

SCLMA President's Message

Dr Roger Faint

Astounding!

If the issues surrounding the MHR (my health record), State Public Hospitals accessing Private health Funds and the deskilling of nurses in Nursing homes are wearing you down, then I suggest you read the account of the rescue of 12 children and one adult from the Northern Thailand underwater cave recently. Dr Richard Harris, Anaesthetist and cave diver from Adelaide, South Australia, had to anaesthetise/sedate each individual for the prolonged underwater and overland rescue to the surface. Dr Richard Harris was speaking at Sydney's SWAN Trauma conference yesterday and his account makes riveting reading.

Nevertheless there are important ongoing issues that suggest a 'race to the bottom' for our Australian private health system including what some would call 'double dipping'. Specifically I am referring to the ability for State Hospitals to access a Patient's private health insurance.

Today I was reading an email sent to Dr Kirsten Hoyle, Editor & SCLMA committee member, from Drs Scott Phipps & Raewyn James of Maleny (published in this month's newsletter) today and the significance of what they were saying sparked a moment of worrisome thought clarity.

This clarity occurred on a background of reading an article in the Australian Newspaper this morning in the Buderim Private theatre tearoom (I occasionally assist surgically) and discussing it with Dr David Colledge, Colorectal Surgeon.

The article illustrated the first fall in Australians having private hospital cover since 2003. The number has been dropping over several years however this is the first time that there are fewer Australians insured.

The 'race to the bottom' is illustrated by:

- *State Hospitals' insistence on accessing income (through each Patient admission) from Private Health Funds*
- *Patients thinking they don't need private health insurance*
- *Private Funds have fewer members and therefore less income (perhaps bankruptcy)*
- *Fewer privately funded patients means less State Hospital income*
- *And so the 'race to the bottom' continues.*

Ultimately it could mean the collapse of the private health system in Australia with the public health system no healthier for it.

Recently it was announced that there was a 20% drop in Obstetric patients accessing private hospitals. I was also advised by a private Obstetrician recently that in Brisbane, private Obstetric Consultants are closing their doors. I don't recall this happening before.

Where is the AMA voice in all this? It was not that long ago that I read an article from the AMA saying it supported State Hospitals accessing private health insurance. I will be writing to them, again(I have received no response from the AMAQ or AMA regarding State Hospital Medicare access)!

The MHR debate is escalating and I, as a GP, am asked daily for my recommendation from my patients. I encourage them to make their own decisions however find it difficult to sincerely recommend such an unwieldy reposit. I think of the \$2 billion it has thus far cost, the advantage likely for a small number of patients, the clunky and surpassed technology and of course the access of patient details by third parties. I encourage you all to read the grumbings from Dr Tim Leeuwenburg, Kangaroo Island, who wrote the article on Medicare access by State Hospitals.

Regards

Dr Roger K Faint



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



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AUGUST NEWSLETTER Deadline will be FRIDAY 24th AUGUST 2018

DO YOU HAVE SOMETHING TO SAY?

- Perhaps you might like to comment on articles published.
- What would you like to see in the newsletter?
- Do you have some jokes we can publish (and not offend anyone!!).

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.



Editorial

"When the drums beat and the trumpets sound, the voice of reason and right can be heard in the land only with difficulty."
Caldwell



I encourage our readership to be concerned with many of the articles contained herein and to have your say. The AMAQ enlightens us that pharmacists are trying to muscle in on doctor territory and want to dispense repeat prescriptions without a doctor's script! How about they graduate medical school first!

The PHN, President Faint and Dr Clive Fraser have their respective say regarding the myHealth Record while politicians opt out of the scheme, the Human Rights Commission expresses its concerns and the government now concedes that legislation does need to be changed in order to prevent non-medical entities (such as the police and the Tax Office) from accessing patient data without a court order.

Also teetering in the winds of disputation is the ongoing issue of private patients in public hospitals. Is it a race to the bottom, as President Faint phrases it, or is it a race to the precipice? It is a time of uncertainty, it is a time of danger. We face the threat of irrevocably vitiating the public hospital system and extirpating the private hospital system: a no win consequence for all Australians..

JULY Meeting - Welcome New Members!**The following applications were accepted:**

- Dr John Corbett (Neurophysiology)
- Dr John Moore (ICU)
- Dr William Phillips (General Practice)

A reminder that membership for doctors in training is free.

www.sclma.com.au

Our website is being continually updated. Take a few moments to check out the News that has been posted.

HIGHLIGHTS in this issue:

- P 5: Letter to editor - Drs Phipps & James
 P 6-7: Adj. Prof Naomi Dwyer, CE, SCHHS
 p 9: BPH Update - Wallis Westbrook
 P 10: Pattie Hudson, CEO, PHN
 P 12: SCHHS GPLO Report
 P 17: SCUPH Update - Oliver Steele
 P 20-21: AMA Queensland Report
 P 23: Medical Motoring is back!
 P 25: Poole Group - Aged Care article

Please 'like', 'share' and 'follow' our Facebook page: [sunshinecoast local medical association](https://www.facebook.com/sunshinecoastlocalmedicalassociation).

Website: www.sclma.com.au

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 30 AUGUST 2018

- Speaker: Dr Pankaj Jha, Vascular Surgeon
 Topic: *"Varicose veins, not just a vanity. New treatment options"*.
 Speaker: Dr Euan Noble, Renal Physician
 Topic: *'Renovascular Hypertension - old and creaky kidneys - can we/should we and who can we fix?'*
 Sponsor: Medtronic
 Venue: Maroochydore Surf Club

THURSDAY 20 SEPTEMBER

- Speaker: TBC (in planning)
 Also: AGM will be held.
 Venue: Maroochydore Surf Club

THURSDAY 20 SEPTEMBER

- Speaker: TBC (in planning)
 Also: AGM will be held.
 Venue: Maroochydore Surf Club

THURSDAY 25 OCTOBER 2018

- Speaker: QML presenters
 Venue: Maroochydore Surf Club

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**

ENQUIRIES: Jo Bourke

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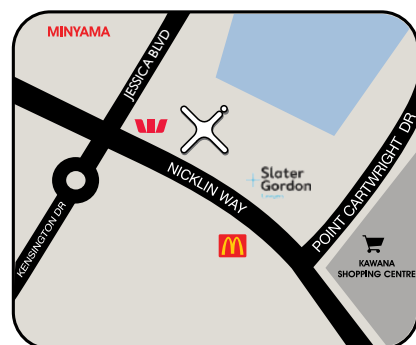
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19 July 2018

Dr Kirsten Hoyle, Editor, Sunshine Coast Medical Association newsletter

Dear Kirsten

Raewyn and I have followed the correspondence in the newsletter with interest, concerning Medicare item numbers charged for care delivered in a public hospital setting.

Our concern is much greater.

In days gone by, whenever a patient who was privately insured presented at A&E, there was much rejoicing because that person could be moved across to the private sector, in most cases. This relieved pressure on beds. Nowadays, the private patient is welcomed and a document is thrust at this unwell person, and equally distressed family, asking them to assign their private cover payments to the hospital. There is much rejoicing because the private insurance money is said to "be necessary to help fund the public hospitals" (a direct quote from recent personal experience). We understand the economics but it is not a fair and balanced presentation.

We do not consider that the presented "choice" is in any shape or form an informed consent. Patients to whom we have spoken did not understand the implications of what they had signed and were often annoyed when they realised that they had received basic public care and not the standard of private care for which they have paid their health insurance premiums.

Many arrive back at their GP without even knowing who their specialist was, could not identify them nor had any means of contacting them. There had been no choice of specialist as when treated in a private facility. They were often unaware of the level of training of the persons who cared for them.

