

NEWSLETTER

June 2018

SCLMA President's Message Dr Roger Faint

I was caught out at the end of last week with a request for a Sunshine Coast Daily Newspaper article. The initial brief 'on the run' conversation was meant to be followed by a more complete interview the next morning which didn't occur. I thank Adj. Professor Naomi Dwyer, CE, SCHHS for her correction and apologise for the confusion relating to the percentage of private patient being treated in the SCUH (correct figure of 13% vs incorrect of 30%).

Being a Chief Executive (CE) of a Health Service District is an unenviable one. I or someone else interviewed by the media, get to blab inaccuracies while the CE is held to account and monitored on all personal and health related details and statements. There is no more difficult job!

I was discussing the issue of state health funding with a colleague recently. He mentioned that the driving force behind the QLD State Health Department need to access increased Medicare and Private Health Funding was perhaps the \$600 million shortfall that the Federal Government had not paid in block funding recently. That is, the Federal Government had promised \$1 billion over three years which is apparently 45% of total State funding needs. Of course, this same issue affects most Australian States with ramifications for the private sector as discussed in last month's magazine.

There is a strong sentiment of ethics & trust, with regard to the use of Medicare & access to private health funds amongst private doctors, that is driving this issue. This was illustrated by our robust committee meeting last Thursday.

I congratulate Dr Dilip Dhupelia as the new President of the AMAQ. He has become President in a challenging time with significant turmoil within the AMAQ management committee.

Turmoil issues relating to governance are complicated, exhausting and time consuming and likely will distract from the important issues of representing their members for some time, such as the issue of State Health Funding.



Dr Dhupelia, who I met recently, is cognisant of the SCLMA and would like to visit us over the next two to three months and this offer is most appreciated.

Representatives of the SCLMA and I met with Wallis Westbrook, General Manager of Buderim Private Hospital recently in relation to the opening of the new Emergency Department in August this year. There will be an orientation and 'walk through' in July with staffing by FACEMs and FACRRMs. This is good news for patients.

I remind you all of the SCLMA 'Christmas in August' dinner on the 18th August. There is live music, the Band M7 (with familiar faces) at a great venue at The Sebel, Pelican Waters. (Good deals available for overnight stays - see this newsletter!)

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

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JULY NEWSLETTER Deadline will be FRIDAY 13th JULY 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 Mobile: 0407 037 112

Email: jobo@squirrel.com.au

Fax: 5479 3995

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



ARE YOU A MEMBER?

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

www.sclma.com.au.

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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112 Email: jobo@squirrel.com.au

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

Directory form available on the website.



Editorial

Dr Kirsten Holyle is on well deserved leave. Back next month





Special thanks to Melissa West, Functions Manager at Maroochydore Surf Club who made the impossible happen when there was an overlap of meetings on Thursday 21 June 2018. (definitely not the Club's fault).

Melissa arranged an alternative area for our earlier part and then we met in the functions room as usual. That's why we keep going back! Thank you Melissa and your staff!!

JUNE Meeting - New Members The following applications were accepted:

- Dr Brian Lewer (Anaesthesia)
- Dr Glen Mulhall (General Practice)
- Dr Deepika Bhat (General Practice)
- Dr Chris Whight (Paediatric & Adolescent Cardiology)

A reminder that membership for doctors in training is free.

www.sclma.com.au

Are your details correct on the website Directory?

Would you like to be in the Directory?

Download a Directory Form from the website and fax to 5479 3995 or scan and email.

All membership renewals have been sent out.

There are still some outstanding - always identify your payment on the bank statement.

HIGHLIGHTS in this issue:

P 5: Adj. Prof Naomi Dwyer, CE, SCHHS

P 6-7: SCHHS GPLO Report P 10-11: AMA Queensland Report

P 13 Pattie Hudson, CEO, PHN

P 17: Dr Wayne Herdy - AMA National

Conference

P 24: Medical Motoring is back!

P 29: Invitation - Christmas in August p 31: Sponsors needed Christmas In Aug

P 32: Dr Wayne Herdy - Variety Bash 2018

Please 'like', 'share' and 'follow' our Facebook page: sunshinecoast local medical association.

Website: www.sclma.com.au

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

THURSDAY 26 JULY 2018

Venue: The M'dore Surf Club Function Room

Time: 6.30pm for 7pm

Speaker: Dr Stephen Byrne, Neurosurgeon 'Lumbar Spine Myths - Separating Topic:

Science from Dogma'

Speaker: Dr Hazem Akil, Neurosurgeon Topic: 'Patient Selection and Operative

Choices: A Surgeon's Philosophy'

Speaker: Dr Jon Steinberg, Clinical Services Director, Caloundra Private Clinic

Topic: 'Transcranial Magnetic

Stimulation: A Neurostimulation

Treatment for Major

Depression at Caloundra Private

Clinic'.

THURSDAY 30 AUGUST 2018

Dr Pankaj Jha, Vascular Surgeon Speaker:

"Varicose veins, not just a vanity. New Topic:

treatment options".

Dr Euan Noble, Renal Physician Speaker:

Topic: **TBC**

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 Ph: 5479 3979 (M) 0407 037 112 Email: jobo@squirrel.com.au



Sunshine Coast Orthopaedic Clinic

The Acute Knee Clinic

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

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

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

Specific conditions that can benefit from emergent assessment include suspected ligamentous injuries, including cruciate ligaments, medial ligaments, multiple ligament injuries, acute patellar dislocation, locked knees and especially paediatric cruciate and meniscal injuries whether that be by implementing early surgical techniques or an appropriate non-operative treatment programme.

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

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

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

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

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

For appointments contact

Dr Steven Lawrie Suite 17, Kawana Private Hospital 5 Innovation Parkway, Birtinya QLD 4575 **p:** 07 5493 3994 **f:** 07 5493 3897

e: sunshineortho@bigpond.com.au www.sunshineortho.com.au

Examples of these injuries include:

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

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

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

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

Early ACL surgery in the young active patient/sportsman.



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HEALTH SERVICE LINK - JUNE 2018

The next milestone in the Sunshine Coast Medical School

We are very pleased that Griffith University has announced Associate Professor Jen Williams as Deputy Head of the Griffith University School of Medicine, Sunshine Coast. Many of you will know Jen as an Emergency Physician at the Sunshine Coast University Hospital, with a great passion for medical education. Our new Medical School is in good hands with Jen at the helm, with recruitment already underway for many key positions to prepare for the first cohort of students in 2019.

We know that training in a local facility results in students being more likely to stay or ultimately return to the health service after their medical training is completed, so this program is a key part of our future workforce planning.

Private Patients in Public Hospitals

There has been some misinformation reported in the wider media recently regarding the circumstances under which patients may elect to be admitted as a privately insured patient in a public hospital. To clarify our practices at Sunshine Coast Hospital and Health Service, a patient may elect, of their own volition, to be admitted as a private patient and will be provided with clear information about what this means. Public and private patients both receive excellent quality care within SCHHS. Contrary to media reports which suggested that private patients accounted for 30 per cent of inpatient admissions, the highest percentage of private patients since SCUH opened was 13 per cent in January 2018. Overall, the percentage of private patients is 11.9 per cent across all five facilities within the Sunshine Coast Hospital and Health Service (SCHHS).

