



SCLMA President's Message

Dr Roger Faint

I went to the QH managed Minor Injury and Illness Clinic (MIIC) today (Sunday 28th May), which was once the Caloundra Hospital emergency department.

While playing a Caloundra cricket fundraiser, one of the opposition cricket batsman collided with a cricket ball, resulting in a significant bleeding laceration over his left eyebrow. I immediately took him to the clinic, where the Nurse Practitioners were efficient, courteous and importantly very quick. We were there no more than an hour and I was back on the field. I highly recommend this service (9am to 9pm, seven days/week).

Optimism is growing regarding a Medical School being underway in 2019.

Since last month, there have been meetings between Griffith University and Federal Government to clarify and find a resolution to the funding and how overseas and local student numbers will be organised amongst much other important decision making processes. Nothing is final and 'all cards are on the table', however there is now a political and university will to see this issue to fruition.

I believe even the Sunshine Coast University has been involved relating to the finalising of an undergraduate medical science degree which will link in with the medical school. What this means is that a local school student may soon be able to attend university and medical school while living at home.

Think of the cost savings to local families and of course think of the significant likelihood of newly graduated doctors staying local.

The yearly winter SCLMA Christmas Social will be on this year. The date will be decided soon so please prepare yourself for the extravaganza that it is. Band, great venue and past successful nights

will ensure success. Please attend and help make the night another success.

The announcement of the first private emergency department to be established on the Sunshine Coast was made last month by CEO Wallis Westbrook of The Sunshine Coast Private Hospital (Buderim as opposed to the Sunshine Coast University Private Hospital (SCUPH), Kawana).



This announcement illustrates a maturing of the Sunshine Coast as a population centre and is very exciting. The new centre will be initially small but open 24 hrs/day and will provide efficiencies within the private sector that we have been missing for several years now. Not only children with painful ears will be seen (as an example) but imagine being able to call the staff at the centre to ask which specialist is on call.

The SCLMA meeting at the Mooloolaba Yacht Club was another success and I believe the clinical meetings are the backbone of our association. Please encourage all your colleagues to attend.

Thank you

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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CONTACTS:

President	Dr Roger Faint Ph: 5445 1046
Vice President & AMAQ Councillor	Dr Wayne Herdy Ph: 54791 5666
Secretary:	Dr Mark de Wet Ph: 5444 7344
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Newsletter Editor:	Dr Kirsten Hoyle Ph: 5452 6511
Meetings Convenor:	Dr Scott Masters Ph: 5491 1144
Hospital Liaison:	Dr Marcel Knesl Ph: 5479 0444
Committee:	Dr Di Minuskin Dr Mason Stevenson Dr John Evans Dr Tau Boga Dr Fabio Brecciaroli
Junior Fellow:	Dr Alicia Lorenz

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

Jo Bourke (Secretariat)

Ph: 5479 3979

Mob: 0407 037 112

Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558

Email: jobo@squirrel.com.au

Fax: 5479 3995

Newsletter Editor: Dr Kirsten Hoyle

Email: kirsten@hoyleurology.com.au

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**JUNE 2017
NEWSLETTER
Deadline Date
will be FRIDAY
16 JUNE 2017**

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

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

Contact Jo: 5479 3979

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

Last week the Australian Tax Office deputy commissioner was charged in relation to one of the largest frauds in Australian history. The Australian newspaper reported that ATO employees were instructed to field questions about the scandal by responding it was mostly fake news, a claim the ATO denies.



Fake news is nothing new. It has been around since the Roman Empire. Nor is it new that facts go unreported in favour of lies. In the 17th century, Galileo was found vehemently suspect of heresy for reporting his opinion that "the Sun lies motionless at the centre of the universe, that the Earth is not at its centre and moves". He was made to abjure his findings and spend the rest of his life under house arrest.

These days fake news swims in the same electronic currents as hyperbole, opinion and fact. Technology has catalysed the capacity to disseminate misinformation without any right of rebuttal. It polarises people and makes it difficult to have a common conversation. A recent study reported that 62% of Australians source their news from social media sites. We now have a new term: the Oxford Dictionary last year made "post-truth" as its word of the year. It is defined as a state of affairs when "objective facts are less influential in shaping public opinion than appeals to emotion and personal belief".