Our issue is - what is the actual situation of this patient who is "private in the public system"? In Queensland in the past, consultants had access to "intermediate" beds, whereby they could admit and manage a private patient **themselves** within the public hospital. It was seen as a privilege bestowed for providing VMO services to the public sector. The health funds recognised this status and encouraged it through offering lower premiums.

What is the relationship of this patient to the consultant? Private cover has always promoted the fact that you have "specialist/treatment timing of choice"; a private patient has a direct and continuing relationship with their chosen specialist. The treating specialist would then manage the patient personally in hospital (junior doctors and nurses were not involved as substitutes) and, after discharge, communicate directly with the patient's usual GP. Relatives or carers could also communicate directly with the specialist as well. The patient had the comfort of a direct link to their specialist and the GP could easily follow and manage matters.

Does this relationship exist under the current arrangements - the answer is a clear "no".

We note the recent announcement that "intra-hospital" referrals are to be discouraged. Certainly, there have been experiences where patients admitted for management of condition A were told that an unrelated, co-existing condition B could be managed by referring them to an ACU clinic for future care; that is, instead of returning them to their usual treating GP or specialist for condition B, they were being pushed to attend someone else at ACU (Ambulatory Care Unit, previously OPD). No doubt, a Medicare fee would then be attached to that consultation.

Now, our point is that many of my patients are saying: "what is the point of paying a lot of money for private health insurance on top of my Medicare levy if I end up in the public system where I receive no choice at all" and no private relationship with the specialist. Other than referring to waiting lists for elective treatments, we are both hard pressed to find an effective reply. We are told repeatedly that the public systems in Australia could not cope without the cushioning of private services running in parallel. Yet it seems that the public is now competing with the private. Add to this situation the fact that public patients are often contracted out to the private sector also makes insured patients complain - for instance, they may pay \$3000-6000 out of pocket for treatment, yet be placed next to patients from the public hospital paying nothing. It seems that the health funds have also miscalculated badly, because insured patients, who were treated urgently in the public system in the past, did not precipitate a charge to their fund; whereas now the fund has to pay.

We say to our specialist colleagues that we foresee the eventual demise of private health insurance if this practice of taking privately insured patients to fill public beds continues. Add to that the attempts to woo people into public ACU services and specialists working outside public facilities will be greatly disadvantaged.

We realise that this is a Q Health policy, but our opinion is that this situation needs close examination by the LMA through open and frank discussions, possibly in a forum with the SCHHS.

Yours sincerely

Dr Scott Phipps

Dr Raewyn James.



HEALTH SERVICE LINK - JULY 2018



*Hello SCLMA
Colleagues,*

NAIDOC week and our Commitment to Reconciliation

I have just returned from one of our NAIDOC week events across our health service, where we have joined celebrations across the nation to recognise the

contributions and achievements of Aboriginal and Torres Strait Islander people. This year's theme, 'Because of Her, We Can', celebrates Aboriginal and Torres Strait Islander women. A very fitting time for us to recognise the great Aboriginal and Torres Strait Islander women in our own Sunshine Coast and Gympie communities who are leading the way improving health outcomes in their communities.

Consistent with our commitment to improving health outcomes for Aboriginal and Torres Strait Islander people, in April, we joined Elders and our Aboriginal and Torres Strait Islander community to commence work on the Sunshine Coast Hospital and Health Service Reconciliation Action Plan. The plan will build strong relationships, respect and opportunities within the health service and community.

To learn more about how to connect your patients with our Aboriginal and Torres Strait Islander service, please visit the relevant [website](https://www.health.qld.gov.au/sunshinecoast/html/atsi-health-serv). <https://www.health.qld.gov.au/sunshinecoast/html/atsi-health-serv>

Integrated Electronic Management System

The Sunshine Coast Hospital and Health Service will start implementation of an Integrated Electronic Management System (ieMR) in the last quarter of 2018. This forms part of the state-wide roll-out of the ieMR, and the new system will be implemented first at Sunshine Coast University Hospital and then Nambour General Hospital.

Testing of Phase 1 deployment started earlier this month, which is an exciting milestone. Training of staff has also commenced, with Super User training rolling out from 23 July, soon to be followed by End User training.

The ieMR will replace many of our paper forms and charts, along with some clinical applications, with an interconnected digital system. New software and medical devices will integrate with patients' electronic medical records, allowing authorised clinicians and staff real-time access to patient information when and where they need it.

Partnering with our Primary Health Network

We have a productive partnership with the local Central Queensland, Wide Bay, Sunshine Coast Primary Health Network. Our two organisations have been collaborating to develop a three plan of priorities for together enhancing the wellbeing of the community. We are particularly focused on areas where there are opportunities to improve the coordination of care such as case coordination of chronic disease, tackling potentially preventable hospitalisations and increasing the levels of health literacy among our patients/consumers.

AMA Doctor in Training of the year

It gives me enormous pride to share with you that Dr Mikaela Seymour, one of the general surgeons at the Sunshine Coast University Hospital was awarded this month the Australian Medical Association (AMA) Doctor in Training of the Year Award.

The award acknowledges Dr Seymour's passion for the health of the people of the South Pacific and for the welfare of her junior colleagues.

Dr Seymour manages to combine her hospital work with her role as an associate lecturer at the University of Queensland, service with the Australian Army as a Captain in the 2nd Health Support Company at Gallipoli Barracks, and also with her ongoing volunteer work in remote Papua New Guinea.

Dr Seymour says it was an honour to be awarded AMA Doctor in Training of the Year 2018, being presented the award at the Leadership Development Dinner at the recent AMA National Conference.

National Disability Insurance Scheme (NDIS)

The roll-out of this important program on the Sunshine Coast is anticipated in January 2019. The HHS is making significant efforts to plan for a seamless transition to the new system. We look forward to welcoming the expanded range of providers to partner with.

Local clinic helping to cure Hep C patients

The Sunshine Coast Hospital and Health Service's gastroenterology and hepatology department is helping cure hepatitis C in the Sunshine Coast and Wide Bay regions.

The Sunshine Coast Hepatitis C Partnership Program (supported by the Department of Health's Clinical Excellence Division) has been providing an innovative clinic including a mobile scan service to screen patients across the two regions. Patients can then be considered for antiviral treatment.

HEALTH SERVICE LINK - JULY 2018 /cont:

In its first year of operation, the mobile clinic has proven a success, with 85 per cent of Hepatitis C patients now being treated in primary care (with specialist support), providing for enhanced capacity in the specialist care clinics based in hospitals.

The community-based, nurse-led hepatitis C (HCV) clinic has been offering assessment, education and a free mobile fibroscan service to patients at multiple locations across the region. For more information contact the Hepatology Partnership, Sunshine Coast on 0408 405 440 and the satellite unit in Wide Bay on 0438 067 497.

Planning for Tomorrow's Clinicians Today

It's timely to focus on the Sunshine Coast Health Institute (SCHI), a joint venture between the health service, TAFE Queensland East Coast, University of the Sunshine Coast and Griffith University.

On 10 August 2018, SCHI will host a careers/ education day to showcase career opportunities within the Sunshine Coast Hospital and Health Service.

The event will be centred around the theme of a "Day in the life of the Health Service" and will provide information on the variety of career opportunities available to prospective clinicians.

The day will be an important opportunity for SCHI's education partners to engage with high school students to profile their education programs and discuss pathways to employment in the health sector.

This will also be a wonderful opportunity for our local students and we look forward to welcoming them to the event.

Until next time,

Adj. Professor Naomi Dwyer

Chief Executive

Sunshine Coast Hospital and Health Service

Naomi.Dwyer@health.qld.gov.au

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July 2018

Dear SCLMA colleagues,

I would like to take this opportunity to update you on our new Overcoming Pain Program and provide you with some key information to help you refer appropriate patients to this program.