Our community is very fortunate to have such high quality public and private options available for their care. At SCHHS we value our partnership with the private health sector, and recognise that they are an important part of a sustainable, quality health system for our community.

Improving Waiting Lists

I'm pleased to report that the health service has made significant improvements to its elective surgery wait lists. We are on track to have no patient having waited longer than clinically recommended for elective surgery within the Sunshine Coast HHS. I wish to acknowledge the great work of our Surgical Services team in achieving this outcome.

Nambour General Hospital Redevelopment

On 29 May 2018, Minister for Health and Minister for Ambulance Services the Honourable Steven Miles visited several of our facilities, and announced \$86m of Queensland Government funding for the Nambour



General Hospital (NGH) redevelopment project. This is wonderful news for the local community and will allow NGH to continue to play a critical role in the Sunshine Coast community's health and wellbeing.

The redevelopment will include:

- expansion of wards (inpatient units) including mental health services, surgical services and medical services with a focus on a growing and ageing population
- redesign and expansion of emergency department capacity
- a new same day rehabilitation service model to encourage the transferring of care from an inpatient to ambulatory setting
- Redesign of Central Sterilising Unit and Kitchen facilities.

Construction is due to commence in the first quarter of 2019 with an anticipated completion of the project in December 2022.

A key part of our approach to this redevelopment is the engagement of our consumers and community in detailed design and delivery, with a public Expression of Interest to invite members of our community to be part of the Nambour Community and Consumer Advisory Group to get involved email: sc-engagement@health.qld.gov.au

A great turnout from Kilkivan community

On 21 June, our Community Integrated and Sub-Acute Service joined in a Community Health Forum in Kilkivan hosted by the PHN. It was terrific to see more than 60 locals attend the event to hear more about the range of health services available within and to their community from a broad range of Government and Non-Government agencies.

Until next time Adj Prof Naomi Dwyer Chief Executive Sunshine Coast Hospital and Health Services Naomi.Dwyer@health.gld.gov.au

GP Liaison: Your Hospital Connection – JUNE 2018



This month, our update is all about referrals - one of the most important communication interfaces between GPs and the public health system. Much of the GPLO team's work within the Health Service is around improving referral quality and safety, along with two-way communication. This may span from helping individual GPs navigate the recent changes to referrals with the advent of Clinical Prioritisation Criteria (CPC), to working alongside the Referrals Centre team in designing better internal systems, all the way through to Queensland Health advisory groups for future state-wide IT referral solutions. Below, we'd like to mention a few important updates in the referrals space.

SCHHS e-Referral Template - does your clinic have the latest version?

The SCHHS e-Referral Template is the preferred document for referring a patient to hospital outpatients. The latest version (Version 8) includes a number of features that help the referral handling/tracking at the hospital end. If your clinic isn't using the latest version, it can be downloaded from the Sunshine Coast PHN website:

https://www.ourphn.org.au/referral-templates/

When completing the e-Referral, please be sure to complete the **Speciality Referred to:** field. This step greatly assists



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
Peta-Maree Willett
Sue Hawkins

(Clinical Nurse)
(Project Officer)
(Administration)

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

Phone 07 5202 3822 Mobile 0439 591 731 Fax 07 5202 1044

Sunshine Coast University Hospital 6 Doherty Street Birtinya 4560 PO Box 5340 Sunshine Coast MC 4560

the Referrals Centre staff to ensure your patient's referral reaches the correct team quickly; an unlabelled field could create a triage delay. There is a drop-down list of all available specialty clinics and directors to assist you in selecting the right service. If instead you wish to free-text in this field, you can do so after the form auto-populates.

Open Access Endoscopy

Open Access Endoscopy is now available for suitable patients at SCHHS. You can refer via Medical Objects by downloading the **Open Access Endoscopy e-Referral Template V2** into clinic software, see Sunshine Coast PHN Website (link in paragraph above). Please note there are strict eligibility criteria - see 'Gastrointestinal Investigations' page on HealthPathways for further details http://sunshinecoast.healthpathwayscommunity.org (username: usersc password: pwsc)

/cont:

Primary Care Fracture and Soft Tissue Injury Services

Many simple fractures and soft-tissue injuries are suitable for management in primary care. However, not every GP may be comfortable managing these conditions themselves. If this is the case, **GPs may refer directly** to Primary Care Fracture and Soft Tissue Injury Services, available at 4 locations on the Sunshine Coast. The service is bulk-billed and includes plaster or fibreglass casts, crutches, and braces/splints (eg. moonboots) if required. This partnership is endorsed by the Sunshine Coast Hospital and Health Service and the Orthopaedics Department.

Before referring, it is important to **check the eligibility criteria** to ensure that the patient's fracture or injury doesn't require orthopaedic specialist review. see 'Acute Orthopaedic Assessment' request page on HealthPathways for further details https://sunshinecoast.healthpathwayscommunity.org/ (username: usersc password: pwsc)

Ophthalmology - changes affecting new Wet Macular Degeneration referrals

We regret to advise that the SCHHS will not be able to accept any <u>new</u> referrals for Wet Macular Degeneration until November 2018. Current patients and those already accepted on the waiting list will continue to be seen. This is due to unexpected workforce changes, high clinic workloads and increasing demand for complex emergency ophthalmic care. To address this, our Health Service is currently recruiting medical officers. Alternatives during this time for Sunshine Coast patients with Wet Macular Degeneration include 1) private referrals or 2) public referrals to Royal Brisbane Hospital Ophthalmology clinic. If you have any concerns in regards to this notice, please contact the Ophthalmology CNC on 5436 8640 / 5436 8882.

GPs with a Special Interest (GPSI) roles still available

The GPSI program is running full steam ahead, with over 25 GPs now working 1-2 sessions / week alongside speciality teams in outpatient clinics across the Sunshine Coast Hospital and Health Service district. We are currently seeking GPSIs for; **General Surgery, Mental Health, Persistent Pain, Gastroenterology, Gynaecology and Neurology.** Contact the GP Liaison Unit on SCHHS-GPLO@health.qld.gov.au or phone 5202 3822 to enquire further if you are interested.

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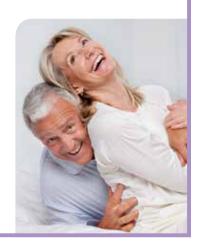
**** Stress incontinence ** Painful intercourse ** Vaginal irritation** * Vaginal dryness * Vaginal laxity

One of the Sunshine Coast's most experienced gynaecologists and obstetricians, Dr James Moir, can now offer reViva, the non-surgical cost-effective radio frequency treatment that can help to reduce vaginal dryness, laxity or irritation and assist with painful intercourse or stress incontinence. reViva treatments take 45 minutes, are carried out at Dr Moir's practice, and require no downtime.





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Rethink account-based pensions as you progress through retirement

During our working lives we use superannuation to save for retirement. The challenge is then how to spread this money across the 20-30 years or more of retirement.

In the early days of retirement, account-based pensions (ABPs) are the most popular option for turning savings into a regular income stream. And with good reason – well five good reasons.

