I can only speculate on how the requirement to obtain individual TGA approvals is going to work.

Any GP who wants to resist a patient's demands should find it easy enough to take refuge behind the rather tall hurdles that the Act has put in place. Specialists will need to be more robust than GPs in their refusal, because the Act does not yet define what specialists are expected to be qualified, nor which medical conditions are expected to be treated with MM.

As I read the present state of play:

Most prescribers remain incredibly confused about what is happening with legalized MM. I hope that a single read through the attached government website material will resolve most of the confusion.

Most prescribers want to avoid being deluged by an influx of patients, whether genuine or established addicts, demanding prescriptions. I hope that my advice above makes it easier to rebut unwanted advances.

A few (and it looks as if it is very few) prescribers want to explore uncharted but hopeful territory to find a remedy for patients whose complaints presently defy conventional medicine. Those prescribers will have to follow the regulations precisely or face punitive consequences. As soon as word is out that identifiable prescribers are prepared to prescribe MM, those prescribers should expect a tsunami of new patients.

The official AMA position on MM is regrettably wishy-washy. The AMA accepts that there may be some benefit in MM for some patients, but advocates further research before it can adopt a more conclusive position.

The Queensland government has opened a real Pandora's box with this piece of legislation. Only time will tell if the legislation eventually achieves its intent, to find relief for those patients whose needs have so far not been met by conventional medicine.

If you open the Queensland Health website

<https://www.health.qld.gov.au/system-governance/legislation/reviews/medicinal-cannabis>

This is what you will read:

Public Health (Medicinal Cannabis) Bill 2016

The Public Health (Medicinal Cannabis) Act 2016 (PDF, 1.23MB) was passed by Queensland Parliament on 12 October 2016. The Act will commence on 1 March 2017.

MEDICAL MARIJUANA LEGISLATION 2017

Dr Wayne Herdy /cont:

The Act creates a new regulatory framework to allow medicinal cannabis products to be prescribed and dispensed to patients in Queensland and prevent unauthorised use of these products. Any cannabis used outside of the regulatory framework is illegal.

The Act balances allowing greater use of medicinal cannabis products, and ensuring medicinal cannabis products are used safely and not diverted for unlawful purposes.

The regulatory framework will be reviewed after 2 years to:

- ensure it is meeting the needs of patients, health service providers and enforcement agencies
- reflect any developments in the evidence base.

Prescribing medicinal cannabis

Medicinal cannabis can be prescribed and dispensed now. This is made legally possible under the amendments made to the [Health \(Drugs and Poisons\) Regulation 1996 \(HDPR\)](#) (PDF 1.4MB). Once the Act comes into effect on 1 March 2017, the HDPR provisions will be repealed.

The Act provides 2 pathways for doctors to be authorised to prescribe medicinal cannabis:

- **Patient-class prescribers:** specialists who have an “as-of-right authority” to prescribe to groups of patients for a specified condition or symptom with specified medicinal cannabis products
- **Single-patient prescribers:** specialists or general practitioners can apply for approval to prescribe for a particular patient.

Approval from the [Therapeutic Goods Administration \(TGA\)](#) and Queensland Health is required before medicinal cannabis can be prescribed by an approved doctor and supplied by an approved pharmacist.

Medicinal cannabis will only be approved:

- the patient has tried all of the conventional treatments available and these have failed OR
- the conventional treatment causes intolerable side effects

AND

- the doctor provides clinical evidence that a specific type of medicinal cannabis product is effective for the particular condition or symptoms

Re-scheduling medicinal cannabis products

Medicinal cannabis products have been re-scheduled from S9 to S8, allowing these products to be incorporated into the existing regulatory framework for using S8 substances. These amendments have been made to the HDPR, and have been replaced with corresponding provisions in the Act, when the Act takes effect from 1 March 2017. Cannabidiol (CBD) is an exception; it is an S4 drug but because it is a medicinal cannabis product it is covered by the Act.

Most S8 substances are registered on the [Australian Register of Therapeutic Goods](#). To be registered, a drug must undergo extensive safety and efficacy testing. Scheduling alone does not make a substance eligible for registration.

Most medicinal cannabis products are unapproved therapeutic goods, and will stay unapproved even if they are re-scheduled from S9 to S8. Therefore, the Act includes additional safety and security controls around the use of these products:

- approval process for medical practitioners under the single-patient prescriber pathway
- expanded reporting requirements for specialists under the patient-class prescriber pathway.
- all medicinal cannabis products must only be dispensed from an approved pharmacist or a hospital pharmacy.

Monitoring and enforcement

The Act includes [monitoring and enforcement controls](#) to ensure medicinal cannabis products are not used illegally. These controls are consistent with other legislation.

Consultation

The Queensland Government undertook a consultation process with the public, patients, doctors, pharmacists and other key groups in the first half of 2016.

A [draft Bill](#) (PDF, 588KB) was then reviewed by the [Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee](#) and further public comment was sought.

The [discussion paper](#) (PDF, 400KB) explains the proposed regulatory framework in the Act:

- regulation of medicinal cannabis, including the relationship between the proposed Queensland regulatory framework and relevant Commonwealth laws
- Australia’s international obligations under the Single Convention on Narcotic Drugs 1961
- Commonwealth legislation which establishes a licensing scheme for the lawful cultivation and manufacture of medicinal cannabis in Australia.

Background

The Queensland Government was the first in Australia to enable access to unregistered medicinal cannabis products containing THC for therapeutic use in Australia.

This was made possible by changes to the HDPR in December 2015, which allowed:

- [clinical trials](#) to use medicinal cannabis products
- therapeutic use approved by the [TGA Special Access Scheme](#) and Queensland Health.

This approval to prescribe is given to the treating doctor for a particular patient. Further changes to the HDPR in June 2016 allowed specialist doctors to prescribe medicinal cannabis for certain limited classes of patients.

The Act replaces these temporary arrangements from 1 March 2017.

Cannabis is still illegal

The Queensland initiatives ensure that foundations are in place to make it possible to access medicinal cannabis treatment. The new regulations mean there are strong controls around treatment with medicinal cannabis.

These changes do not broadly legalise cannabis. Any cannabis grown, supplied or used outside of the proposed regulatory framework, at the Commonwealth and State levels, will remain illegal, regardless of the motive.