Overcoming Pain Program

Our new *Overcoming Pain Program* for outpatients uses an interdisciplinary 'whole-person' approach to promote self-management plans. Patients learn to implement strategies to improve their ability to manage their condition and pain experience, and gain control over their life.

The program's educational approach is based on the 'Explain Pain Curriculum' as published by the NOI Group which has good evidence of efficacy. Education is provided in a group setting with individualisation of messages by various team members usually during physical therapy sessions.

Initial and final outcome assessments, as well as discharge recommendations, are provided to the treating GP. The program is appropriate for:

- Any adult with persistent pain (for example post-surgical pain, back or neck pain, fibromyalgia, rheumatological issues)
- Appropriate management of any underlying medical or surgical issue contributing to the development of pain has been commenced
- The patient has a genuine desire to understand the factors that can influence the experience of pain and are motivated to explore ways to modify these factors
- The patients have appropriate funding to be admitted for day rehabilitation (e.g. private insurance with cover for rehabilitation, DVA, WorkCover, or self-funding)

The program is not appropriate for patients who:

- Have significant cognitive impairment (medication related or medical / age issues)
- Are children or adolescents
- Have undiagnosed/untreated conditions
- Do not have a desire to learn about the factors contributing to their experience of pain that they can influence
- Can't commit to attending the group times (currently Monday and Thursday mornings 8am - 12pm)

The referral form is available by accessing buderimprivatehospital.com.au/pain. Call our rehabilitation team on 07 5430 3273 for more information.

New private Emergency Centre opening event

To celebrate the launch of this milestone new service, don't forget to RSVP and join the hospital and its specialists at an exclusive function. Guests will be invited for an exclusive behind-the-scenes tour of the Emergency Centre prior to its first patients being admitted. The details are as follows:

When: 6pm, Wednesday, 15 August

Where: Buderim Private Hospital Emergency Centre, 12 Elsa Wilson Drive, Buderim

Please RSVP to melinda.steyn@uchealth.com.au or 07 5430 3305 by Wednesday 8 August 2018.

Kind regards,

Wallis Westbrook

General Manager

E: wallis.westbrook@uchealth.com.au

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Providing opportunities for better patient care through My Health Record

by Pattie Hudson, Central Queensland, Wide Bay Sunshine Coast PHN CEO

This month will see the expansion of the My Health Record system kick into gear and the opt-out period begins. By the end of this year, every Medicare and DVA cardholder will receive a My Health Record unless they choose not to have one. This marks a crucial time where both patients and health providers need to be informed of the benefits of the system.

Imagine a world where you can see what medications have been prescribed to a patient and which medications have been dispensed. The picture begins to present an opportunity where doctors have a chance to improve patient care. The numbers suggest that around 230,000 hospital admissions are caused by medication errors every year.



This comes with an estimated cost of \$1.2 billion every year and highlights an area with room for significant improvement¹. Especially when combined with the fact that around 10% of patients reported seeing their GP report after experiencing an Adverse Drug Event over a six-month period². This presents not only a risk to patients but also an unnecessary strain on the health system.

This isn't the only strain, and as we know, the joint burdens of chronic disease and an ageing population are leading to a greater demand for care. Therefore, any opportunity for reducing costs and duplication is one where we can invest in improving the health of all Australians. The evidence suggests that the use of an electronic health record provides an 18% reduction in the duplication of tests. Two of the biggest causes in this area include pathology and diagnostic imaging reports.

If you move past the costs to the system, there are also the time costs that fall to the individual practitioners. We have a future where you should no longer need to spend valuable time chasing discharge summaries or reports for pathology and diagnostic imaging. You could spend your time following up information from other providers or you could spend it delivering care to your patients.

It quickly becomes apparent that digital health initiatives present a number of opportunities to improve patient care and reduce burdens that are straining our health system. Through the My Health Record expansion, we have an opportunity to reduce the number of adverse drug reactions, reduce the burden of administration and avoid duplicating the delivery of services for patients.

For more information visit www.ourphn.org.au/my-health-record/.

References

1. Australian Commission on Safety and Quality in Health Care. (2013). Literature Review: Medication Safety in Australia. ACSQHC, Sydney.
2. Roughead EE, Semple SJ, Rosenfeld E. (2016) The extent of medication errors and adverse drug reactions throughout the patient journey in acute care in Australia. International Journal of Evidence-Based Healthcare. 14:113-122.

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'The Prospectors' - Brett Barrett

• • •

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GP Liaison: Your Hospital Connection – July 2018



A better way to e-Refer is coming...

Many of our GP readers have a love/hate relationship with the current e-Referral Template that has been developed and maintained by the SCHHS and PHN in the last few years. There are definite benefits of using e-Referrals over paper mail or fax referrals, including;

- A more fail-safe and timely delivery method than fax or post, with an electronic trail
- Immediate electronic notification of receipt sent back to GP
- Clinical software integration with ability to autofill from patient's file, including investigation results
- There are also limitations in the current e-Referral template - the two most common issues we hear is that;
- Inability to attach documents like ECGs, or hospital paper-based patient questionnaires (PDFs)
- It doesn't read like a traditional 'letter' due to formatting limitations, with decreased readability

We're pleased to tell you that an exciting, technologically-advanced way to e-Refer is on its way. Queensland Health is developing a new generation state-wide e-Referral system (GP Smart Referrals project) that will improve and streamline e-Referrals across the state. There are 5 components to the new state-wide integrated referral management system, we'll mention only 3 of them that are relevant for GPs externally:

1. Referral Services Directory. This will be a statewide electronic database of public services that integrates with the e-Referral program. If you are not sure which hospital in your region offers a particular specialty service, you will be able to search the electronic directory mid-referral.

2. GP e-Referral program. This will have a more built-for-purpose look, feel and usability to the current template we are using. Technologically, it will be more advanced, with improved functionality from the GP's perspective.

3. Referral Lodgement and Tracking system. This will include capability for better electronic notifications to keep GPs updated about the status of their patient's referral as it makes its journey through the receipt, triage and categorisation process.

4. Prompts to help prevent "Bounced" referrals. An advantage of the 'Smart' referral is that it will assist GPs with providing the required discipline-specific information

The Sunshine Coast Hospital and Health Service site has been asked by Queensland Health to develop the GP e-Referral program component. The lead clinician on the project is local GP Dr Sandra Peters, who many of you know worked as the previous SCHHS GP Liaison Officer, before her current role as director of the Caloundra Minor Illness and Injury Clinic (MIIC). With Sandra as lead, and plenty of experienced GP and GPLO input, we are confident the new e-Referral template will be a great improvement.

When is it coming? There will be a period of testing later this year in a small number of trial practices while the program is refined. After this is concluded, we will be working with the PHN to bring the program to practices and teach GPs how to use it. Keep an eye out for more detailed information over coming months. As always, if you would like to provide us with feedback or ask us questions about any health service issue relevant to GPs on the Sunshine Coast, we would love to hear from you.



Sunshine Coast Hospital and Health Service

Exceptional people. Exceptional healthcare.



Contact the GP Liaison Unit

Dr Michelle Johnston (GPLO)
Dr Marlene Pearce (GPLO)
Dr Edwin Kruys (GPLO)
 Merrin Godwin (Clinical Nurse)
 Peta-Maree Willett (Project Officer)
 Sue Hawkins (Administration)

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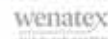
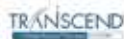
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Dr Marcel Knesl

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Dr Dinesh Vignarajah

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SUNSHINE COAST UNIVERSITY PRIVATE HOSPITAL (SCUPH) - JULY 2018

Oliver Steele, CEO



It is a pleasure to be able to update the SCLMA on the services and developments at the Sunshine Coast University Private Hospital.