- 1. ABPs offer flexibility to draw as much as you need. You just need to take a minimum amount each year. This allows you to meet your varying income needs each year to meet changing plans.
- 2. You can choose how your money is invested to manage the risks you are prepared to take with volatility of returns. The more aggressively you invest into shares or property, the higher your potential return. This may help your money to last longer or allow you to draw higher levels of income but adds risk to your portfolio.
- 3. The income (or lump sums) you receive are tax-free from age 60. A good reason to celebrate a 60th birthday. The earnings are also added tax-free to your account. But be warned, if you don't take out the required minimum your money is considered by the Tax Office to have transferred back to accumulation phase and the super fund will have to pay 15% tax on earnings that year.
- 4. You can nominate your spouse as a reversionary beneficiary, so the pension continues to be paid after you have passed away.
- 5. The fifth and last advantage applies to ABPs set up before 1 January 2015 but only if you have continuously received a means-tested income support payment (or blind pension) from either Centrelink or Veterans' Affairs since 31 December 2014. These ABPs have income assessed under deductible rules instead of deeming rules which may reduce the assessable income calculated.

The downside of an ABP is that unless you manage and monitor your choices and income drawdowns you could run out of money earlier than expected. Avoid surprises by having a plan and monitor it regularly with advice from a professional adviser.

These are all good reasons to start and hold an ABP when you have a full retirement ahead of you, but the benefits may diminish in importance as you get older. Especially if your health or cognitive ability declines and you need to move into residential aged care. Once you are in aged care, the estate planning implications may become more important.

Many people need to rearrange investments to pay for residential care accommodation, or to meet ongoing costs. If you still have an ABP at this point, consider who would inherit any death benefits. If it is a non-tax dependent (e.g. adult non-dependent children) you may wish to get advice on whether it is better to cash out the ABP.

While you are alive (and over age 60), you can take your money out of an ABP with no tax payable. But if it is left to non-tax dependents, they may pay tax liability of 15% (plus Medicare if applicable) on any taxable component.

Yours in Aged Care

Sharon Coleman

Accredited Aged Care Specialist / Accountant Ph: 5437 9900







2018 State Budget - What it means for health

On 12 June, the State Government delivered the 2018-2019 Queensland Health Budget, which outlined a broad range of initiatives across the health portfolio.

We are pleased to say that, due to the strength of our advocacy, the Queensland Government has delivered on a number of our recommendations in this year's Budget. These include:

- · Establishment of the Healthy Futures Commission
- Increased funding to the OHO to improve the current inefficiencies of the complaints system in Queensland for patients and doctors
- · Referral tracking system which will allow GPs to track their patients referrals in the public health system

While we welcome these initiatives, there is always more work to be done to secure the future of our medical workforce and improve the health care we deliver patients.

Office of the Health Ombudsman

AMA Queensland has advocated strongly for several years for improvements in the triaging of complaints and compliance with legislated timeframes in the Office of the Health Ombudsman (OHO). We note the Government boosted funding to the OHO by \$8 million in the State Budget and, while this may be necessary, improved triaging and compliance with timeframes are key elements to ensure a more efficient and fairer complaints system.

We look forward to working closely with the new Health Ombudsman Andrew Brown to significantly improve the complaints system for doctors and patients.

Public Health: Health Futures Commission

AMA Queensland is pleased the State Government has adopted our recommendation to establish a whole of government approach to public health issues, via their proposed Healthy Futures Commission, which we understand will have a particular focus on reducing the obesity epidemic in Queensland.

We encourage the Queensland Government to support AMA Queensland in our effort to have obesity defined as a chronic condition in its own right by the Federal Department of Health, rather than a just risk factor. This would allow General Practitioners to use obesity alone as the basis for providing patients with coordinated care utilising appropriate allied health workers as part of a GP Management Plan and Team Care Arrangement.

Rural Health:

We look forward to two key State Government initiatives to help rural doctors and their patients:

- **\$84.8 million** as part of the Enhancing Regional Hospitals Program, for upgrades of the Hervey Bay and Gladstone emergency departments, redevelopment of Roma Hospital and repurposing of the Caloundra Health Service.
- \$53.3 million for projects as part of the Rural and Regional Infrastructure Package across Queensland, including in Blackall, Kingaroy and Maryborough.

88 L'Estrange Terrace, Kelvin Grove QLD 4059 · 07 3782 2222 · www.amaq.com.au



Doctors Mental Health

It is disappointing that AMA Queensland's request for funding to expand its mental health program to all junior doctors was not included in this year's Budget.

In 2017, AMA Queensland rolled out the *Resilience on the Run* program at 21 Queensland hospitals to 633 interns to support their mental stress and emotional demands as they transitioned from medical school to the workforce. Extending the program beyond the intern years to PGY2 through 5 would have been a strong indication that the Government was willing to invest in individual clinicians - to increase their wellbeing and to better prepare them for their roles within the health system.

We will continue to advocate on behalf of our members to ensure medical staff receive the appropriate support, throughout their careers, to deal with the challenges of the medical profession.

Health Budget at a glance:

- \$17.3 billion operating budget for the health system up more than \$700 million
- Increased funding of \$570.8 million over six years starting from 2017-18 to enhance public hospital
 capacity and services in the South East Queensland growth corridor, including for redevelopments at
 the Logan, Caboolture and Ipswich Hospitals.
- Increased funding of \$50 million in 2018-19 to replace essential medical equipment such as computed tomography (CT) scanners, magnetic resonance imaging (MRI) scanners and surgical equipment
- \$28.1 million for adolescent mental health facilities in South East Queensland, including a new Adolescent Extended Treatment Facility at The Prince Charles Hospital in Brisbane
- \$2.5 million to continue to support bariatric trials
- Development of an integrated referral management system which would allow GPs to track referrals
 of their patients through Queensland public hospitals

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland





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GP development a key step in new eating disorders trial

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

Earlier this month our PHN was pleased to welcome an announcement by Health Minister the Hon Greg Hunt of \$3.2 million to fund a three year trial to improve access and affordability of eating disorders treatment here on the Sunshine Coast. We are incredibly excited to bring a focus to treatment outside of the hospital setting. This is an unprecedented opportunity to identify and deliver a new standard of care that could be rolled out across the country.



This initiative is Australia's first trial of a best practice, evidence-based

approach to eating disorders treatment in a primary care setting. We know that the treatment of eating disorders falls at the intersection between physical, mental and allied health services. Therefore, by providing wrap around care to an individual with an eating disorder, a multidisciplinary team can intervene early to provide care coordination and treatment at the right dosage for the best health outcomes.

Health professionals in the region with an interest or expertise in eating disorders will be identified and supported, while general practitioners and other health professionals will receive specific training in the identification, assessment and treatment of eating disorders.

This focus on professional development will be an essential first step, as referrals into the trial will come from a general practitioner or psychiatrist.

The current system offers ten psychotherapy sessions under Better Access and five dietetic sessions under a chronic disease management plan. This will increase to up to 50 psychotherapy sessions and up to 20 dietetic sessions under the trial. In addition to the additional treatment sessions, the trial will include medical monitoring by a general practitioner, psychiatric review and integrated team review and re-assessment.