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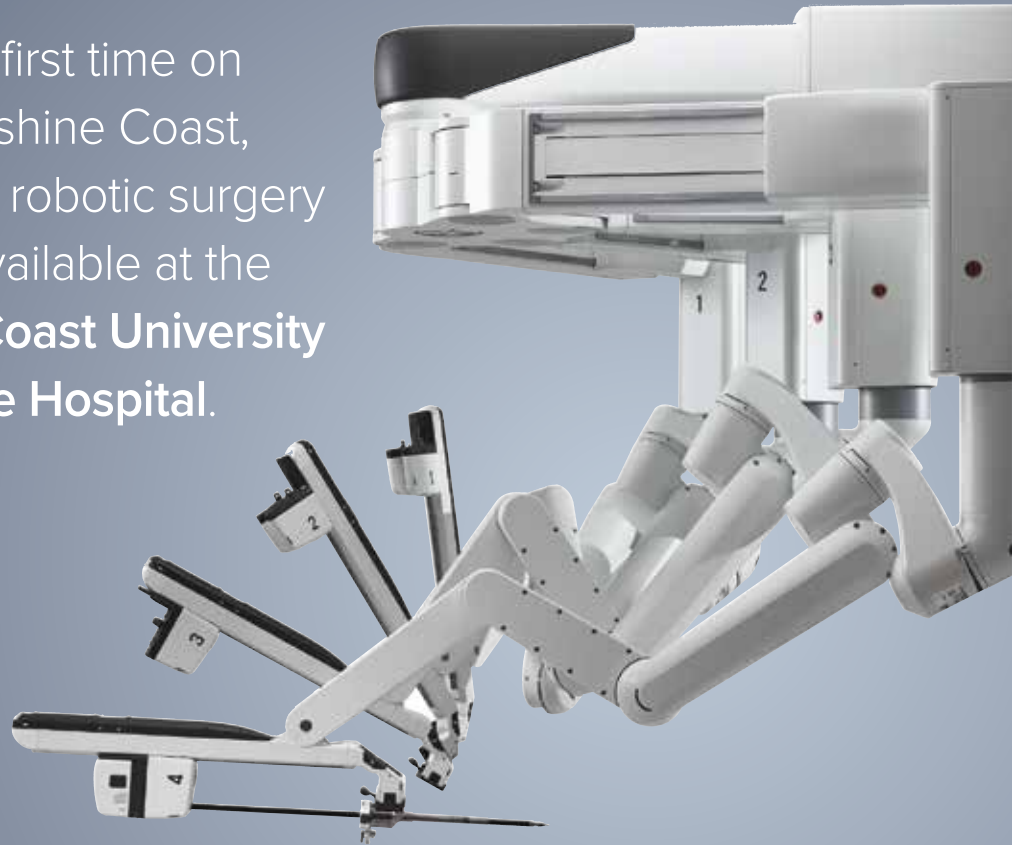
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AMA Queensland Report - February 2017

Structural issues – not staffing – plague maternity services

Despite serious incidents and near misses regularly occurring in public maternity health services, the Queensland Government is overlooking both the extent and the root cause of the problem.

In January, Health Minister Cameron Dick vowed to conduct a statewide review of midwife staffing levels throughout the state following the tragic death of a newborn.

While this is an important first step in reducing maternal and infant deaths, it ignores the core issue – that midwives throughout Queensland are working without obstetrician supervision or input.

This is not a recent crisis and the Health Minister is aware of AMA Queensland's concerns. Last October, we recommended a number of changes to the way public maternity health services were delivered, purely to improve outcomes for mothers and babies.

AMA Queensland has since repeated these concerns in meetings with the Health Minister.

So, what will it take for the Health Minister to take decisive action?

Last June, an independent clinical review of four incidents at Rockhampton Base Hospital identified issues including a failure to assess expectant mothers correctly and to notify obstetricians promptly when complications arose or labour was not progressingⁱ.

These issues could be easily addressed by implementing the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guidelines for when problems or concerns need to be raised with an obstetrician but, to date, Queensland Health has failed to do so.

The problem does not lie solely in midwife staffing levels. It lies in the Government's commitment to a midwife-only approach that current Australian and overseas research shows is not the best model of care.

Several research studies show that preventable trauma and deaths are continually occurring under midwife-led models of careⁱⁱ. Here in Queensland, 11 babies in every thousand die in the public system, compared with seven per thousand in the private hospital systemⁱⁱⁱ.

Queensland's private hospital system has a true multidisciplinary model of care, with obstetricians and midwives working together. Our public system has abandoned this model, which is a grave mistake that must be corrected.

The Australian College of Midwives has argued that outcomes between public and private systems cannot be compared due to differences in populations and models of care^{iv}.

The Health Minister himself has said that mothers in the public system are more likely to have complex needs and chronic conditions such as obesity and diabetes^v.

/cont: next page ...

And this is precisely our point – it is even more important for obstetricians to be involved from the outset. This doesn't take away a woman's right to choose how she wishes to give birth. But, when research shows the best outcomes for mothers and babies are achieved by maternity care teams led by an obstetrician^{vi}, it is irresponsible to sideline the only health professionals who can pre-emptively handle whatever complications arise during pregnancy and birth.

An expectant mother in Queensland's public system can go through her entire pregnancy and birth without ever being examined by an obstetrician.

Even in a 'low risk' pregnancy, however, complications may develop that midwives simply are not trained to handle. In fact, recent Australian research shows that in about half of pregnancies assessed as low risk, an obstetrician will need to step in to deliver the baby safely^{vii}.

If an obstetrician is involved early on, complications may be anticipated and mitigated before they become serious. This is not 'medicalising' pregnancy and birth – it is simply providing the best level of care we can offer. In many cases, early intervention may save the life of the mother, the baby, or both.

There are valid medical reasons for an obstetrician being involved in every pregnancy and we need not spend a single extra cent to use our currently employed obstetricians more effectively.

That is why AMA Queensland is calling for a truly independent review of Queensland's maternity services, conducted by an impartial expert. We believe the Government must undertake this immediately and fearlessly, without prejudice or favour, without worrying about the election cycle or fostering an impression that everything is fine. AMA Queensland wants to work together so that every mother-to-be has the best possible care and the best possible outcome – a healthy baby.

Australian Medical Association Queensland

ⁱ Central Queensland Hospital and Health Service. Review into maternity care at Rockhampton Hospital 2016.

ⁱⁱ Permezel M and Milne KJ. *Pregnancy outcome at term in low-risk population: Study at a tertiary obstetric hospital.* Journal of Obstetrics and Gynaecology Research Aug 2015, 41(8):1171-1177.

Robson, SJ, Laws P and Sullivan EA. *Adverse outcomes of labour in public and private hospitals in Australia: A population-based descriptive study.* MJA 2009, 190(9):474-477.

Wernham E, Gurney J, Stanley J et al. *A comparison of midwife-led and medical-led models of care and their relationship to adverse fetal and neonatal outcomes: A retrospective cohort study in New Zealand.* PLoS Medicine 2016, 13(9):e1002134.

ⁱⁱⁱ Queensland Maternal and Perinatal Quality Council. Queensland Maternal and Perinatal Mortality and Morbidity in Queensland Report 2015.

^{iv} *AMA Queensland seeks urgent change to way maternal services delivered in Queensland.* The Courier-Mail, 12 October 2016.

^v Interview with Dr Chris Zappala and Health Minister Cameron Dick. 612 ABC Drive program. 30 January 2017.

^{vi} Permezel, M and Milne KJ. *Pregnancy outcome at term in low-risk population: Study at a tertiary obstetric hospital.* Journal of Obstetrics and Gynaecology Research Aug 2015, 41 (8):1171-1177.

Robson, SJ, Laws P and Sullivan EA. *Adverse outcomes of labour in public and private hospitals in Australia: A population-based descriptive study.* MJA 2009, 190(9):474-477.

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^{vii} Australian Institute of Health and Welfare. 216. National Core Maternity Indicators Stage 3 and 4 Results from 2010-2013.



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“Ne me quitte pas”

On the new Mental Health Act 2016

There is no way that Jacques Brel could have known that in 2016 francophil Psychiatrists continue to quietly remember his immortal lyrics when making a decision to detain a patient either in hospital or in the community. As such it is reassuring that although in this ever-changing world Mental Health Acts come and go, the essence of underlying principles remain the same as are the old maestro's words.