The Sunshine Coast University Private Hospital Public Patient Services Agreement ceases in September 2018

For almost five years, the Sunshine Coast University Private Hospital has been providing care and treatment for public patients under contract with the Sunshine Coast Hospital and Health Service, to assist in meeting demand while the public hospital was being built and commissioned at Kawana.

The Agreement, which commenced in November 2013, will shortly complete with the last public patients being referred to SCUPH on 20th September, with some public outpatient services continuing until November 2018.

With the cessation of the public Contract, The Sunshine Coast University Private Hospital will shift its focus to increasing its private health care provision including, expanding its cardiology, cardiac surgery and neuro surgery services.

A milestone in Cardiac Surgery

To that end The Sunshine Coast's only cardiac surgical unit celebrated its 100th Cardio-thoracic surgical case being successfully performed in July. Staff and doctors at the Sunshine Coast University Private Hospital in Birtinya performed bilateral valve replacement surgery for a female Sunshine Coast resident.

Our cardio-thoracic service began in late November 2017 having received regulatory approval and is part of the Sunshine Coast University Private Hospital's strategy to expand the range of services available to private patients on the Sunshine Coast and Wide Bay region. The unit is performing a wide range of surgical procedures including mitral valve repairs, coronary artery bypass grafts, aortic valve repairs and thoracotomies.

Acute private healthcare

As a facility we continue to have robust rosters for oncall surgeons and physicians meaning you can refer acute patients to the hospital. SCLMA members should remember that a simple call to our dedicated Dr Admit line 1300 3723648 will give you immediate access to specialist.

A leader in Robotic surgery

The hospital's Robotic Surgery program goes from strength to strength and we are due to celebrate our 100th robotically assisted case in the coming weeks. We also plan for the additional of Robotically assisted colorectal surgery which will enhance our reputation as the Coast's most experienced Robotic surgery centre.

Clinical Excellence

Whilst it is exciting to talk about the investments in technology that we have and continue to make, we remain focussed on what matters to our patients – delivering excellent clinical services. We were delighted therefore to recently record a 95% compliance rate for hand hygiene, which is comfortably above the national average. We were also recently denoted as stand out performer in certain health outcome categories by renowned health analytics and advisory firm, Chappell-Dean, as part of their work with the Australian Private Hospital Association. These outcomes, amongst others, are a testament to our great staff.

We wish to thank members of the SCLMA for their unswerving support of Sunshine Coast University Private Hospital since we opened our doors in November 2013. With your support we have performed the Coast's first craniotomy; robotic prostatectomy; cardiac surgical case and saved countless patients from having to travel to Brisbane for their private healthcare. We look forward to your ongoing support.

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MEDIA RELEASE

19 July 2018



Pharmacist power play risks patient health

Pharmacists must not be allowed to put profits before people, as they push for more power to issue repeat prescriptions without a script from a doctor.

AMA Queensland State President Dr Dilip Dhupelia said pharmacists don't have the high-level medical training or expertise to replace GPs.

"If pharmacists want to diagnose and treat patients, and be allowed to control and manage patient medication, they should devote the many years needed to be a skilled and qualified doctor," Dr Dhupelia said.

"There's an inarguable reason GPs spend so much time training and in ongoing professional development and their expertise can't be duplicated without those qualifications."

AMA Queensland has called on the state government to reject a push to expand the scope of services provided by pharmacists and pharmacy assistants and has warned the government that it would have to take full responsibility for the potential negative outcomes.

Some of the functions being sought by pharmacists include supplying contraceptive pills without a prescription and providing certain medicines to people with cardiovascular disease and respiratory illnesses without the need for a repeat prescription.

"This is the thin edge of the wedge," Dr Dhupelia said. "The pharmacy lobby is riding roughshod over the best interests of our patients. Prioritising convenience over health outcomes and letting pharmacists do what they want puts Queenslanders' health at risk," he said.

"Research shows that people who regularly visit their GP are healthier and live longer¹.

"Taking shortcuts can lead to chronic and fatal health problems being missed until it's too late.

"Our members can provide numerous instances of where a repeat prescription encounter became a life-saving opportunity.

"For example, a patient went in for a repeat prescription and the GP found a malignant melanoma while taking her blood pressure.

"And, at a time when four people die every day from drug misuse, it is ludicrous to even consider making it easier for people to get drugs by fronting up to a pharmacy without a prescription from a doctor."

Dr Dhupelia said doctors also feared that some pharmacists would 'upsell' to patients by recommending and selling products that were not necessary, a problem identified in a 2016 Federal Government pharmacy review.

"Rather than declaring an open slather free-for-all on our health, the state government should encourage pharmacists to integrate into GP practices," he said.

"It's much better for patients where pharmacists and GPs work together under one roof, and only provide the services they are actually qualified to give."

¹ OECD (2017), Health at a Glance 2017: OECD Indicators, OECD Publishing, Paris;

Pereira Gray DJ, Sidaway-Lee K, White E, et al, Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality, BMJ Open 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161



AMA Queensland is currently working on a sequel to our Health Vision. *Health Vision Two* will focus on four core areas of importance to members, such as access to public paediatric services, rural medical workforce initiatives, mental health services and obesity.

Paediatric Services: Evidence shows that wait times to see a paediatrician in the public system can be of a minimum of a year, but often much longer and even so more in rural and remote areas. *Health Vision Two* will explore the reasons for these delays and possible solutions. It will look at using the private system as a means to alleviate demand, as currently occurs with public dentistry. There will also be a focus on improving paediatric end-of-life care and utilising the Healthy Futures Commission to lessen demand on public paediatric services.

Rural, Regional and Remote Workforce: It is well known that rural, regional and remote (RRR) areas suffer from shortages of medical staff. Building on the findings from a recent survey of our members in RRR areas, we will advocate for recruitment of the right medical staff for the right areas. Further, *Health Vision Two* will call for improved working arrangements to improve recruitment and retention, and for incentives to be provided to the private sector to help fill workplace gaps in RRR areas.

Mental Health: People with severe mental illness tend to die 10 to 25 years earlier than the general population. This is often attributed to chronic physical medical conditions, but suicide is also another important cause of death for this cohort. There is evidence which suggests that the health system is currently not geared towards meeting the needs of people suffering from mental illness. AMA Queensland will call on Governments at all levels to recognise the importance of the first five years of life by providing the right supports for healthy pregnancies, and ensure all children have free and equitable access to education, nutrition, health care and meaningful activities that can build resilience. Vulnerable children/families in particular will benefit from measures that help overcome disadvantage, inequities, social problems and dysfunctions that can promote mental health problems.

We will also call on the Queensland Government to improve the mental health of doctors through reforms to mandatory reporting and further funding of the Doctors' Health Advisory Service Queensland (DHASQ).

Finally, we will call on the Government to ensure equity of access to mental health support across ethnicity, geography and age, using a combination of physical services and telehealth, and providing online support for medical practitioners, particularly GPs who are looking after patients with mental health

Obesity: *Health Vision Two* will be a key platform in our efforts to have obesity recognised as a chronic condition and to obtain external assistance for our awareness campaign.



PUBLIC HEALTH

AMA Queensland is committed to improving public health. As part of this commitment, we are currently focusing on two specific areas, namely, **obesity and water fluoridation**.

On the latter, we are working with the Australian Dental Association to convince the Queensland Government of the merits of making **water fluoridation mandatory state-wide**. After the decision to mandate water fluoridation was reversed in 2012, almost twenty local councils have decided not to continue water fluoridation. This means that some of Queensland's biggest regional cities, such as Cairns, Rockhampton, Bundaberg, Hervey Bay, Maryborough, Warwick and Stanthorpe are now without fluoride in their water supply. We believe this needs to change and we will work diligently to try and convince the Government of the merits of making this change.