Participants in the trial may include:

- Those who have not previously received treatment for their eating disorder;
- Those stepping down from intensive hospital treatment and require community based treatment to manage risk of relapse;
- Those who have received treatment for their eating disorder at an earlier point in life and now require treatment for recurrence.

While it is early days, we will be utilising HealthPathways to equip GPs with the information and resources to respond with best practice treatment and referral pathways. If you would like to stay up to date with the latest information as it is released, I recommend you sign up for our weekly GP Matters enewsletter.

In the meantime you can access all the current information on our website's new eating disorders program page www.ourphn.org.au/eating-disorders/.

Buderim Private Hospital

June 2018



Dear SCLMA colleagues,

It gives me great pleasure to be invited to provide a monthly column in the SCLMA and bring you the Buderim Private Hospital's latest news and activities, including new services and clinical education.

New O-ARM[™] surgical system

In a Sunshine Coast first, the Buderim Private Hospital has introduced a new surgical imaging system called an O-ARMTM, which provides patients undergoing spinal and neurosurgical treatment with better health outcomes and shorter times in theatre.

The Medtronic O-ARMTM O2 Multidimensional Surgical Imaging System was commissioned at the hospital in May 2018 and is the only system of its kind north of Brisbane. We are investing around \$2million in the navigation system, upgraded

microscopes and theatre tables, to ensure our community is able to access and benefit from the latest surgical technology right here on the Sunshine Coast.

The O-ARMTM is suitable for use in a variety of spinal and orthopaedic surgical procedures including cervical spine, minimally-invasive and open lumbar and thoracic spine cases and provides surgeons with images from multiple perspectives whilst the patient is being operated on. The O-ARMTM is already being utilised by a number of our credentialed surgeons, including Drs Hazim Akil, Janusz Bonkowski, Stephen Byrne and Greg Finch, who are accepting patient referrals.

New private Emergency Centre opening event

As you are aware, the Buderim Private Hospital will open the Sunshine Coast's first private Emergency Centre in August. The Emergency Centre's experienced emergency physicians will provide specialist care for medical emergencies 24 hours seven days a week, including all public holidays. To celebrate the launch of this milestone new service, I would like to invite you to 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: Wednesday, 15 August Time: 6pm

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.

Men's Health GP CPD Conference

Don't forget to register to come along to our annual Men's Health GP Conference at the Mantra in Mooloolaba on Saturday 28 July to hear the latest updates about men's health from our specialists. Registration is free and 40 Category 1 QI&CPD points have been applied for. For more information about the day's program, including the speakers and their presentations, as well as to register for the event online, visit buderimprivatehospital.com.au/gpeducation.

I am sure you join me in welcoming the arrival of the O-ARMTM on the Sunshine Coast and all the benefits it offers local patients. I also hope you can attend one of our upcoming events where I may have the opportunity to meet with you in person and answer any questions you may have.

Kind regards,

Wallis Westbrook General Manager

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AMA NATIONAL CONFERENCE

Dr Wayne Herdy

AMA National Conference takes place in May every year. It is supposed to be the policy showpiece of the Federal organization, as well as the AGM (a tedious but necessary part of any corporation) and the election of office-bearers.

The impending implementation of MyHealthRecord featured heavily in the presentation by Greg Hunt, the Minister for Health. It also featured in the soapbox day. MyHealthRecord, the shared e-health record, has been a long long time in its gestation.

I recall being on a federal committee haggling over electronic prescribing more than a decade ago, and it still hasn't really happened. The model will be an opt-out choice, so everybody is automatically included unless they make a choice to stay out. My view is that people who have something to hide — especially doctor shoppers and addicts and patients with socially nasty conditions like STDs and mental health disorders — will opt out. The government hopes to have 75% of GPs and hospitals involved by the end of 2018, a pretty big aim.

The Minister's speech was heavy on what he calls the third wave of reform. He has a focus on workforce, a refreshing attention to primary care and PBS reform. His vision includes paying real attention to mental health and aged care, his workforce reform is paying special attention to the rural health workforce, aiming to teach train and retain doctors in the rural and regional centres. It sounds as if somebody is finally paying more than lip service to delivery of health services in the community and meeting the needs of the small end of town. Let's hope that the words turn into real action where it is needed.

Looking to the future, one of the Minister's priorities was in the mental health of the medical workforce, which he recognizes as being challenged and under stress. While he confirmed that there will be an end to mandatory reporting, I was left with the sort of uneasy feeling that comes when a politician promises something good. I have been around the political woods long enough to suspect that some bureaucrat will turn the dream into a nightmare. If the minister is promising that his department will address issues of mental health in doctors, some Canberra committee is going to impose conditions on doctors' practising rights. Already there is talk about cognitive testing in doctors over 70 years of age.

Will we start seeing surveillance of doctors' moods and random drug testing? Pardon my paranoia, but we have seen this brave new world go wrong before.

Of the many NatCons I have attended (I think 18 so far) this was the best.



What was new was the format of the policy sessions. Historically, NatCon plenary sessions have been designed around gathering sets of talking heads to tell us what they think the AMA should be doing.

This year, the whole day was a soapbox session. Members had the opportunity to raise issues of concern, which attracted debate, and yielded a trove of motions inviting Federal Council to follow up those concerns. Instead of having a panel of external experts telling the AMA how to develop policy in the coming year, we had members bringing up problems from the grassroots, and other members giving opinions for and against.

National Conference is advisory to Federal Council. It is the Fed Council that creates our policy documents, and then pursues them through the corridors of power. But at least our lobbying campaign in the coming year is more likely to be guided by a clear indicator of what is important to the members.

Inthesoapbox, whatstoodout? Bullying in the workplace. Workforce maldistribution (the speaker believes, as I do, that there is no doctor shortage – they are just not working where they are most needed). The end to the rebate "ice age" (and pathologists reminding us that they have been frozen much longer than anybody else). Futile care in the aged care environment (a favourite of mine, because I see nurses sending dying patients to emergency departments instead of letting them depart the world in peace).



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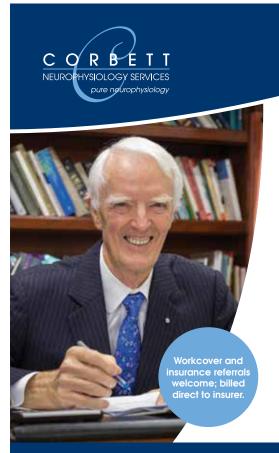
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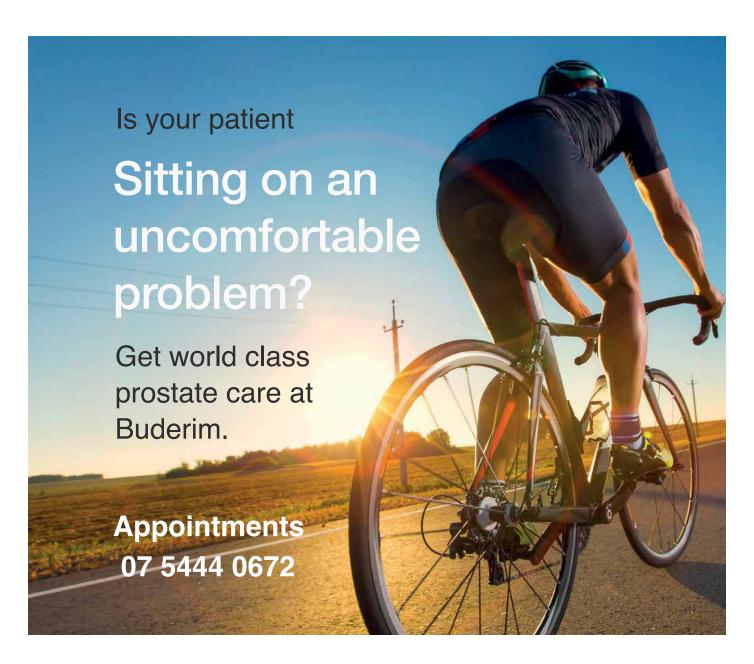
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AMA AWARDS.