The new Mental Health Act 2016, as it comes into force from March this year, has managed to translate the old Act into new words and forms with keeping the systems steady. However, there are some important changes that the interested reader might want to know more about.

The new Act seems to strengthen the role of family and support persons and seems to bring the concept of “capacity” to the front.

I have been asked to mention that it's all on the net, like fact sheets and videos, as is Jacques Brel, in case you want to update on your French as well.

www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/2016

As an overview for interested non-mental-health colleagues:

- “involuntary treatment orders” are now called “treatment authorities“
- “emergency examination orders“ are now called “emergency examination authorities“
- the patient needs to lack capacity, meaning being unable to make decisions. If they have capacity, then they are perfectly entitled to make “unwise” decisions. It is only when a person lacks the capacity to give consent that the possibility of involuntary treatment enters the frame
- there has to be serious risk of harm or deterioration in order to use the act; not just some unspecified risk
- a person may choose to make an advance health directive (maybe at your practice). This gives consent to the treatment when the person is not able to make decisions anymore. Those advance health directives are made under the Powers of Attorney Act 1998
- Just in case you need an urgent assessment of a patient under the MHA, you are still authorised to fill in a “Recommendation for assessment“ form, if you have seen the patient in the last 7 days and this is valid for 7 days. The form is in the public domain and our staff will be guiding and helping you with this, should you choose to get involved to that level

Many of the procedures are pretty similar and have been borrowed from the old Mental Health Act 2000, just as Brel borrowed a theme from the german-hungarian composer Franz Liszt. But we still need to see how the new Mental Health Act performs. Brel's performance could certainly be beautifully varied by Maysa, but that's another story.

Dr Frieder Lehmann-Waldau

SCHHS GPLO – FEBRUARY 2017 UPDATE

Happy New Year to all from the SCHHS GPLO desk!

These are exciting times for the Sunshine Coast community with the SCUH opening dates having been announced this week and no doubt the details are to be found in CEO Kev Hegarty's column!

There will be a few implications for patient flow as the transition from Nambour and Caloundra to SCUH occurs. Most particularly in the availability of non-urgent out-patient appointments and the scheduling of non-acute surgery. Urgent (category 1) presentations will be prioritised and every effort will be made to safely maximise access for patients in category 2 and 3 throughout the transition period. Specific dates for "ramping down" of outpatient services will be available closer to the move date but the period of decreased availability of appointments will be kept to a minimum whilst staff move across to the new state of the art Ambulatory Care Centre and Operating Suites.

There is a hospital open day planned for the public ahead of the opening (25th February 2017) and the GP liaison team will arrange specialty specific tours of the facility in association with GP education events at the site throughout 2017.

In collaboration with the PHN the HealthPathways site continues to be developed with the GP clinical editors making great strides forward in localising the pathways and service mapping occurring for the private as well as public sector to create a useful resource for clinicians in primary and secondary/tertiary care settings. If you would like to be involved as a clinical editor please contact Clinton Bazley at the PHN (cbazley@ourphn.org.au) If you haven't already I would urge you to hop online have a browse and most importantly send feedback through the feedback button on EVERY page to ensure this resource is of most use to all of us.

<https://sunshinecoast.healthpathwayscommunity.org>

User name: usersc

Password: pwsc

The link to the website is being installed on every clinician desktop at SCUH to assist with triaging and internal referral preparation to promote equity of access to services for patients both in the hospital and community sectors.

The BPAC SeNT referral pilot is continuing and the participating GPs continue to feedback to streamline the template and make it most useful and time efficient for referring clinicians. We have the capability to install on more desktops as we expand the pilot – please contact David Armstrong at PHN if you would like to be involved (darmstrong@ourphn.org.au)

I would like to advise you that I am stepping out from GP Liaison for a little while to work with Caloundra Health Service as Acting Clinical Director for the Minor Injury and Illness Clinic. This service has been designed in consultation with local GPs to meet the needs of the ambulatory patients who historically have presented to the Caloundra Emergency Department. Following the opening of SCUH patients who call QAS for assistance will be transported directly to the Emergency Department at SCUH or Nambour Hospital depending on location and clinical indication/requirement as per current QAS triage and transport protocols. I would like to acknowledge and thank the GPs and other stakeholders from the Caloundra area who have worked with SCHHS to shape this new model of care. These individual GPs and representatives of SCLMA, RACGP and local after hours providers continue to give of their own time to provide feedback and help shape the model to ensure care is available for Caloundra residents with minor illness or injury when their regular GP is unavailable/unable to assist at that time.

The GP Liaison Unit will be managed in my absence by Drs Michelle Johnston and Marlene Pearce, ably supported by Clinical Nurse Merrin Godwin and Administration officer Peta-Maree Willett.

Contact details remain the same phone (via landline) **5470 6541** or email SCHHS-GPLO-Communication [.health.qld.gov.au](mailto:health.qld.gov.au)

As always I am available for anyone who would like to chat with me directly **0427 625 607**
Until next time stay well and happy!

Best wishes,
Sandra Peters

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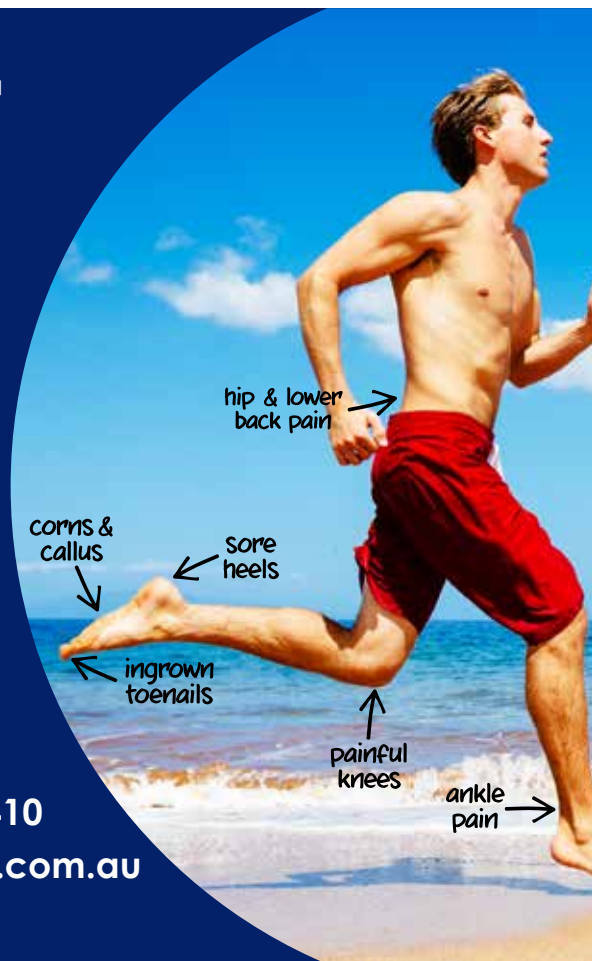
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Central Queensland, Wide Bay, Sunshine Coast PHN

Gympie GPs gather to discuss medical workforce issues

Health workforce and capacity was the hot topic at everyone's table at the Gympie Medical Dinner Forum held earlier this month.

Local GPs, representatives from the Sunshine Coast Hospital and Health Service (SCHHS) and Central Queensland, Wide Bay, Sunshine Coast PHN gathered for an evening of collective thinking at Gympie's Gunabul Homestead on 1 February, 2017.