The other area of public health we are focusing on is the **obesity epidemic facing Queensland**. This is a topic we have advocated on for quite some time now. This advocacy has resulted in some notable wins in the 2018 State Budget, such as the Healthy Futures Commission being introduced to improve public health in Queensland and increased funding for bariatric surgery. We are now aiming to build on this success by making it easier for GPs to help their patients achieve a healthy weight. At present, we are doing this through two means. First, we are working with the Queensland Government to convince the Federal Government to classify obesity as a chronic condition in its own right, rather than a risk factor, so that GPs can use it as an explicit reason to provide their patients with a GP Management Plan and team care arrangements. We are also developing an innovative awareness podcast campaign, which will aim to influence generational eating habits and promote GPs role in weight loss planning.

If you have any issues you feel need AMA Queensland's attention, feel free to drop us a line. We are always happy to get your thoughts directly via membership@amaq.com.au.

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland



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Timing is everything



In my last column I gleefully mused about what an enjoyable evening I had watching the understated spectacle of the Royal Wedding on Saturday 19th May 2018.

What I didn't mention was the unexpected interruption to my Saturday evening at 9.55 PM precisely with an email in my Inbox from AHPRA.

My immediate reaction should have been one of relief that the good souls at AHPRA were burning the midnight oil catching up with the back-log of complaints so that they can all be dealt with in a timely fashion.

But no, the Royal Wedding was still on the 'telly' and I thought that history in-the-making just wouldn't be the same if I paused and watched the Royal Wedding in catch-up mode.

My paranoia then set in. Could this Email from AHPRA be about another vexatious complaint?

Had I failed to delete another favourable post on Facebook, I wondered?

I knew though that it must have been a very important message to disrupt myself and countless other doctors on a weekend.

Taking a closer look though the message had actually been sent by AHPRA on behalf of the Australian Digital Health Agency advising that, "This year, every Australian will get a My Health Record unless they tell us they don't want one".

I was aware that the esteemed organization and publisher of this column, the AMA, was supportive of MHR, but I still wasn't sure why I was being told about all of this on a Saturday evening, and during the Royal Wedding.

Then I realized that the opportunity to opt-out of My Health Record ends on 15th October 2018. Well the Australian Digital Health Agency better get onto telling us about it, hadn't they?

And no worries at all that most of my patients have no knowledge at all about their digital data going on-line, and myself and my colleagues are still unsure about what will be shared.

After hearing that the largest on-line appointment booking app (HealthEngine) was sharing data with law firms, marketers, and other entities I can understand the general public's reservations about who has access to their health data.

Curiously HealthEngine still has a data-sharing arrangement with the Federal Government's My Health Record.

And going forward who knows who will want access with one major health fund (NIB) already stating, "We desperately need this data"!

Could all of this just be another example of how inevitable digital disruption is in our lives?

Instead of push-bikes would Uber be delivering mid-wives to those home-birthing mothers?

Would Google reviews eventually replace my CPD?

But in a digital world that operates around the clock I've learnt to avoid sending emails, texts, tweets etc after close of business.

I may be awake at 3 AM and have finally found inspiration, but there is no way that I would share my thoughts after midnight lest I find myself compared with a certain US President.

So as I delved into the fine print associated with My Health Record I have discovered that I can be registered under a pseudonym.

I noted that DisappointedVoter and AngryTaxpayer were almost certainly taken by now.

But I was sure that DoctorCamShaft would be mine for the taking as I had the forethought to grab this moniker when Hotmail first launched in 1996.

The automotive world also targets consumers by using big data for marketing opportunities.

Setting up a bridal registry, searching on Google for a pram or posting on social media that someone just passed their driving test all suggest life events which may trigger the purchase of a vehicle.

Trawling through this sort of data is said to be 10 times more effective than a traditional marketing campaign.

In my humble opinion the Federal Government's decision to make the My Health Record mandatory unless an individual advises that "they ... don't want one" should be coming with a lot more explanation.

Safe motoring,

Doctor Clive Fraser



Enhancing Social Competence – for Young Adults

A new Day Program teaching social skills is assisting young people between the ages of 16-25 years with clinical presentations impacting on their social engagements to improve their social competency.

The six-week outpatient day program is designed for people struggling with a variety of conditions including schizophrenia, autism and Asperger's syndrome, depression and anxiety.

"Enhancing Social Competence" provides a therapeutic environment using behavioural techniques where participants can engage in a process of change, building an understanding of social behaviours and ways of developing new and effective skills to independently engage in social activities.

The program provides a supportive environment for young people to maintain motivation for change and assist them to develop healthy functioning in multiple aspects of their lives.



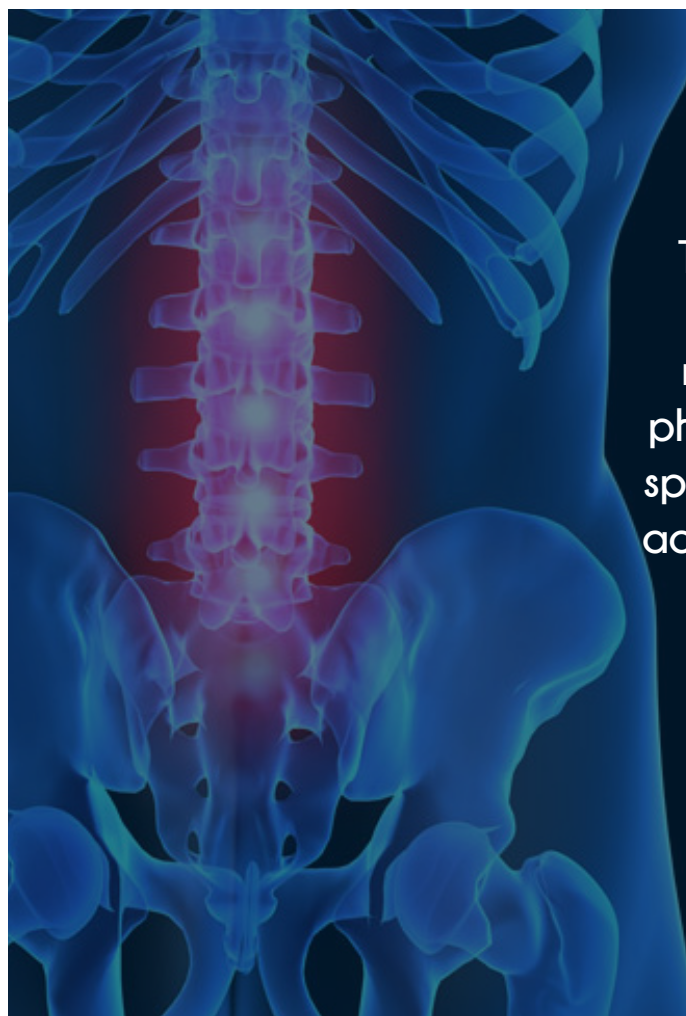
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Where can your patients find help to make financial decisions about Aged Care?

Navigating through the financial aspects of aged care can be complicated, especially as you should take into consideration:

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- How to pay for your accommodation?
- What you will pay for your ongoing care?
- Whether you need to pay any tax?
- Whether you have enough cashflow to pay for your care and living expenses?
- The impact on your net wealth and your estate?

Paying for advice from a qualified financial planner may help to make this easier and also reduce the stress for your family. It can also help to avoid making significant and expensive mistakes.