I would like to see AMAQ pick up more State awards at NatCon next year. Within my own area of interest, I see at least three opportunities for AMAQ to pick up awards for public health initiatives and/or lobbying campaign.

- (A) Hepatitis C treatment has now fallen into GP province since the advent of the newer classes of direct-acting anti-virals (DAAs). Disappointingly, GPs Australia-wide have not been keen to adopt HCV treatment with much enthusiasm. Two of the DAA manufacturers are approaching a small number of GPs like myself (I have many drug addicts, hundreds of patients with HCV, and over 100 patients who have completed treatment) to conduct small-group training to encourage clusters of other GPs to increase the uptake rate of DAAs and reduce the incidence of active HCV in the community. If AMAQ were to facilitate this (because doctors are suspicious of approaches by drug companies and LHNs have been slow to take advantage of the opportunity) we might claim credit for reduction of HCV in Queensland.
- (B) Opioid addicts seeking community-based treatment meet a barrier of lack of resources even if they can identify a prescriber. Most patients on QOTP (Queensland Opioid Treatment Programme) are under public prescribers at AODS clinics. The manufacturer of buprenorphine (Indivior) has initiated a programme which under a thin disguise is intended to utilize prescribers like myself to teach other GPs the basics of OST (opioid substitution treatment). Increasing the number of prescribers, even if each only takes a small number of patients, will reduce opioid misuse and reduce waiting times for formal treatment, and enhance access in rural and remote areas. Again, GPs are suspicious of approaches from drug companies, and the AMAQ could facilitate a wider pool of QOTP prescribers.
- (C) Prisons in Queensland have not been keen to have QOTP prescribing and dispensing in the custodial environment. Women's prison does offer QOTP, but the programme has been trialled sparingly in the men's prisons. I understand that the evolution of government policy has been toward increasing QOTP prescribing in prisons. If AMAQ were to lobby for universal opportunity for Suboxone dosing in prisons, and if that were to be implemented, then AMAQ could get national credit for a policy change that is likely to take place anyway. [I'll explain the reason for Suboxone later if AMAQ expresses interest.]
- (D) I have been conscripted by MRQ (Medicines Regulation and Quality, the old DDU) to be a consultant on a working party to revise a section of the S8 prescribing regulations. I am not sure how this is going to progress, nor what the outcome will be, nor the degree to which I will be bound by confidentiality, but there is potential for this to gain credit for AMAQ as a lobbying endeavour. Watch this space.

Wayne Herdy



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The Royal Wedding



It's been a few weeks now since Meghan Markle and Prince Harry exchanged vows.

Debate about the monarchy aside I have got to say that there were many memorable moments for me from the Royal Wedding.

Whilst Meghan's smile shone so brightly I must admit that seeing her proud mother alone in the pews also brought tears to my eyes.

As did the Kingdom Choir's rendition of 'Stand By Me'.

How appropriate it was to have a hymn written in 1905 by the son of a slave sung in St George's chapel.

And though Ben E King popularized the song and John Lennon reprised it, I don't think there will ever be a better version than the Kingdom Choir's.

To declare to the world that they "won't be afraid" may be useful for two young people who face a life-time of scrutiny from the World's press.

Another magic moment for me was the sight of the Royal Wedding cars ferrying the wedding party.

In particular the arrival of Meghan and her mother in a 1950 Rolls-Royce Phantom IV.

This was the Queen's first Rolls-Royce and the first of 18 Phantom IVs produced between 1950 and 1956.

Under the hood was a 5.7 litre straight 8 originally matched to a four speed manual gearbox.

When originally delivered to the then Princess Elizabeth it was Valentine Green with a red stripe.

But it was re-painted in Royal Claret and Black in 1952 when it became a state car.

In 1955 the gearbox was changed to a four speed automatic and along the way cloth seats replaced the leather.

Unlike other Rolls-Royce the Queen's Phantom IV has a kneeling Spirit of Ecstasy on top of the radiator and this mascot is replaced with a lion whenever the car is used in Scotland.

HJ Mulliner & Co of West London built the body which is just under 5.8 metres long, 2.0 metres wide and 1.9 metres high.

With imposing dimensions like these the Phantom IV would always have a majestic presence.

And if one Phantom IV is never enough the Queen also

had another as did three other members of the Royal Family.

Three other Phantom IVs were bought by General Franco of Spain and the rest all found homes in the Middle East.

It says a lot about Rolls-Royce that after 68 years the Phantom IV is still a magnificent vehicle.

But as be-fits a wedding Meghan (and her Mum) still stole the show.

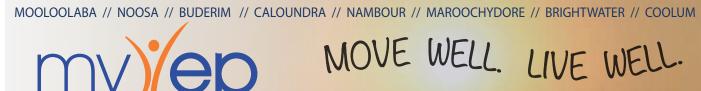
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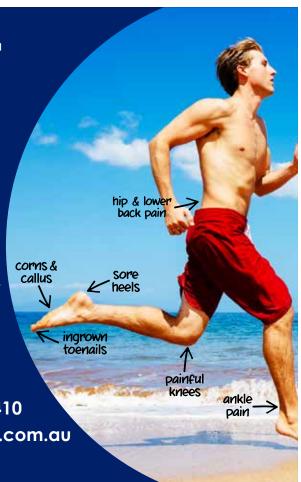
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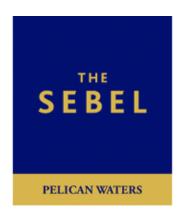
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Cuisines

Abu Dhabi is one of the world's ultra-modern villages, where you can find cuisines from all over the world. If you are a true foodie, then you don't want to miss an



opportunity to taste authentic Gulf cuisines, prepared with native ingredients and spices from Asia and Middle East, reflecting the cultural trading history of United Arab Emirates. The famous dishes are Al Harees, Al Majboos which are made from fresh meat, blended with spices and herbs. Fish is one of the major components of Food in the country with the known dishes being Al Madrooba, a mix of salted fish along with spices and sauce.

Some of the famous restaurants serving authentic gulf cuisines can be found in Al Dhafra Tourist Village and Arabian Nights Village.

Arabian Nights Village

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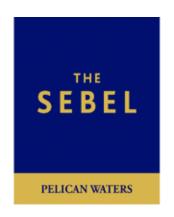
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- Visit to Al Arish, an authentic Gulf food serving restaurant in the Al Dhafra Tourist Village, savoring the native cuisines

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PH:	EMAIL:	

INVITATIONS FOR MEMBERS AND PARTNERS WILL BE SENT OUT THIS MONTH, ALSO PUBLISHED IN THE JUNE NEWSLETTER! MARK YOUR DIARIES NOW AND PLAN TO STAY OVERNIGHT!