I supplicate our readership and beyond to be less insouciant. Consider the source, read beyond the headline, check the author and his/her motive, find an independent source and question your own biases. There is a real darkness if we give up on facts. George Orwell wrote, "The further a society drifts from the truth, the more it will hate those that speak it".

Keep yourselves informed with this month's edition of the SCLMA newsletter. The AMAQ forewarns that the Queensland Government is considering appointing community members as Chairperson of the National Medical Board. I join them in beseeching you to inform your local and federal Members of Parliament and to oppose such change. I entreat you to read Councillor Herdy's accurate appraisal of the Federal Budget as it pertains to health care, summarising the changes to health budgets, generic prescribing, mandatory reporting and the thawing of the Medicare freeze... or is it a meltdown?

Stay alert and question...

Regards

Kirsten Hoyle

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SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 22 JUNE 2017

Speaker: Assoc Prof Dr David McIntosh, ENT

Speaker: Dr Brooke Parker, Yandina Dental

Topic: 'Rethinking Sleep Apnoea from an ENT and dental point of view'

Sponsor: TBA

Venue: M'dore Surf Club

DATES for 2017 - wherever possible the SCLMA clinical meeting will be the last Thursday of the month unless clashing with school holidays.

Please mark your diaries:

Thursday 27 July 2017

Thursday 24 August 2017

September - NO MEETING

Thursday 26 October 2017

Friday 30 November 2017

ENQUIRIES: Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Clinical meetings are for current SCLMA members.

New members are welcome to join on the night. Membership Applications are available at each meeting, in the newsletter and the SCLMA website.

www.sclma.com.au

If you wish to present at a Clinical Meeting in 2017, please contact Jo Bourke (details above).

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2 x Treatment Rooms

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Waiting Area

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scottrowens@westnet.com.au

In 2017

**X-Ray & Imaging are donating  to
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for every patient referred**

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In 2014 we raised over \$80,000 For Doctors Without Borders.
Once again we hope to reach this target For Royal Flying Doctor Service.



Health Service Link – May 2017

The past month has seen a continuation of the ramp up of services at SCUH and advancement of planning for Caloundra and Nambour hospitals.

A quick snapshot of activity at SCUH since commencement of services, provides ample evidence of how the new facility has very quickly become the centre of public health service delivery on the Sunshine Coast.



Category	From opening to 21 May	Record daily	Date of record
Emergency department presentations	9,881	227	16/4/2017
Specialist outpatient service events	29,897	1051	17/5/2017
Elective surgery	650	33	8/5/2017
Separations	9,674	258	19/5/2017
Births	412	14	12/5/2017

Radiation oncology

On site radiation therapy commences from 5 June 2017, with all planning for new patients commencing from that day. The transition from current outsourced arrangements will see patients, who are presently receiving care from the private provider, continuing that care until their treatment is complete.

The advent of in-house radiation therapy is another milestone for public health services on the Sunshine Coast. The Adem Crosby Centre will initially utilise two linear accelerators, with further capacity assured by the already constructed built third and fourth bunkers.

Interim accreditation awarded - Sunshine Coast University Hospital (SCUH)

The safe successful commencement of services at SCUH has been formally recognised through the formal awarding of interim accreditation of the facility by the Australian Council of Healthcare Standards.

The SCUH underwent an interim accreditation survey over three days in the first week of May 2017.

The receipt of this independent assurance of the quality of care provided and the systems and procedures that underpin consistent provision of safe care, is further testament to the comprehensive commissioning of SCUH.

This independent assessment confirms what we know. That is, the daily commitment by all staff, across the Hospital and Health Service, is to deliver care to the highest standard and to do so in a caring and professional way.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au



CEO Update - Concerning changes for the Profession

AMA Queensland is very concerned about an upcoming proposed change that will undermine the confidence of the profession in the National Regulation and Accreditation Scheme.