You can also access free information to help you understand the rules from Centrelink or www.myagedcare.gov.au but an Aged Care Specialist can help to put this into a plan that works for you and your family.

Getting advice

Before making any decisions, contact an accredited aged care adviser to talk through the care options available to you, the costs associated with them and the best way to restructure your finances to pay for the appropriate care.

Getting the right information and advice can help you to understand your options and the implications for your cash flow, Centrelink or other concession cards, aged care fees, taxation and estate planning. This will allow you to make the best choices for your future care, security and happiness.

If you or your patients have any questions please feel free to give me a call on **07 5437 9900**.

Yours in Aged Care

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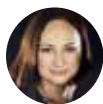
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Sunshine Coast Orthopaedic Clinic

The Acute Knee Clinic

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

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

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

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

or an appropriate non-operative treatment programme.

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

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

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

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

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

For appointments contact

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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

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2. **Perth:** Bask in the sunshine city at **Kings Park** and **Botanic Garden**. On the way to **Northbridge** and **Perth Cultural Centre**, check out the mini-bars, restaurants and cafes. Art connoisseurs can follow the **City Public Art Walk**.
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5. **Karijini National Park:** The stunning waterfalls and gorges, lush flora and fauna, and Western Australia's three highest peaks are its popular drawcards.
6. **Broome -Cable Beach:** Enjoy sunset at this beautiful white-sand beach or, take a Camel ride along the beach in the evening.

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4. **Busselton Jetty:** Home to Australia's greatest artificial reef; enjoy a stroll along this spectacular stretch. Check out the Underwater Observatory for a breath-taking view of the reef.

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- A day in Fremantle including Fremantle Prison and Western Australian Maritime Museum
- A day trip to Perth including sightseeing, whale shark swim tour and snorkelling
- Tour of Ningaloo Reef and Cape Range National Park, canyons of Cape Range and Coral Bay including snorkelling, wildlife-spotting, and other adventures
- Guided tour of Busselton Jetty and AQWA
- Wildlife cruise to the Penguin Island to be arranged

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Dr Irene Krajewska **FRCPA FIAC**

E: irene_krajewska@snp.com.au

T: (07) 5459 1400

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



Dr Jerome Lai **FRCPA**

E: jerome_lai@snp.com.au

T: (07) 5459 1400

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



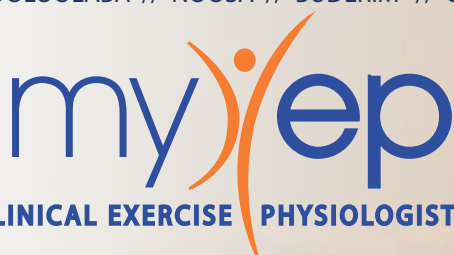
Dr Karien Treurnicht **FRCPA FIAC**

E: karien_treurnicht@snp.com.au

T: (07) 5459 1400

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

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Chianti- Attack of the Clones

"A census taker once tried to test me. I ate his liver with fava beans and a nice Chianti." I'm not sure if this famous but gruesome line uttered by Hannibal Lecter in "Silence of the Lambs" bolstered the consumption of Chianti with the inverse being true of Miles in Sideways declaring his loathing for Merlot.

Chianti is an old-world medium bodied red wine that never loses its appeal. The main grape is Sangiovese and its home is the epitome of romance and escapism; Tuscany. Like a great cigarette ad of the 70s, drinking Chianti, especially in a raffia basket, digesting some Grissini, would automatically transport the London weather weary diner to another time and place. Ah the warmth and sunlight; the aromas of the Apennine Peninsula.

85% of wines from Tuscany are red and predominately Sangiovese. Standard Chianti is 75-100% Sangiovese, Chianti Classico is 80-100%. Canaiolo Nero, Shiraz and Cabernet Sauvignon may be added. Classico wines are aged in oak a minimum 12 months and Reserva 24 months. Vino Nobile di Montepulciano and Brunello are the stars. These 100% Sangiovese wines are made from clones with thicker skins, the sub soils are more mineral and limestone and the climate slightly warmer. Resulting in bold brooding wines.

The Super Tuscan wines, departing from DOCG standards, emerged in the 90s and 2000s as they focused on using Cabernet Sauvignon, Cabernet Franc, Merlot and Shiraz blends. These wines are from the Maremma area closer to the coast with a slower ripening climate. They are not Chianti but are well sort after and initially 100s of dollars was paid for a bottle.

White grapes include Malvasia, Sauvignon Blanc, Trebbiano, Vermentino, Vernaccia and Pinot Grigio. A sweet white wine, Vin Santo, is made using a technique to dry the grapes and concentrate sugars.

The greatness of the wine begins in its DNA. There are over 650 Sangiovese clones identified. This made for idiosyncratic and variable subregional expression of the grape. A leading and visionary company, Banfi, spent more than a decade, in collaboration with Professor Scienza, identifying the 15 best expressions of the grape. This clonal work has revolutionised production and sustainability.

Banfi is a massive US Italian wine exporter and importer. It was founded in the US by John Mariani in 1919. The company is family owned and run by 3 of his Grandchildren with Christina Mariani-May the CEO. Aunt Teodolina Banfi is the inspiration of the company title.

In 1978 Castello Banfi Estate was commenced in Tuscany, Italy. An amalgam of properties previously owned by Italian wine producing families has led to the 7100 acres of today with 2100 acres under vines. Olives, wheat, truffles and plums are also produced.

The rolling hills of Tuscany make this a very picturesque vineyard. Other vineyard areas include Piemonte

Wines Tasted.

Le Rime Pinot Grigio 2016- Light straw colour. White peach, melon, hints of florals. A soft flavoursome palate with a hint of acidity. A great aperitif wine, have with delicately poached scampi.

CollePino 2015- Sangiovese, Merlot, Light ruby colour, bright lively nose of red currants, plums, hint of spice. Uncomplicated delightful wine with a fruit forward palate and soft finish. Food match; Ante pasta of course.

Chianti Classico DOCG 2013- Sangiovese, Cabernet sauvignon, Canaiolo Nero. Ruby to garnet colour. Red currants, plums, hints of leather and spice. Restrained fruit with medium tannins. Matching with Chicken ravioli with a Napoli sauce.

Chianti Classico Riserva DOCG 2013- Sangiovese, Cabernet sauvignon, Canaiolo Nero. Deep ruby Garnet colour. The progression in quality is evident with complex red fruits, plums, cigar box, dried Tuscan herbs. Excellent expression of warm fruit flavours and balanced complex tannins. 24 months in Slovenian oak is noted. Serve with Duck and roasted tomato sugo with thick ribbons of sheet pasta. Cellar for 7-9 years.

Brunello Di Montalcino DOCG 2012- 100% Sangiovese. Deep aged garnet in colour. An alluring brooding nose of baked red currants and plums, earthy spicy leathery notes. Liquorice with coffee nuances develop as the wine opens. A full-bodied Tuscan wine, balanced, well crafted and sensual. Serve with olive and herbed charcoal roasted rack of lamb. Cellar for 15 years.



**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 31 MAY 2018
Maroochydore Surf Club Board Room
Accepted at Committee Meeting 21 JUNE 2018**

Dr Kirsten Hoyle took the Chair.

Attendance: Drs Mark de Wet, Wayne Herdy, Kirsten Hoyle, John Evans, Peter Ruscoe, Fabio Brecciaroli, Mason Stevenson, Alicia Lorenz, Jonathan Last, Tamer Aly. Observer Jo Bourke. .

Apologies: Drs Roger Faint, Scott Masters, Jon Harper, Marcel Knesl, Grant Eddie.

Minutes of last meeting: 26 May 2018

Moved: John Evans. Seconded: Peter Ruscoe. Accepted.