VARIETY BASH 22-30 AUGUST 2018 - Gladstone - Central Qld - then to Townsville

Wayne Herdy and others! TEAM 5555!!



TEAM 5555 are looking for your support in the 2018 Variety Bash.

VARIETY QUEENSLAND-THE CHILDRENS CHARITY provides resources to disabled and disadvantaged Queensland kids, such as special equipment or family support that just aren't provided by other support services. THE VARIETY BASH is their annual fund-raiser, pitting men (and women) and machines for 4000km over some of Qld's most punishing inland roads. This is no race. It is a fun run!! The idea is to get to the end, not to get to the end first. **TEAM 5555** are now old hands at the Bash; this is our third Bash. Dr Wayne Herdy is a Sunshine Coast GP. Bernard Ballantine is a retired RAAF engineer. Keith Beard is a retired SAS soldier still very active in motor sports on the Sunshine Coast. Dr Herdy has had an association with Mercedes Benz for over thirty years, having owned about 30 new and used cars over the years. He currently owns three Benzes (five if you count those that can't be registered), and is a member of the Mercedes Benz Car Club of Queensland.

OUR THEME is health promotion, not quite as comical as some but we used the Bash to promote health awareness in rural communities. Our best known day was our RBT (Random Breast Test) day when we handed out brochures from Breast Screen Queensland.

THE CAR, "Goldie", is a 1986 Mercedes Benz 300E. All cars in the Bash must be at least 30 years old. They can be modified for safety but not for performance. Goldie is original to her 1986 birth except for her suspension; even some of her belts and hoses are original.

THE 2018 VARIETY BASH will run from Gladstone through central Queensland back to Townsville, from 22nd to 30th August.

OUR TARGET is for Team 5555 to raise over \$25,000 for Variety, the Children's Charity.

WHAT TEAM 5555 IS ASKING FROM SCLMAMEMBERS.

Our main need is a cash donation to the fund-raising pool (tax deductible, of course).

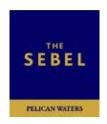
All cash goes direct to the charity, none to the team members, each of whom must pay his own way. A modest charge also buys copies of the official photographer's book (the photographer tends to include more photos of cars that buy more copies).

WHAT THE BASH CAN GIVE BACK TO SCLMA MEMBERS AND FRIENDS ...

Firstly, it is the mark of a responsible citizen to support worthy charities.

Secondly, Mercedes Benz lovers should seize this opportunity to showcase the durability of the marque. Despite her age and having mostly original parts, Goldie completed the 2017 Bash with minimal maintenance work. We hope to get her through the 2018 Bash with no maintenance work at all. After the hammering of outback roads and farm tracks, few of the finishing cars can boast such a record. Goldie was the only Benz in the 2017 Bash. Except for a Jaguar, no other luxury marque was represented. Not a single Beemer in sight. Goldie projects the Mercedes Benz image indelibly into the local and national media. Although more sedate than most entrants, she attracts more than her share of attention wherever we take her. She proudly flies two Mercedes-Benz flags into every town en route, a prominent symbol in news reports and documentaries. She also has available panel space for stickers to advertise major sponsors. Goldie can be loaned to major sponsors for promotional ventures before and after the Bash. To discuss this opportunity, your team can contact Dr Wayne Herdy's office on 5491 5666 or email <u>admin@maudstreetmedical.co.au</u>. Donations be made direct to Variety on https://2018varietybash/ everydayhero.com/au/HealthFirst





Sunshine Coast Local Medical Association Saturday 18th August

Guest Accommodation Booking Form

Guest Name		
Arrival Date		
Departure Date		
Mobile Number		
Email Address		
Number of Guests		
4 NP 14	Accommodation	
1 Night or more		
Classic Room with 2 Double Beds \$190 per night I		
Classic Room Pool Facing with 2 Double Beds \$200 per night I		
Spa Suite with 1 Queen Bed \$210 per night I		
Spa Suite Pool Facing with 1 Queen Bed \$220 per night I		
Add Cooked Breakfast for 1 person \$20 each ı		

Please note we require full pre-payment of your requested room prior to your arrival via the following methods of payment

We will contact you for payment and confirmation of your booking upon receipt of this booking form

Payment methods as below:

Via Credit Card

Visa/Mastercard/Bankcard payments incur a merchant service fee of 1.5% and American Express payments incur a merchant service fee of 3.3% in addition to the total amount payable.

Should you not wish to incur this fee, you are welcome to make your payment by cheque or direct deposit – quoting your confirmation number as reference

Account Name: Pelican Waters Operations Pty Ltd

T/A Pelican Waters Golf Resort & Spa

 Bank:
 NAB

 BSB
 084-484

 Account no:
 15692 9334

 ABN Number:
 54 161 851 341

<u>Cancellation Policy</u> – In the event of your plans being changed, more than 96 hours notice will receive a full credit, less a cancellation service charge of \$50. If less than 96 hours notice of cancellation is received your full deposit is forfeited.

Please return to the resort by email Attention Kelly - fo@sebelpelicanwaters.com.au

ACCOMMODATION IS SUBJECT TO AVAILABILITY - ACCOMMODATION IS CONFIRMED

ONCE YOU HAVE RECEIVED A BOOKING CONFIRMATION NUMBER

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. MANAGEMENT COMMTTEE MEETING THURSDAY 26 APRIL 2018

Maroochydore Surf Club Board Room Accepted at Committee Meeting 31 MAY 2018

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

Apologies: Drs Scott Masters, Jon Harper, Mason Stevenson, Tau Boga, Marcel Knesl, Grant Eddie.

Minutes of last meeting: 22 March 2018

Moved: Roger Faint. Seconded: Mark de Wet. Accepted.

Business arising from Minutes:

- Work experience Year 10-12 students:
- Continue with goal of having a day where SCLMA can showcase doctors at work.

President's Report: Dr Roger Faint

Can I say that was impressed with last months meeting (PHN and SCHHS) and that it has been suggested we repeat a similar format yearly. Perhaps we could formalise it?