Attendees also included representatives from Griffith University, Queensland Country Practice, and Generalist Medical Training (GMT).

PHN Sunshine Coast office General Manager Kath Thompson said the night was designed with open conversation, networking and ideas-sharing in mind.

"Our work within local general practices in the Gympie region has shown us the difficulty GPs are facing when it comes to attracting and retaining highly-skilled health staff within their businesses," she said.

"Data collected in our *Health Needs Assessment 2015-16* also show the health access issues Gympie consumers and community members face when trying to visit their GP unexpectedly, or even for a routine check-up.

"Unfortunately, health access and affordability is a barrier to the holistic health of our Gympie community.

"We wanted the Workforce Dinner to be an informal, friendly environment where health professionals and decision-makers could share the room, bring solutions to the table and get the ball rolling when it comes to providing affordable, accessible primary health care in the Gympie and Cooloola region".

The Gympie workforce shortage has been identified as a key strategic priority for both the PHN and SCHHS, due to a number of specific regional challenges, including (but not limited

to) an ageing population with increased co-morbidities, limited access to after hours primary health care and a drive to move low acuity and low clinical risk patients out of the emergency department and back into the primary healthcare setting.

The *Health Needs Assessment 2015-16* found 16% of patients in the Gympie LGA felt that they waited longer than acceptable to get an appointment with a GP, and 24% felt that their care could have been provided by a GP instead of a hospital emergency department.

Outcomes from the meeting include the formation of a working group to continue to identify, assess and provide solutions to workforce shortages across the region.

Expressions of interest are now open for GPs and practice managers or staff who may wish to participate in future dinner forums, or join the working group in 2017. Please contact info@ourphn.org.au for more information.



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The Hon Malcolm Turnbull MP
 Prime Minister
 Parliament House
 CANBERRA ACT 2600

Dear Mr Turnbull

I am writing as President of the Sunshine Coast Local Medical Association (SCLMA), Qld. The committee met recently to discuss the issue of the establishment of a local 'medical' school (as opposed to a 'clinical' school) on the Sunshine Coast and there was overwhelming concern that the medical school might not go ahead or be delayed. The SCLMA committee was unanimous in its opinion that this issue was at crisis and that we voice our concerns. As you would know the idea of issuing more medical students places in Australia is inappropriate and we agree that what is needed is redistribution of university places (only 15 places).

It has become obvious that the argument regarding the medical school has become distorted secondary to a State vs. Federal politics. The local council has also been significantly criticised by local Federal politicians for funding a media campaign, which is supportive of the concept. As a result the argument has become confused, distorted and unhelpful towards understanding the benefits of a medical school to the Sunshine Coast community.

The Sunshine Coast is a rapidly growing population area with a large public 'State of the Art' hospital opening in March 2017. Along with the new Sunshine Coast 'University' Hospital (SCUH) is a purpose built education centre (SCHI) designed as a skills, academic and research centre to address the workforce training requirements for the region. The rapidly growing Sunshine Coast community (current population 400,000) is at risk of being the only major tertiary hospital in Australia without a medical school.

The new 'SCUH' has had a considerable amount of money spent on education related buildings and very expensive technology to teach 'University' students. The reason this happened is that State and Federal Government funds were promised in the hospital planning stages including more medical student places. Now that the Federal Government has had a change in approach and won't fund additional medical 'student' places in Australia (which is very appropriate), a significant amount of the early planning and building costs are potentially being wasted.



Sunshine Coast

Local Medical Association Inc.

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The Council and Qld Government seem to have recognised this potential wastage and realise the potential of a medical school in terms of creating local jobs, attracting academics and researchers, and retaining well-qualified doctors.

A local medical school also allows the children of local families to apply for local medical school places. Imagine also, the potential for a local medical degree to be linked to a biomedical degree through the Sunshine Coast University with considerable cost savings to local families.

The benefits to the Sunshine Coast also include establishing a 'centre of excellence', servicing the rural and regional areas to the North and West and assisting to drive the economics of the region through significant jobs creation.

Dr Chris Zappala, President Qld branch AMA, has written in support of the local 'medical' school concept as opposed to a 'clinical' school and his support is greatly appreciated.

The SCLMA would like your urgent intervention to correct the maldistribution of university medical school places in Australia, so as to support Griffith University towards its establishment of the Sunshine Coast Medical School. Griffith University is under considerable pressure regarding this issue and the possibility is they may withdraw. This would be a tragedy and would significantly delay the current proposal beyond determination.

Yours Sincerely
 Dr Roger K Faint
 President SCLMA
 9th February, 2017

Cc: Mr Greg Hunt MP, Federal Minister for Health
 Mr Cameron Dick MP, Qld Minister for Health
 Mr Mark McArdle MP, Member for Caloundra
 Mr Steve Dickson MP, Qld Leader, One Nation Party
 Mr Andrew Wallace MP, Member for Fisher
 Mr Kevin Hegarty CEO, Sunshine Coast Hospital and Health Service
 Assoc Professor Steve Coverdale
 Mr Mark Jamieson, Mayor, Sunshine Coast Council

MEDICAL MOTORING with Dr Clive Fraser

“The Chicken Tax” Subaru Brumby (1978 - 1994)



On 20th January 2017 Donald Trump took over the reins of the US Presidency.

He promises to protect US manufacturing by imposing heavy tariffs on imported goods, particularly cars coming from Mexico.

This isn't the first time this has happened with President Lyndon B Johnson imposing a 25% tariff in 1963 on imported light trucks.

LBJ's tax was also on potato starch and brandy and occurred in response to a decision by France and Germany to impose a tariff on the importation of chicken from the USA.

Thus the so-called 'Chicken Tax' began and it still exists on imported light trucks today.

In Australia our light trucks are mostly made in Thailand, but in 2016 the US made Ford F-Series is still America's top-selling vehicle (820,799 were sold) helped along by a hefty tariff on imported competitors.

So in 1978 in the midst of a US Trade War along came Fuji Heavy Industries with a popular utility called the Brat (in the US) and the Brumby (in Australia).



The lateral thinkers at Subaru thought that if they fitted two seats in the utility tray that would make the Brat/Brumby a passenger vehicle and a tariff of only 2.5% would be applied.

Well, that play worked until 1985 when the welded in rear seats were finally discontinued.

Fast forward to 2017 and Australia and there seem to be Subaru Brumby's cropping up everywhere.



I've just been on a central Queensland cattle property where I found two of the beasts.

The first one was bought new in 1989 for about \$14,000 plus on road costs.

Standard equipment included a bull-bar and a radio-cassette player.

It's done 282,000 kilometres. It has no rust and it still runs like a dream.

It might have an over-heating issue because of a 28 year old radiator cap not holding the pressure, but every morning it started and every day it went wherever we pointed it over the roughest terrain.

Sure the paint was faded and a respirator was required if the blower fan was turned on as years of dusty debris flooded the cabin.

But every dial, switch and knob still worked. Not bad after nearly three decades sitting in the Queensland sun.

Checking out the cargo area this Brumby also had the jump seats fitted.

But there were no seatbelts. Not to worry because the seats weren't bolted down either as they were from a Nissan and cost \$2.

After all this Brumby wasn't registered and never left the farm.

The jump seats were surprisingly comfortable and it was advisable to hang on tightly when travelling in the rear.

MEDICAL MOTORING / cont: with Dr Clive Fraser

After spending the day mustering and spraying weeds in the Subaru Brumby it came back to The Shack every evening to rest.