Business arising from Minutes Nil.

President's Report: Dr Roger Faint – Apology.

(Report tabled with discussion)

I apologise for not attending the meeting and have asked Kirsten Hoyle to be the chair. I am in Taroom.

1. *I attended the Greg Hunt MP breakfast (organised by local QLD member Andrew Wallace) at the Western Hotel next to the new hospital early in the month, with Dr John Evans. We breakfasted with Dr Siavash Es'haghi, Sunshine Coast Radiology, I bumped into Kevin Hegarty and his wife, both of whom look well. Greg Hunt MP had a broad and precise knowledge of the Federal Health system which was quite impressive. His speech was well rehearsed. He is obviously intelligent and motivated.*

2. *Interestingly, and I apologise for not contributing to the debate over QH referrals and the double dipping issue. Greg Hunt made it quite clear that he knew what was happening in QLD with regards to hospital Medicare access, i.e. double dipping. Over the recent few years, QH Medicare access has increased by over seven times, that's 700 %. He clearly mentioned that this was something the Federal Government was examining. He did not say what might happen. Other states are relatively static and have apparently been accessing Medicare through their hospital system for years.*

3. *I have a meeting with Mr Wallis Westbrook, CEO Buderim Hospital, in two weeks. This will be in relation to the Private Emergency Department opening in August.*

4. *The Christmas in August social function is going ahead on the 18th August. All is progressing smoothly.*

5. *The SCUH has requested we post new specialists biography on our Facebook website. We now have two hospitals contributing in this way.*

6. *Please read (& well worth it) the Hansard article with regards to Dr Christian Rowan MP using parliamentary privilege attacking the current CEO, Jane Schmitt. This is quite extraordinary and damning at the same time.*

7. *The meeting tonight should be regarded as a triumph for our organisation. Reps of the public (& Private pain clinic) pain clinic are speaking and using the SCLMA clinical meeting as a conduit to smoothing access and enabling appropriate referrals.*

Comments on Roger's report:

Item 2: Discussion around Private Billing of public patients in Queensland hospitals, also whether to include in our newsletter a link and letter template as exposed in a recent MJA InSight publication.

<https://www.doctorportal.com.au/mjainsight/2018/19/double-dipping-medicare-funding-pool/#comments>

It was felt that inclusion in our newsletter could cause embarrassment to SCUH and damage relationship with them but general feeling was that this practice should be exposed. To

check with Roger re publication of link and template.

Item 4: Change of venue to Sebel Resort, Pelican Waters (due to 2-night accommodation requirements by previously chosen venue). It was proposed that 2 members would be reimbursed for accommodation cancellation fees. Moved: Kirsten Hoyle. Seconded: Fabio Brecciaroli. Carried.

Item 5: Publication of specialists on the SCLMA facebook page. The meeting was in agreement that specialists should be SCLMA members or at least pending members.

Vice President's Report : Dr Wayne Herdy – Nil - due to time constraints.

Secretary's Report: Dr Mark de Wet

Correspondence In:

- Sophie Turner – re research project pertaining to abbreviations in discharge summaries.

Correspondence Out:

- Dr Mark de Wet – Dr Edward Weaver re High School students Work Experience

Business arising from Correspondence:

- Suggestion for Sophie Turner to speak with Jon Harper, PHN representative and to submit article for newsletter.

Treasurer's Report : Dr Peter Ruscoe

(a) Accounts to be paid:

- Australia Post – Account April 2018
- Office National – Account March 2018
- Telstra – (part account May – June 2018)
- Jo Bourke – Secretariat April 2018
- Jo Bourke – Adobe CC subscription April 2018
- Jo Bourke – Dropbox 2018 Yearly subscription
- Jo Bourke - Newsletter May 2018
- Snap Printing - Newsletter May 2018
- Advisernet – Business Insurance Policy

Moved: Peter Ruscoe .. *'that the accounts as tabled be approved for payment.* Seconded: Kirsten Hoyle. Carried.

(b) Membership Report:

- Dr Jonathan Langton (Radiology)
- Dr Simone Kaye (Gastroenterology/Hepatology)
- Dr Kathleen Houston (Medical Oncology)
- Dr David Hogan (ENT/Otorhinolaryngology)

Moved: Peter Ruscoe .. *'that the applications for membership be accepted.* Seconded: Kirsten Hoyle. Carried.

AMAA Councillor's Report: Dr Wayne Herdy

- Wayne attended recent National Congress (to be covered in full in newsletter report). Policy proposals were thoroughly debated which has not happened before.

Meetings Convenor Report: Dr Scott Masters - Apology

Hospital Liaison Report: Dr Tamer Aly

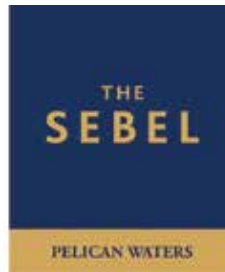
- Discharge summaries will be sent directly to GPs and Specialists in an 'electronic post box' format.

PHN Report: Dr Jon Harper – Apology

General Business: Nil.

Meeting Close 7.10pm Next meeting Thursday 21 June 2018
Mdore Surf Club

Dr Mark de Wet, Honorary Secretary

**CHRISTMAS IN
AUGUST****18 AUGUST 2018****100+ have booked!
Santa & Fine Food!
and Music!!****M7 BAND LINE-UP!!**

- Dr Michel Ryan ,GP, Guitar
- Dr Roger Morris, GP, Drums
- Dr Steve Kypraios, Cardiologist, Vocals
- Paul Kusy, Lawyer, Guitar
- Mark Bray ,Lawyer, Vocals
- Shane Harvey ,Surgical Equipment Rep, Saxophone
- Ken Keirnan, Teacher, Bass Guitar
- Alistair Cook Pharmacist, Sound Engineer
- John Murdoch, Financial Advisor Google, Sound Engineer

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FOR THE SCLMA
CHRISTMAS IN AUGUST 2018!****Sullivan Nicolaides Pathology****Ramsay Health****Eden Rehab Centre****Pacific Radiology****Sunshine Coast Radiology****Nabhealth****Medfin****ROC****CPAP****Watch our website for photos and
updates!****REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au**Email: RDMAnews@gmail.com****ADVERTISING GUIDELINES:**

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

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

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

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

PLEASE NOTE THE FOLLOWING:*The anti discrimination commission of Queensland has the following statement on job advertising:*

Discriminatory advertising is against the law. Job advertisements need to give the impression that all suitable applicants are welcome to apply. References to sex, relationship status, age, race, religion etc should be avoided, as should the use of words that may indicate a preference for particular groups or may discourage others from applying, eg foreman, tradesman, glamorous, well-built, mature, youthful, office girl etc. Publishers can be fined and be the subject of a complaint to the Commission for publishing discriminatory advertisements that show an intention to contravene the Anti-Discrimination Act 1991. Discriminatory advertisements will therefore often be refused or modified by publishers in order to avoid legal liability.

GP Education

GP Updates

Obesity, Knees and Minimally Invasive Surgery

Sunshine Coast University Private Hospital is very pleased to invite you to an evening of education featuring General and Bariatric Surgeon, **Dr James Askew**, Orthopaedic Surgeon, **Dr Luke McDermott** and General Surgeon **Dr Drago Popovic**. Please join us for a 'not to be missed' night of education, case studies and interactive discussion.



LEARNING OUTCOMES

Attendees will be able to:

- Explain the role of bariatric surgery in the management of Type II diabetes and implement a protocol for the management of these patients
- Discuss advantages and disadvantages of partial vs total knee replacement surgery with their patients
- Describe the role of ERAS in minimally invasive surgery

PROGRAM

6.30pm Registration and dinner

7.00pm Presentations and discussions

Is Type II Diabetes a surgical disease?