- 1. Do we have a response from Naomi Dwyer regarding letter from Dr Greg Beak? Background of concerns & confusion regarding QH medicare billing & block funding, Named referrals and non privatisation of named and unnamed referrals.
- 2. Medifarm Medical Cannabis Site tour invitation and farmer/crop grower Adam Benjamin. After telephone conversation with Adam, he is interested in sponsoring a clinical meeting with presentation by experienced users/ specialists.
- 3. Could I suggest we publish the SCUH monthly elective surgery information by urgency category, or at least the links:

http://www.performance.health.qld.gov.au/ hospitalperformance/es- main.aspx?hospital=32 https://www.myhospitals.gov.au/hospital/310000SCU/ sunshine-coast-

university-hospital/waiting-times-elective-surgery and http://www.performance.health.qld.gov.au/hospitalperformance/es-main.aspx?hospital=99999. (this link shows QLD wide surgery connect numbers)

- 4. The executive met last Tuesday with Peter, Mark and myself in attendance. The main point of discussion was the SCLMA high school student awareness weekend. I will ask Mark to detail.
- 5. Health Pathways: Naomi has reassured the SCLMA that at SCHHS, the responsibility of clinical triage remains with the consultant. However clinical nurses do assist in the referral Mx process by:
 - Checking the Px is in our Catchment and that the service is available locally
 - Ensure referrals are complete (to me this is often a little pedantic or poorly explained with poor ability to communicate with hospital staff
 - Screen incoming referrals and prioritiise a consultant review for urgent cases
 - Ensure referrals are triaged in a timely manner

The SCLMA needs to keep monitoring

- 6. Same day discharge letter percentage is improving as per last month meeting with SCHHS, GPLO & PHN meeting. Clearly GPs and specialists were very frustrated at the meeting.
- 7. Reduction in Accronym usage as per Steve Coverdale
- 8. Letters from QH are convoluted and di□cult to follow. Perhaps Px needs can be mentioned first, followed by medication, Hx & Mx, Ix etc.
- The SCLMA needs to encourage access to the viewer

Vice President's Report: Dr Wayne Herdy - Nil

Secretary's Report: Dr Mark de Wet

Correspondence In:

- USC Re Donor Recognition Wall
- (Copy) Dr Greg Beak Adj. Prof Naomi Dwyer, CE, SCHHS
- AMAQ Monthly Update CEO
- Oliver Steele CEO, SCUPH SCHHS Service Transition Strategy.

Correspondence Out:

 Dr Roger Faint – Adj. Prof Naomi Dwyer re Greg Beak's letter.

Business arising from Correspondence: N/A.

Treasurer's Report : Dr Peter Ruscoe (a) Accounts to be paid:

- Australia Post Account March 2018
- Office National Account March 2018
- Telstra (part account April-May 2018
- Jo Bourke Secretariat March 2018
- Jo Bourke Adobe CC subscription March 2018
- Jo Bourke Newsletter April 2018
- Snap Printing Newsletter April 2018
- C Hawkins Assist Sec Feb-Mar 2018
- ATO BAS Qtr 3 Jan March 2018
- Peppers Noosa Resort Deposit August Function (since cancelled)

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

(b) Membership Report:

- Dr Tanya Kelly (Anaesthesia, Director SCHHS)
- Dr Pankaj Jha (Vascular Surgery)
- Dr Kathleen Houston (Medical Oncology)
- Dr Shahab Siddique (General Practice)
- Dr Ben McArdle (ENT Surgery)
- Dr Chris Whight

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

AMAQ Councillor's Report: Dr Wayne Herdy - Nil

Meetings Convenor Dr Scott Masters - Apology.

SCLMA MANAGEMENT COMMTTEE MEETING **THURSDAY 26 APRIL 2018**

Maroochydore Surf Club Board Room Accepted at Committee Meeting 31 MAY 2018

Hospital Liaison Report: Apology

PHN Country to Coast Report: Dr Jon Harper - Apology (Report tabled)

- HealthPathways work continues to localise pathways. Currently working with dermatology, general surgery and plastics (coming July 2018) on skin lesion referral pathways.
- My Health Record expansion PHN has recruited a digital health officer. (Jade Innes) begins this month to engage local GPs, community pharmacies, private allied health, and private specialists.

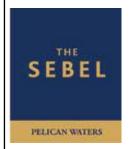
Smart Referral project – Waiting to hear outcome of vendor evaluation; hopefully in June.

General Business: Nil

Meeting Close: 19.10

Next meeting: Thursday 31 May 2018 Maroochydore Surf Club Function Room.

Dr Mark de Wet, Honorary Secretary.



CHRISTMAS IN AUGUST - 18 AUGUST 2018

INVITATIONS TO ATTEND AND INVITES TO SPONSOR ARE IN THIS NEWSLETTER!

GREAT ACCOMODATION OPTIONS

ENTERTAINMENT - M7 BAND!!

- 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**

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.

Take a moment



- ACTUAL SENTENCES FOUND ON PATIENTS' HOSPITAL CHARTS (Malaysia):
- She has no rigors or shaking chills, but her husband states she was hot in bed last night.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day the knee was better, and on the third day it disappeared. !!
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient has been depressed since she began seeing me in 1993.
- Discharge status: Alive but without my permission.
- Healthy appearing decrepit 69 year old male, mentally alert but forgetful.
- The patient refused autopsy.
- The patient has no previous history of suicides.
- Patient has left white blood cells at another hospital.
- Patient's medical history has been remarkably insignificant with only a 40 pound weight gain in the past 3 days.
- Patient had waffles for breakfast and anorexia for lunch.
- Between you and me, we ought to be able to get this lady pregnant.
- Since she can't get pregnant with her husband, I thought you might want to work her up.
- She is numb from her toes down. !!!!!!!!!
- While in ER, she was examined, X-rated and sent home.
- The skin was moist and dry.
- Occasional, constant, infrequent headaches.
- Patient was alert and unresponsive.
- · Rectal examination revealed a normal sized thyroid.
- She stated that she had been constipated for most of her life, until she got a divorce.



Maroochydore 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.

Patients' Charts /cont:

- I saw your patient today, who is still under our car for physical therapy.
- Both breasts are equal and reactive to light and accommodation.
- Examination of genitalia reveals that he is circus sized.
- The lab test indicated abnormal lover function.
- The patient was to have a bowel resection. However, he took a job as a stockbroker instead.
- Skin: somewhat pale but present.
- The pelvic exam will be done later on the floor. !!
- Patient was seen in consultation by Dr Blank, who felt we should sit on the abdomen and I agree.
- Large brown stool ambulating in the hall.
- Patient has two teenage children, but no other abnormalities.



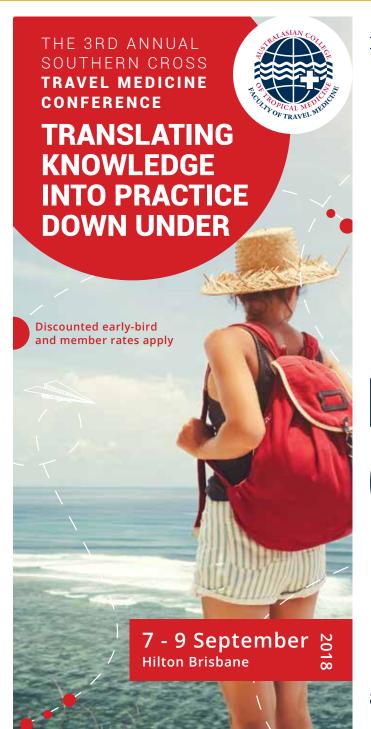


SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. ABN: 56 932 130 084 **MEMBERSHIP APPLICATION**