Just before putting the old girl to sleep I was reminded by its owner to wind up the windows to discourage various species of snake from slithering into the car and relaxing under the dashboard.

I must say that I never forgot this ritual lest I find a Carpet Python or a King Brown dropping onto my legs in the morning.

So if owning one Brumby is a good thing wouldn't it be better to have another one for spares.

Well the owner does have a second car that doesn't run (just in case).

But the more I looked at the second car the more I realized that it shouldn't be euthanized and that it still had potential as a restoration project, and not just as an organ donor.

After 28 years a Subaru Brumby in reasonable condition is still worth about \$7,000.

This equates to annual depreciation rate of 2% which proves that in terms of residual value the Subaru Brumby was probably the best value motor vehicle purchase of 1989.

Safe motoring,

Doctor Clive Fraser



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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.



The Sunshine Coast
Private Hospital
at Buderim

THE SUNSHINE COAST PRIVATE HOSPITAL
MENTAL HEALTH
CONFERENCE 2017
MENTAL HEALTH MAZE

Saturday 18 March 2017

8am – 5.15pm

Mantra Mooloolaba, Venning Street

Get the latest updates on mental health
from your local specialists

Spaces are limited so book today by visiting
sunshinecoasthospital.com.au/gpeducation or by
contacting melinda.steyn@uhealth.com.au.

40 Category 1
QI&CPD points
have been
applied for

 **UnitingCare** Health



AMA QUEENSLAND'S
ANNUAL CONFERENCE

ROME

17 - 23 SEPTEMBER 2017

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

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

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

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

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

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

FBT YEAR END IS FAST APPROACHING



It's well known that the tax law can become complex at times.

One specific area that accountants receive many questions on is

Fringe Benefits Tax (FBT). So what is FBT? FBT is a tax employers pay on certain benefits they provide to their employees, including their employees' family or other associates. The benefit may be in addition to, or part of, their salary or wage package.

FBT is separate to income tax and is calculated on the taxable value of the fringe benefit provided. The FBT year runs from 1 April to 31 March; It's like the ATO don't know what simplicity is!

FBT law includes various categories of fringe benefits and specific valuation rules apply for each category. Some of these include car fringe benefits, entertainment fringe benefits and expense fringe benefits. Car Fringe Benefits are by far the most common fringe benefit. Below is a brief explanation on how car fringe benefits work.

A car fringe benefit most commonly arises where you (the employer) make a car you 'hold' available for private use of an employee (or the car is treated as being available). A car you hold generally means a car you own or lease.

The following types of vehicles (including four-wheel drive vehicles) are cars:

- Motor cars, station wagons, panel vans & utilities (excluding panel vans and utilities designed to carry a load of one tonne or more);
- All other goods-carrying vehicles designed to carry less than one tonne;
- All other passenger-carrying vehicles designed to carry fewer than nine occupants;

You make a car available for private use by an employee on any day that either:

- The car is actually used for private purposes by the employee
- The car is available for the private use of the employee (e.g. car is garaged at the employees home)

There are two distinct methods to work out the taxable value of the benefit used; statutory formula method & operating cost method. The statutory method is based on the car's cost price where as the operating cost method is based on the costs of operating the car throughout the FBT year. The Statutory method is predominately used as it requires less record keeping.

Once you have worked out your taxable value of the benefit used you need to gross up the value by either:

- FBT Type 1 – 2.1463 (This rate is used where the benefit provider is entitled to goods and services tax (GST) credit)
- FBT Type 2 – 1.9608 (This rate is used if the benefit provider is not entitled to claim GST credits)

Once the above is complete all that is left to do is multiply the taxable amount by the FBT rate (currently 49%). *FBT is an expensive way to provide an employee with a motor vehicle, a more cost effective and simpler solution may be to provide your employee with an allowance on top of their salary instead.*

Below is a helpful link which goes into FBT in a lot more detail and outlines the various types of Fringe Benefits available:

[https://www.ato.gov.au/General/Fringe-benefits-tax-\(FBT\)/](https://www.ato.gov.au/General/Fringe-benefits-tax-(FBT)/)

FBT can become quite confusing! Please do not hesitate to contact one of our friendly Tax Specialists on **07 5437 9900** if you have any questions.

Mexico – a Melting Pot of Rich History and Bountiful Nature

From the fast life of modern Mexico City to ancient Mayan ruins and fascinating museums, to scintillating night clubs and scrumptious cuisine, Mexico is a box full of surprises. It will surely have you all smiles, and on your toes, once you convince your spellbound-heart into leaving the mesmerizing beaches of the Mayan Riviera.



Revisiting the Past

- 1) **Guanajuato:** The beautiful colonial city of Guanajuato boasts of charming haciendas and spectacular colonial buildings. The streets and colourful streets branch out in every direction giving a unique and vibrant cityscape.
- 2) **Dias des los Muertos, Oaxaca:** Oaxaca's Day of the Dead Festival is when families decorate the tombs of their departed loved ones with flowers, and leave offerings for the returning spirits. The unique culture is definitely worth a visit.
- 3) **Copper Canyon:** A network of beautiful work of nature, the Copper Canyons can be explored best on the 'Chihuahua al Pacifico' Railway, which takes you through some breath-taking views of the canyon.
- 4) **Chichen Itza:** This remarkable Mayan city is truly a Wonder of the World. Its most popular attraction is the temple-pyramid of El Castillo. The Great Ballcourt and the El Caracol are other must-see sites.
- 5) **Teotihuacán:** Built by the Teotihuacán Empire, the largest metropolitan city of the world – with its imposing pyramids – definitely finds importance in your Mexico checklist.

Let the Waves Roll!

- 1) **Espíritu Santo:** Shallow, blue waters surrounded by light-pink cliffs, Espíritu Santo in La Paz, is a true gem of Mexico with its plethora of islands and beautiful beaches. It is a must-visit, especially for snorkelling and kayaking.
- 2) **Tulum:** The tropical beach of Tulum, with its pristine white-sand beach is great for relaxing in the Sun or, long walks with the rhythmic sound of the waves in the backdrop.
- 3) **Los Cabos:** A long beach, lively with restaurants, bars, fine resorts, and plenty of attractions including, water sports – Los Cabos is remarkable. Visit Los Cabos for remarkable sport fishing.
- 4) **Cozumel:** It is a prized National Marine Park, thanks to its beautiful coral reefs and incredible variety of tropical fish. Don't miss out on scuba diving and snorkelling while in Cozumel.
- 5) **Acapulco:** No trip to Mexico is complete without a visit to the famous resort town of Acapulco. It is famous for its azure waters, lively beach, and impressive cliff diving

What have we planned for you?

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

- Trip to the archaeological site of Teotihuacán, and the canals and gardens of Xochimilco. Option to attend "Lucha Libre" (Mexico's famous wrestling) at night
- Trip to Puebla, Oaxaca and the Zapotec ruins of Monte Alban
- Trip to the lush Chiapas jungle with its abundant flora and fauna – a refreshing change of scenery from the history-rich Mayan ruins
- Guided trip to Chichen Itza, and Playa del Carmen, where you can shop for souvenirs, enjoy the nightlife, and swim, snorkel or dive in the Caribbean Sea
- Trip to the Mayan ruins of Tulum, and the beckoning beach
- Explore the Copper Canyon aboard the 'Chihuahua al Pacifico' Railway

www.123Travelconferences.com.au



Ho Ho HOBART! It's always Christmas!!