Dr James Askew, *General and Bariatric Surgeon*

Partial knee vs total knee vs realignment: Who gets what?

Dr Luke McDermott, *Orthopaedic Surgeon*

Minimally invasive surgery in general surgery and abdominal surgery today: What else?

Dr Drago Popovic, *General Surgeon*

9.00pm Evaluation and close



WHEN

Tuesday, 4 September, 2018

WHERE

The Lakehouse Sunshine Coast
15 Freshwater Street
Mountain Creek QLD 4557

RSVP

Wednesday, 29 August, 2018

It's easy to register

Online <http://www.sunshinecoastuniversityprivate.com.au/For-Doctors/GP-Education>

Email GPEducation.SC@Ramsayhealth.com.au

Call Pam Bull - 0427 327 321



**Sunshine Coast University
Private Hospital**

Part of Ramsay Health Care

Email - GPEducation.SC@Ramsayhealth.com.au if you wish to be removed from our mailing list

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: _____ <p style="text-align: center;"><i>THE SCLMA PREFERS TO CONTACT MEMBERS VIA EMAIL WHEREVER POSSIBLE.</i></p>			
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:	Mobile:	
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): Full-time ordinary members - GP and Specialist Doctor spouse of full-time ordinary member Absentee or non-resident doctors Part-time ordinary members (less than 10 hours per week) Non-practising ordinary members, under 60 years old Residents & Doctors in Training Non-practising ordinary members, over 60 years old Patron and honorary members	(Please tick)		
	\$ 110		PLEASE COMPLETE:
	\$ 55		Your Monthly Invitation?
	\$ 55		By Email?
	\$ 55		By Courier?
	\$ 55		By Post?
	\$ 55		Your Monthly Newsletter?
	Free		By Email?
	Free		By Courier?
Free		By Post?	
Payment can be made by cheque payable to SCLMA or by direct debit to: SCLMA Westpac Account. BSB: 034-243 ACCOUNT NUMBER: 11-9298			
Please return this form either by email (scanned) or Fax or Post with details of your E.F.T. to: Email: jobo@squirrel.com.au Post: SCLMA PO BOX 549 COTTON TREE 4558 Fax: 5479 3995			
Please note: <i>Membership applications will be considered at the next Management Committee meeting.</i>			



Take a moment

Password ...

A friend was doing an overnight stay at a hotel away from home.

So he took his computer down to the bar to do some data entries.

He sat down at the bar and asked the bartender 'What's the wifi password?'

Bartender: You need to buy a drink first.

Me: Okay, I'll have a beer.

Bartender: We have VB on tap.

My Friend: Sure. How much is that?

Bartender: £3.00.

My Friend: Ok. Here you are. What's the wifi password?

Bartender: youneedtobuyadrinkfirst - No spaces and all lowercase.

Buttered Toast

Murphy drops some buttered toast on the kitchen floor and it lands butter-side up. He looks down in astonishment, for he knows that it's a law of nature of the universe that buttered toast always lands butter-side down.

He rushes round to the presbytery to see Father Flanagan, tells the priest that a miracle has occurred in his kitchen but won't say what it is. Instead, he asks Fr Flanagan to come and see it with his own eyes.

Murphy leads Fr Flanagan back to his house, into his kitchen and asks him what he sees on the floor.

"Well," says the priest, "it's pretty obvious. Someone has

dropped some buttered toast on the floor and then, for some reason, they flipped it over so the butter is on top."

"No, Father, I dropped it and it landed like that!" exclaimed Murphy.

"Oh, my Lord!" says Fr Flanagan. "Dropped toast never lands with the butter side up. It's a mir...."

He stood, speechless for a moment, before he continued. "Wait...it's not for me to say it's a miracle.



Maroochydhore Surf Club is offering FREE Membership to SCLMA members! This entitles members to a number of discounts and information re coming events and promotions. Go to reception any time, mention you are SCLMA and eligible for free membership and complete an application.

Those who completed a form at the March meeting have already had their Maroochy Surf Club membership cards mailed to them.

I'll have to report this matter to the Bishop and he'll have to deal with it. He'll send some people round to interview you, take photos and all that."

A thorough investigation is conducted, not only by the archdiocese but by scientists sent over from the Curia in Rome. No expense is spared.

There is great excitement in the town as everyone knows that a miracle will bring in much-needed tourism revenue.

Then, after 8 long weeks and with great fanfare, the Bishop announces the final ruling.

"It is certain that some kind of an extraordinary event took place in Murphy's kitchen, quite outside the natural laws of the universe.

Yet the Holy See must be very cautious before ruling a miracle. All other explanations must be ruled out.

Unfortunately, in this case, it has been declared 'No Miracle' because they think that Murphy may have buttered the toast on the wrong side!"



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- Convenient patient parking
- Allocated car park for tenancy
- 3 year lease with an option of a further 4 x 3 years
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July 2018

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- Fully computerised (Medical Director) – Accredited
- Fully equipped treatment rooms with 2 nurses for support; professional and friendly administration staff.
- Large patient base,
- Flexibility with hours
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- DWS not available
- Pathology on site

Website: www.rehmanclinic.com.au

Please direct all CVs and/or enquiries to Practice Manager, Tara. Email: admin@rehmanclinic.com.au Ph: 07 4191 4690

July 2018

GENERAL PRACTITIONER REQUIRED

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May 2018

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March 2018 Continuing as per request.

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Email: practicemanager@moffatbeachmedical.com.au

Phone: 07 5438 2333

June 2018

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June 2018

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- 20 minutes Beerwah
- 30 minutes Caloundra
- 40 minutes North Lakes
- 1709 Roys Road, Coochin Creek, 4519

Why live in a McMansion in Sardine City when you can live in a real house with room for kids and dogs.

Ph : Dr Phillips 0403 774 488

June 2018

VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS

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Manager: Karen Clarke on 07 5492 1044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)

Continuing as per request.

PLEASE NOTE:

We have had an abundance of Classifieds lately. From the July newsletter, the 3-month placement will be observed.

If you need to keep advertising, have a break for a month or more and then resubmit.

Many thanks!

SCLMA CLINICAL MEETING - 21 JUNE 2018

Maroochydore Surf Club Function Room

Dr Robert Tam, Cardiothoracic Surgeon - *'Minimally Invasive Cardiac Surgery'*

Dr Douglas Wall, Cardiac Surgeon - *'Coronary Artery Disease.*

From Angiogram to Bypass. Current Best Practice'

Sponsor: Medtronic



Mr Oli Steele, CEO, SCUPH, with Mr Brett Harris, Health Banking Executive, nabhealth .



Mr Oli Steele, CEO, SCUPH, with presenters Dr Robert Tam and Dr Douglas Wall.



2018 Monthly Meeting Dates:

Usually last Thursday in month but sometimes changed due to school / public holidays.

Thursday 30 August 2018

- Dr Pankaj Jha, Vascular Surgeon
- *'Varicose Veins, not just a Vanity. New Treatment Options'*
- Dr Euan Noble, Renal Physician
- *'Renovascular Hypertension – Old and Creaky Kidneys – can we/should we and who can we fix?'*

Thursday 20 September 2018 AGM

Thursday 25 October 2018

Thursday 29 November 2018.

Thank you Medtronic!

Dean Bevis, Molly Fulton and Lucas Towill.

www.sclma.com.au

Continually being updated with relevant information for doctors

Watch for update on our social function - with photos and news of our sponsors!

Download application form, meeting invitation

Are you listed on our Directory?

Are your details up to date??



Sunshine Coast Local Medical Association Inc

PO Box 549 Cotton Tree QLD 4558



www.sclma.com.au