The change

Health Ministers at the March COAG Health Council have agreed to introduce changes to the National Law (Health Practitioner Regulation National Law) which include, as a key reform, **enabling community members to be appointed as chairperson of the National Boards**. This covers the 14 health professions currently regulated under the National Law and in particular, the Medical Board of Australia.

Queensland, due to its unicameral parliament is the host jurisdiction for this Bill, which will be introduced mid-year.

We have fought long and hard to see the Chair of the Queensland Medical Board revert back to a doctor and we are now faced with the same fight at national level, starting in Queensland.

This is an issue of great concern to all doctors. The Chair is a very influential and challenging position that requires a detailed understanding of the practice of medicine. **It is essential that the Chair of the National Medical Board of Australia remains a medical practitioner and we vigorously oppose a non-medical practitioner Chair being considered for such a crucial appointment.**

Actions to date

- We have written and spoken to the Queensland Health Minister to reconsider his position, to no avail.

- We've approached Members of Parliament to encourage them to vote against the Bill and we have also been speaking with Queensland members of the other national boards to gauge their level of concern for their own boards to have someone outside their profession chairing their national board.

Your involvement

- We are seeking medical practitioners' support and ask you to inform your local and federal Members of Parliament (MP). To receive the template letter that can be sent directly to local MPs to oppose the proposed amendment, please contact Chiara Lesèvre on (07) 3872 2209 or email c.lesevre@amaq.com.au.

Together we have a stronger voice. We need the entire profession to be involved to persuasively put this issue forward to Government.

Regards

Jane Schmitt LL.B, LL.M, GAICD
Chief Executive Officer, AMA Queensland

ROC Maroochydore Introduces Deep Inspiration Breath Hold to benefit breast cancer patients

Radiation Oncology Centres (ROC) Maroochydore is now offering Deep Inspiration Breath Hold (DIBH), a treatment technique that protects patients' hearts from radiation doses during breast cancer treatment. DIBH is delivered using an innovative device that integrates with the treatment machine and results in precise radiation therapy that benefits many patients with left-sided breast cancer.

While undergoing radiation treatment, the patient is attached to a device which monitors their breathing. At the specified time, the device signals to the patient when to take a deep breath so the lungs fill with air and the heart is moved away from the chest wall, therefore away from the vicinity of the radiation field.

ROC Maroochydore Radiation Oncologist, Dr Nicole Buddle says this technology will benefit breast cancer patients.

"Patient outcomes are improving with contemporary treatment approaches so rather than looking at just the treatment options, we need to look at quality of survival and minimising the long term side effects of treatment," Dr Buddle said.

"Being able to offer this innovative technique ensures the local community are getting the latest and best possible treatment available, right on their doorstep."

ROC Maroochydore has been delivering cancer care to the local community for seven years and continue to invest in cutting-edge radiation therapy treatments to further provide a world-class service.

"At ROC we are committed to providing exceptional cancer care and DIBH is one example of our dedication to providing the latest technology and treatment techniques. It complements our current advanced treatment techniques that deliver pinpoint precision radiation whilst sparing healthy tissue to deliver best possible outcomes for our patients," Dr Buddle said.



Exceptional cancer care, close to home

- Service available to both public and private patients
- All radiation therapy services are covered under Medicare, with 80-90% of treatment costs reimbursed
- Advanced radiation therapy treatments and techniques to ensure patients receive the best of care
- No wait list
- Courtesy bus service - complimentary transport service for patients travelling from Gympie and Noosa Hospital to and from our centre
- Free parking
- Central, convenient location
- Access to support services and allied health including counselling

60 Wises Road, Maroochydore
P 07 5414 3700
E admin.maroochydore@roc.team

radiationoncologycentres.com
f radiationoncologycentres

BUDGET 2017

Dr Wayne Herdy

Scott Morrison handed down his Budget on 9th May. There were a few tidbits for health, but they look like crumbs from the table rather than a feast.

The big-ticket items related to future-proofing – infrastructure like the inland railway and the second Sydney airport at Badgery's Creek – multi-billion dollar items. Looking at the 14 "Fact Sheets" from the Budget, almost all relate to housing affordability and investment services. None refer to health matters. It is clear where the Treasurer is reading the hearts of the Australian voting public. Worrying about whether your kids are going to live the great Australian dream and own their own homes is perceived to take precedence over health and education, or even national security.