My wife is a travel agent. So I don't get much say in where we go for holidays. Sure we sometimes get good deals and upgrades but not all places we go to have vineyards. So you can imagine my reply when the wife said we are going to Hobart over Christmas and New Year. **With over 20 wineries in the area I played hard to get for about 5 minutes!!**

They have been planting vines in Tasmania since 1840. The pioneer was Bartholomew Boughton making an award winning fortified table wine. Some 110 years later Claudio Alcorso planted vines at Moorilla estate and became a trail blazer. Moorilla estate is still a winery but is home to the amazing MONA-art gallery.

The wine regions around Hobart include Coal River, Derwent Valley and the Southern region. It is generally a maritime temperate climate, with some of the vintages varying greatly. For the technically minded there is 918-100 heat degree days, 5.9 hours of sunshine per day, 570mm of annual rainfall with a mean January temperature of 16.8C. It doesn't sound quite right for Australian viticulture.

Due to micro-climate variation the area can produce aromatic whites and savory reds. Riesling, Sauvignon Blanc and Chardonnay dominate the whites. Pinot Noir is king of the reds but there's is amazing Cabernet sauvignon, Merlot and Shiraz in selected pockets of terroir.

The Coal River region has the township of Richmond with the oldest functioning stone bridge in Australia. The Richmond bakery is the Nirvana of all baked goods including the best Curry Scallop pie I have ever eaten- so I had a second one. The tummy was now lined and some tastings were about to start.

First stop was **Pooley Wines** founded in 1985 at the Cooina Vineyard site. In 2004 they purchased the Butchers Hill vineyard site. Pinot Noir, Chardonnay, Riesling, Sauvignon Blanc, Gutedeltztrammier Cabernet Sauvignon and Merlot are produced.

The **2015 Butchers Hill Pinot Noir** is a show stopper. Bright Garnet in color with a nose rich in red fruits balanced by savory earthy overtones. The palate is driven by restrained fruit but with an elegant flowing structure of tannin and acid. 2-3 years in a bottle will enhance this wine that will cellar for 10-15 years. Tasmanian Venison pie would match it well.

Domaine A, just 5 minutes north of Richmond, is an iconic producer of Cabernet Sauvignon. It has been at the top of Langton's wine classification since its inception. Peter Althaus, a former Swiss engineer, searched tirelessly for a site to satisfy his vinous quest. The north facing Stoney vineyard site stands as an anachronism with a very sunny frost free terroir. Whilst his Domaine A Cabernet is the revered wine, the more affordable 2014 **Stoney Vineyard Cabernet** is bang for your buck. Deep purple color, nose of bright cassis, savory herbs and vanillin oak and a juicy fruit palate with moderate tannins. It will cellar for 4-5 years. Have with a braised lamb shoulder.

In the Southern region is **Home Hill Vineyard**. Established in 1992 with plantings of Pinot Noir, Chardonnay and Sylvaner. The **2014 Home Hill Estate Pinot Noir** is a great example of how the terroir can change in a very short distance. The area is slightly colder and wetter than say Coal Valley. The Estate Pinot Noir is light red in color and has the strawberry, red fruit spectrum. Some whole bunch ferment gives it its spicy brambly characteristics. The fruit on the palate is seductive with well layered tannins. Drinking now and for a decade. Have with porcini risotto.

If you can't produce a cracking Tasmanian Riesling, give up as a wine maker. One of my favorite stops was the **Bangor Winery and Oyster Shed**. My daughter and I consumed at least 3 dozen oysters every day. The 2015 Bangor Riesling was a very pale lemon in color. The nose of citrus and melon was delightful with amazing crisp fruit and acidity. Have with a dozen oysters and another.

Dr Plonk



AMA QUEENSLAND FOURTH ANNUAL JUNIOR DOCTOR CONFERENCE 2017



Future Frontiers in Medicine

SAT 1 JULY - SUN 2 JULY 2017
HILTON BRISBANE

Discounted early-bird member rates apply

Full program and subsidised student and doctor in training (DIT) member rates will be released in January 2017

Introducing an incredible line up of presenters with more to be announced...

WALKING THE UNCONVENTIONAL PATH IN MEDICINE

Dr John Collee, Former Emergency Doctor and Screenwriter of world famous film scripts including *Happy Feet*, *Master and Commander* and *Walking with Dinosaurs*.

LOOKING TO THE FUTURE OF PATIENT-CENTRED CARE AND COMMUNICATION

Dr Renee Lim, Director of Program Development, Pam McLean Centre, Actress and TV Presenter (cast in *All Saints*, *East West 101* and ABC2's latest program *Please Like Me*).

EMERGENCY MEDICINE IN THE ICE AGE: CHALLENGES AND ADVICE FOR JUNIOR DOCTORS

Professor Gordian Fulde, *Senior Australian of the Year 2016*, Senior Staff Specialist, St Vincent's Private Hospital, Melbourne (with special appearances on *Kings Cross ER*).

THE STORY OF AUSTRALIA'S FIRST HAND TRANSPLANT TEAM AND WHAT'S ON THE HORIZON FOR TRANSPLANT SURGERY

Professor Karen Dwyer, Transplant Physician, St Vincent's Private Hospital, Melbourne Researcher and Deputy Head of School, Deakin University, Victoria.

**New intern members can use their JDC dollars towards
registration costs.**

Contact us now to find out more.
www.amaq.com.au | P: (07) 3872 2222 | E: registrations@amaq.com.au

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		Your Monthly Invitation?	
Doctor spouse of full-time ordinary member	\$ 33		By Email?	
Absentee or non-resident doctors	\$ 33		By Courier?	
Part-time ordinary members (less than 10 hours per week)	\$ 33		By Post?	
Non-practising ordinary members, under 60 years old	\$ 33		Your Monthly Newsletter?	
Residents & Doctors in Training	Free		By Email?	
Non-practising ordinary members, over 60 years old	Free		By Courier?	
Patron and honorary members	Free		By Post?	
Payment can be made by cheque payable to SCLMA or by direct debit to the SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298 A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.				
Please return this form with your cheque OR details of your E.F.T. to: SCLMA PO BOX 549 COTTON TREE 4558 OR: FAX TO 5479 3995 PLEASE NOTE HALF PRICE MSHIP CONTINUING THIS YEAR!				
Please note: Membership applications will be considered at the next Management Committee meeting.				

The Sunshine Coast Local Medical Association has Public Liability Insurance



REGIONAL PRIVATE PRACTICE SEMINAR SERIES ONE

Regional Private Practice Seminar Series One has been allocated 5 (five) AAPM CPD points per 1 (one) hour of education by The Australian Association of Practice Managers Ltd (AAPM).

Compliance at work

A COMPREHENSIVE GUIDE TO WORKPLACE HEALTH AND SAFETY AUDITS

As an employer, you have an obligation to provide a safe environment for anyone entering your workplace – be they practice staff, contractors or patients. Essential questions that you need to consider include:

- ▶ When was the last time I reviewed my Workplace Health & Safety (WHS) policies and procedures?
- ▶ Have I identified all the hazards in my workplace?
- ▶ What risk management or risk control processes do we have in place?
- ▶ Am I recording all near misses or injuries that occur in my workplace?
- ▶ Would I be able to demonstrate compliance with the *Work Health and Safety Act 2011* if required?
- ▶ Do I provide regular training for all staff to educate and remind them of their WHS responsibilities and the practice's WHS policies and procedures?