Enquiries: Jo Bourke Ph: 5479 3979 Mb: 0407 037 112 Email: jobo@squirrel.com.au

<u>NAME</u>	Surname: First Name:				
EMAIL:	EMAIL:				
THE SCI	LMA PREFERS TO CONTACT MEMBER	RS VIA EMA	AIL WHEREVER POSSIBLE.		
	DDRESS: For members who wish to rece				
montnly invita	tion & newsletter by Sullivan Nicolaides I	Pathology C	ouriers to avoid postage costs.		
	Street:				
	Suburb:	Post	tcode:		
	Phone:	Mol			
PRACTITION	ER DETAILS:	1,100	sile.		
	Qualifications:				
	Date of Birth:		r of Graduation:		
	Hospital employed / Private Practice (cross out one)				
	General Practice / Specialist (cross out one	2)			
PLEASE NOT	Area of Speciality: Retired doctors who wish to join the	he Association	on are required to attach a letter of		
	good standing from their respectiv	e College.	· ·		
the Association	(to comply with the Queensland Associatio are required to nominate each applicant for not need proposers).				
1. NAME:		Signature:			
2. NAME:		Signature:			
ANNUAL SUB	SCRIPTION (GST included):	(Please ticl	k) PLEASE COMPLETE:		
Full-time ordina	ary members - GP and Specialist	\$ 110	Your Monthly Invitation?		
Doctor spouse of	of full-time ordinary member	\$ 55	By Email?		
Absentee or nor	n-resident doctors	\$ 55	By Courier?		
Part-time ordina	ary members (less than 10 hours per week)	\$ 55	By Post?		
Non-practising ordinary members, under 60 years old		\$ 55	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:					
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:	Membership applications will be considered	d at the next	Management Committee meeting.		

The Sunshine Coast Local Medical Association has Public Liability Insurance





International Speakers

- Dr Sundeep Dhillon MBE, Wilderness Medicine Expert
- **Prof Eric Caumes**, Head of Department of Infectious and Tropical Diseases, University Pierre et Marie Curie, France
- Prof Rose McGready, Professor of Tropical Maternal & Child Health, Nuffield Department of Medicine, Oxford University

Australia and NZ Experts in Travel and **Tropical Medicine**

- Prof Joe Torresi, Doherty Institute, University of Melbourne
- Prof Peter Leggat, James Cook University, Townsville
- Prof Marc Shaw, Worldwise Travel Health & Vaccination Centre, Auckland
- Dr Colleen Lau, Australian National University, Canberra
- Dr Eddy Bajrovic, Travelvax Australia, Perth
- Dr Sarah McGuinness, Monash University, Melbourne

STIMULATING, SUCCINCT AND NOVEL SESSIONS COVERING A RANGE OF IMPORTANT TRAVEL AND TROPICAL MEDICINE TOPICS, INCLUDING:

- a changing environment and management of malaria;
- Global Geography and Vaccine Preventable Disease including rabies;
- the safety and security of travellers;
- the health of special traveller populations, controversies in travel health practice;
- management of bugs, bites and stings;
- and Geographic Dermatology and its Impact upon the Traveller

BACK BY POPULAR DEMAND: Yellow Fever Workshop*

Places are limited 🗕

PLUS New Workshop: A practical nursing approach to the travel medicine consultation and vaccinations*

www.sctravelmedconference.com



CLASSIFIEDS

CONSULTING ROOMS AVAILABLE FOR LEASE

- Sessional or full time available
- Close to the Sunshine Coast Private University Hospital
- Located in a prominent position at Bokarina on the Sunshine Coast
- Features two new well-equipped consulting / procedural rooms.
- utility room and waiting room.
- · All electricity, air conditioning and heating included
- Convenient free off-street parking for patients
- · Underground parking for practitioners

For further information or to inspect please contact Wendy Meyer 0448 202 274 wendy.meyer@pmc.net.au *April 2018*

WORK WANTED

I am currently studying Medical Business Administration and looking for a position in this area.

- I have a Bachelor's Degree in Child Psychology and speak three languages.
- I am passionate about my job and would like to work in a place where I will be able to show my talents and abilities.
- I am honest, trustworthy, on time, energetic and always interested to learn new techniques.
- I am a motivated team player.

Shirin Jedari 0413 085 788 Email: Sh.jedari@gmail.com. April 2018

GENERAL PRACTITIONER (VR) - PALMWOODS - SUNSHINE COAST QUEENSLAND

- Fantastic opportunity for a VR GP to join our extremely busy medical practice in Palmwoods, located in the beautiful Sunshine Coast hinterland, only 10minutes from pristine beaches.
- Established over 50 years, we have placed ourselves as one of the best in terms of quality patient care in our area.
 We offer the very latest in technology and facilities, flexible working conditions and a very attractive remuneration.

Why work for us?

- Non-corporate practice, avoid restrictive agreements
- Well-established, busy practice in the hub of the Sunshine Coast
- Well-established patient base, hit the ground running
- Outstanding support from the administration and nursing team
- · Very loyal patient base
- · On-site parking
- · Large rooms with windows
- Fully computerised with remote access

To find out more, please email your resume to admin@ nambourclinic.com.au or ring Rowena for an informal chat 0412 292 666.

March 2018 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!

GENERAL PRACTITIONER REQUIRED

 NOT your average practice but life with spice and a challenge. Long term or permanent vacancy in Nambour.

Contact Kelly on 5491 5666.

May 2018

FT/PT GP. DWS AVAILABLE. MOFFAT BEACH

- · Replacing outgoing female doctor
- · Non-corporate, 4 doctor practice
- Established 2004. GPA accredited
- Friendly team with strong RN and admin support
- Bulk billing

Contact: Lynda Andersen

Email: practicemanager@moffatbeachmedical.

com.au

Phone: 07 5438 2333

June 2018

TEWANTIN (near Noosa) Medical Centre for Sale/Lease

- · 2 doctors' rooms
- · Plenty of parking
- 3 treatment rooms
- Kitchenette
- · 2 toilets, shower

Phone Sandra: 0418152396

June 2018

FOR SALE - DOCTOR'S RESIDENCE

- 1 acre waterfront on Pumicestone Passage
- · National Park at the rear
- · Spacious classic Queenslander
- · Peace, quiet, wildlife
- 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

- 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.

SCLMA CLINICAL MEETING - 31 MAY 2018

Maroochydore Surf Club Function Room Dr Khaldoon (Khal) Alsaee, Psychiatrist & Specialist Pain Physician Dr Paul Frank, Pain Medicine Specialist

Q&A Panel: Dr Khal Alsaee, Dr Paul Frank & Dr Tania Morris, Sunshine Coast Persistent Pain Services. Sponsors: Indivior and Segirus



Presenter: Dr Khal Alsaee, Psychiatrist & Spec Pain Physician





Meeting Sponsors: Fiona MacDonald from Indivior with Greg Curran from Seqirus

Right:

Presenter: Dr Paul Frank, Pain Medicine **Specialist**



2018 Monthly Meeting Dates: Usually last Thursday in month but sometimes changed due to school / public holidays.

Thursday 26 July 2018

- Dr Stephen Byrne, Neurosurgeon
- Dr Hazem Akil, Neurosurgeon
- Dr Jon Steinberg, Clinical Services **Director, Caloundra Private Clinic** Saturday 18 August 2018 (Social)

Thursday 30 August 2018

Thursday 20 September 2018 AGM

Thursday 25 October 2018

Thursday 29 November 2018.



Pattie Hudson, CEO, Central Qld, Wide Bay, SCoast PHN with Dr Roger Faint, SCLMA President at recent RDAQ Gala Dinner