If you have queried one or more of the points above, it is likely that your workplace needs a WHS update.

Why should I attend?

- ▶ Gain a better understanding of how to minimise risk in your workplace;
- ▶ Ensure the correct WHS processes and procedures are in place in your practice;
- ▶ Learn how to conduct an audit in your workplace for hazards and risks; and
- ▶ Reduce your practice's risk of breaching the WHS Act – breaches can result in on-the-spot fines, or prosecutions, which can lead to severe financial penalties or imprisonment.

COST

Award Subscription members:

First attendee: \$80
Additional attendees: \$68

AMA Queensland members:

(Includes practice staff in the employ of members)

First attendee: \$88
Additional attendees: \$75

Australian Association of Practice Management (AAPM) members:

First attendee: \$99
Additional attendees: \$84

Non-members members:

First attendee: \$120
Additional attendees: \$102

**TOURING QUEENSLAND
20 APRIL - 26 MAY**

**PLEASE VIEW
LOCATIONS AND DATES
OVERLEAF**

SEMINAR INCLUSIONS

- ▶ Tea and coffee on arrival
- ▶ Morning tea
- ▶ Course notes
- ▶ Certificate of attendance

TRAINER

**George Sotiris, Workplace
Relations Manager, AMA
Queensland**



Join George Sotiris, AMA Queensland's Workplace Relations Manager in a 3-hour workshop on Workplace Health & Safety compliance. George will step through the points your practice needs to consider to comply with WHS obligations.

SERIES PARTNER



CONTACT US

For any enquiries, please contact the Events team on (07) 3872 2222 or email registrations@amaq.com.au.

Registration Form

FIRST ATTENDEE please tick your location below

Name: Dr / Mr / Ms / Mrs / Miss (Please circle) _____

☐ Award Subscription member ☐ AMA Member ☐ AAPM member ☐ Non-member

AMA Queensland member number _____ In the employ of Dr: _____

Practice name: _____ Position title: _____

Office Phone: _____ Mobile: _____ Email address: _____

Postal address: _____

Dietary requirements: _____

ADDITIONAL ATTENDEES

Name: Dr / Mr / Ms / Mrs / Miss (Please circle) _____

☐ Award Subscription member ☐ AMA Member
☐ AAPM member ☐ Non-member

Position title: _____

Email address: _____

Dietary requirements: _____

Name: Dr / Mr / Ms / Mrs / Miss (Please circle) _____

☐ Award Subscription member ☐ AMA Member
☐ AAPM member ☐ Non-member

Position title: _____

Email address: _____

Dietary requirements: _____

PAYMENT

Credit card: ☐ Visa ☐ Mastercard ☐ Amex

Amount: \$ _____

Card number: _____

Expiry date: ____ / ____ CCV: _____

Cardholders name: _____

Signature: _____

Direct deposit: Contact the events team on (07) 3872 2222.

Submit registration form:

Email: registrations@amaq.com.au

Fax: (07) 3856 4727

Post: AMA Queensland, PO Box
123, Red Hill, QLD 4059

Phone: (07) 3872 2222

Privacy information:
AMA Queensland's primary purpose
of collecting personal information on
this form is to process your purchase.
In providing your details you consent
to your personal details being used in
the manner indicated.
ABN: 17 009 660 280

DATES AND LOCATIONS:

- ☐ **Sunshine Coast**
Thursday 20 April
9am – 12noon
Philips Room, PHN,
Ground Floor, Mayfield
House
29 The Esplanade,
Cotton Tree
- ☐ **Gold Coast**
Friday 21 April
9am – 12noon
Southport Sharks, Cnr
Musgrave and Olsen
Avenues, Southport
- ☐ **Toowoomba**
Friday 28 April
9am – 12noon
Empire Theatre, 56 Neil
Street, Toowoomba
- ☐ **Brisbane West**
Tuesday 2 May
9am – 12noon
Indooroopilly Golf
Club, Meiers Road,
Indooroopilly
- ☐ **Bayside**
Wednesday 3 May
9am – 12noon
Redlands RSL, 8
Passage Street,
Cleveland
- ☐ **Brisbane North**
Thursday 4 May
9am – 12noon
Kedron-Wavell Services
Club, 21 Kittyhawk
Drive, Chermside
- ☐ **Brisbane South**
Friday 5 May
9am – 12noon
Easts Leagues Club, 40
Main Avenue, Coorparoo
- ☐ **Mackay**
Tuesday 9 May
9am – 12noon
Souths Leagues Club,
181 Milton Street,
Mackay
- ☐ **Townsville**
Wednesday 10 May
9am – 12noon
Hotel Grand Chancellor,
334 Flinders Street,
Townsville City
- ☐ **Cairns**
Thursday 11 May
9am – 12noon
Novotel Cairns Oasis
Resort, 122 Lake Street,
Cairns
- ☐ **Rockhampton**
Tuesday 23 May
9am – 12noon
Central Queensland
PHN, Level 1, 44a
William Street,
Rockhampton
- ☐ **Gladstone**
Wednesday 24 May
9am – 12noon
Gladstone
Entertainment
Convention Centre,
56 Goondoon Street,
Gladstone City
- ☐ **Bundaberg**
Thursday 25 May
9am – 12noon
Bundaberg PHN, 205
Bourbon Street,
Bundaberg
- ☐ **Hervey Bay**
Friday 26 May
9am – 12noon
St Stephen's Hospital, 1
Medical Place, Urraween

TAKE FIVE



EXTENUATING CIRCUMSTANCES!!

While conducting some business at the Court House, I overheard a lady, who had been arrested for assaulting a Mammogram Technician, say, "Your Honor, I'm guilty, but.....there were extenuating circumstances."

The female Judge said, sarcastically, "I'd certainly like to hear those extenuating circumstances." I did too, so I listened as the lady told her story.

"Your Honor, I had a mammogram appointment, which I actually kept. I was met by this perky little clipboard carrier smiling from ear to ear and she tilted her head to one side and crooned, "Hi! I'm Belinda! All I need you to do is step into this room right here, strip to the waist, then slip on this gown. Everything clear?"

I'm thinking, "Belinda, try decaf. This ain't rocket science." Belinda then skipped away to prepare the chamber of horrors.

With the right side finished, Belinda flipped me (literally) to the left and said, "Hmmm. Can you stand on your tippy toes and lean in a tad so we can get everything?" Fine, I answered.

I was freezing, bruised, and out of air, so why not use the remaining circulation in my legs and neck to finish me off? My body was in a holding pattern that defied gravity (with my other breast wedged between those two 4-inch pieces of square glass) when I heard and felt a zap!

Complete darkness, the power was off!

Belinda said, "Uh-oh, maintenance is working, bet they hit a snag." Then she headed for the door.

"Excuse me! You're not leaving me in this vise alone are you?" I shouted.

Belinda kept going and said, "Oh, you fussy puppy...the door's wide open so you'll have the emergency hall lights. I'll be right back."

Before I could shout NOOOO! she disappeared.

And that's exactly how Bob and Earl, "maintenance men Extraordinaire" found me...half-naked with part of me dangling from the Jaws of Life and the other part smashed between glass!

After exchanging a polite, 'Hi, how's it going' type greeting, Bob (or possibly Earl) asked, to my utter disbelief, if I knew the power was off.

Trying to disguise my hysteria, I replied with as much calmness as possible, "Uh, yes, I did but thanks anyway."

"OK, you take care now," Bubba replied and waved good-bye as though I'd been standing in the line at the grocery store.

Two hours later, Belinda breezes in wearing a sheepish grin.

Making no attempt to suppress her amusement, she said, "Oh, I am sooo sorry! The power came back on and I totally forgot about you! And silly me, I went to lunch. Are we upset?"

And that, Your Honor, is exactly how her head ended up between the clamps...."

The judge could hardly contain her laughter as she said, "Case Dismissed!"

The Quotes of Steven Wright:

1. *I'd kill for a Nobel Peace Prize.*
2. *Borrow money from pessimists -- they don't expect it back.*
3. *Half the people you know are below average.*
4. *99% of lawyers give the rest a bad name.*
5. *82.7% of all statistics are made up on the spot.*
6. *A conscience is what hurts when all your other parts feel so good.*
7. *A clear conscience is usually the sign of a bad memory.*
8. *If you want the rainbow, you got to put up with the rain.*
9. *All those who believe in psycho kineses, raise my hand.*
10. *The early bird may get the worm, but the second mouse gets the cheese.*
11. *I almost had a psychic girlfriend, But she left me before we met.*
12. *OK, so what's the speed of dark?*
13. *How do you tell when you're out of invisible ink?*
14. *If everything seems to be going well, you have obviously overlooked something.*
15. *Depression is merely anger without enthusiasm.*
16. *When everything is coming your way, you're in the wrong lane.*
17. *Ambition is a poor excuse for not having enough sense to be lazy. 1*
18. *Hard work pays off in the future; laziness pays off now.*
19. *I intend to live forever ... So far, so good.*
20. *If Barbie is so popular, why do you have to buy her friends?*
21. *Eagles may soar, but weasels don't get sucked into jet engines.*
22. *What happens if you get scared half to death twice?*
23. *My mechanic told me, "I couldn't repair your brakes, so I made your horn louder."*
24. *Why do psychics have to ask you for your name*
25. *If at first you don't succeed, destroy all evidence that you tried.*
26. *A conclusion is the place where you got tired of thinking.*
27. *Experience is something you don't get until just after you need it.*
28. *The hardness of the butter is proportional to the softness of the bread.*
29. *To steal ideas from one person is plagiarism; to steal from many is research.*
30. *The problem with the gene pool is that there is no lifeguard.*
31. *The sooner you fall behind, the more time you'll have to catch up.*
32. *The colder the x-ray table, the more of your body is required to be on it.*
33. *Everyone has a photographic memory; some just don't have film.*
34. *If at first you don't succeed, skydiving is not for you.*
35. *If your car could travel at the speed of light, would your headlights work?*

CLASSIFIEDS

DR AJAY VERMA GENERAL PHYSICIAN FRACP

- Nucleus Medical Centre, 23 Elsa Wilson Dr, Buderim
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- Medical Suite 604 Level 5
- 11 Eccles Blvd Birtinya Qld 4575

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Fax 07 5437 7432

February 2017

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING GENERAL PRACTITIONER

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- Check out our website at www.nambourclinic.com.au.
- No DWS

For further information contact Rowena:

Ph: 07 5441 1455 Mb: 0412 292 666

Email admin@nambourclinic.com.au

February 2017

CONSULTING ROOMS AVAILABLE

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

Contact Number 07 5437 7390

Email : reception@drjayverma.com.au

December 2016

CENTRAL DERMATOLOGY CLINIC

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

Level 1, 11-55 Maroochy Boulevard, Maroochydore QLD 4558

Ph: 07 5345 5150 Fax: 07 5345 5140

Email: reception@centraldermatologyclinic.com.au

Web: www.centraldermatologyclinic.com.au

November 2016

NEW OBSTETRICIAN/GYNAECOLOGIST – COASTAL IVF

- Dr Anders Faber-Swensson FRANZCOG is joining the Coastal IVF practice from December 1, 2016. He will be providing obstetric management with deliveries at the Sunshine Coast Private Hospital, general gynaecological care and infertility assessment and treatment in association with Dr Stokes and the Coastal IVF team.

- **All appointments Ph: 5443 4301 or fax 5443 4352.**

November 2016

CONSULTING ROOM AVAILABLE FOR LEASE

- Session or long term available
- Located in a prominent position at Bokarina on the Sunshine Coast

- Close to the Sunshine Coast Private University Hospital
- Features two new well equipped consulting / procedural rooms, utility room and waiting room.
- All electricity, air conditioning and heating included
- Plenty of off street parking for patients
- Underground parking for the lease holder

For further information or to inspect please contact

Wendy Meyer 0448 202 274 wendy.meyer@pmc.net.au

November 2016

NOOSA. FULL TIME VRGP POSITION

- Busy established practice.
- Accredited; Nursing support, with pathology and radiology onsite
- Good surgical facilities and special interests encouraged.
- Modern doctor owned clinic, mixed billing and NO after hours.

Visit our website, www.noosaclinic.com

Contact Kate: info@noosaclinic.com.au Ph: 07 5449 7600

November 2016

VR GP FEMALE REQUIRED FOR CALOUNDRA

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

Please contact Practice Manager on 07 5491 2911

Email: practicemanager@medicaltrust.com.au (Nov 16)

November 2016

GPs REQUIRED FOR BUSY BUDERIM PRACTICE

- Vacancies exist for GPs to join us in-hours, or after-hours, in our busy 24 hour, 7 day medical practice in Buderim.
- GPs urgently required to join our long-established staff, who serve the Sunshine Coast community with quality healthcare in a newly refurbished and spacious practice.
- We are fully accredited with RN nursing support and pathology on-site, great diagnostic tools including Molemax HD Pro.
- Visit our website on www.scchealthcentre.com.au.
- Situated centrally on Buderim, you can enjoy both lifestyle and purpose in a caring environment.

Email shanti@scchealthcentre.com.au

Ph; 0418 714 864.

September 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.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

Sunshine Coast University Private Hospital held a GP Education event on site to complement the public launch of the newly acquired \$3.5 million xi robotic surgical system. The evening was hosted by Urologists Drs Stuart Collins, Tim Nathan and Chandra Perumalla. Topics included robotic surgery for prostatectomy and partial nephrectomy, advances in prostate cancer management and MRI prostate.

The hospital is using the da Vinci xi robot for prostatectomy, partial nephrectomy, and management of prostate cancer and will soon extend it to gynaecology and general surgery.



Oliver Steele, Dr Tim Nathan, Dr Geoff Byrne



Dr Jacqui Heagney, Dr Trudy Honore, Cathy Barratt



Dr Trevor Shar, Dr Chandra Perumalla,
Dr Graeme Heap



Dr Paul Sheldon, Dr Stuart Marshall
Dr Stuart Collins, Dr Chris Vernon



SCLMA WEBSITE

www.sclma.com.au

Take time to have a look - it is being updated frequently.
Are you listed on the Directory? Are your details correct?
If you are not then download a Directory form and fax it.
Application form also available for downloading.

Reminder: Junior doctors have free membership!

2017 SOCIAL FUNCTION is in planning stages!!

Likely venue is Peppers at Noosa - our function there in 2015 attracted over 130 attendees and dozens of rave reviews!