As always, there are a lot of small plans in the health portfolios that attract attention, but a few are worth a closer look:

The Victorian Cytology Service gets \$41.6M over 4 years. They must not have heard that cytology of Pap smears is obsolescent and HPV screening scheduled to replace Paps.

By comparison, the Medical Services Advisory Committee (the policeman who oversees Medicare fraud) is also funded to \$44.5M, and enhanced compliance is expected to recover overpayments of \$103.8M over four years.

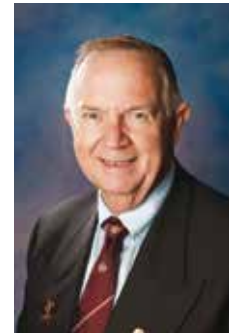
The Medicare Benefits Schedule Review, the office that decides what Medicare rebates should be, also picks up \$44.2M over 3 years. More cash for jobs for Commonwealth bureaucrats, but none of that cash goes to patient care.

THE MEDICARE FREEZE WILL THAW.

The big news item was the lifting of the Medicare freeze. This is undoubtedly welcome news for doctors who bulk-bill, and for patients of doctors who don't bulk-bill. But don't go and order your new BMW yet. Bulk-billing incentives for GPs will be indexed from July 2017 (adding \$9.5M to GP's incomes, or a few hundred dollars per GP for the year), but standard consultations by GPs and specialists won't be indexed until July 2018. We will wait a year for indexation to resume (adding \$146M to doctors' incomes, or about \$3,000 per doctor per year), with no adjustment for the three years during which rebates were frozen. Specialist procedures and allied health rebates won't be indexed until July 2019.

GENERIC PRESCRIBING.

Generic prescribing is back on the Budget agenda in a big way. The Feds want to save nearly \$2B by making cheaper generics the default option. The expected saving is around \$400M per year, or about three times the sum being handed back to doctors' income when the rebate freeze thaws.



The Budget does provide for SOME of the savings to be ploughed back into new and amended listings on the PBS, but this is calculated to be around \$300M per year, so the portfolio is still \$100M per annum better off.

My starting point is that pharmaceutical research is expensive and hazardous. I try to prescribe brand-name to reward the company that took the financial risk to develop and market a new product, at a time when we are high on the slope of diminishing returns.

My second point is the promise that all savings (and that figure of \$1.8 billion has been questioned by health economists a lot more clever than I am), will be ploughed back into new PBS drugs. When a politician talks like that about re-allocating bits of his budget, we are always rightly suspicious, especially when the simple word "new" is tossed around. The health budget is being stressed by one new player in the field – the direct-acting anti-virals for Hepatitis C hit the PBS two years ago and numbers are rising rapidly towards the planned multi-billion ceiling figure. Are they "new" to the PBS? Or is the Minister eyeing off the possibility of adding populist items like alternative remedies or medical marijuana.

What a controversy that would inflame!

My third point, and possibly the most important one, is that the Minister expects to create the default-generic position by interfering with the practice software that almost all prescribers use. My legal mind asks how it is possible for a government to impose such a policy on the privately-purchased software that we use. Moreover, my ethical mind asks whether it is proper for a government to intervene in the development of a product (i.e. the computer software) and the private purchaser. OK when we are talking aircraft safety, but not OK when we are talking about bending the clinical discretion of highly-trained and skilled professionals.

BUDGET 2017

Dr Wayne Herdy /cont:

MANDATORY REPORTING TO BE NO MORE?

And now for something completely different.....

Mandatory reporting of health practitioners by other health practitioners was a controversial issue when it reared its ugly head some years ago.

There was a real fear that doctors would not seek help because of the risk of being reported – and history has borne out a narrative that many health professionals did in fact fail to seek help. In WA, the reporting requirement was made optional. We suspect that most doctors honour the legislation in their refusal to dob in a mate, as long as the mate actually seeks help.

What is news is that NSW has started to see the light and is considering dropping the mandatory reporting legislation. Paradoxically, NSW is the jurisdiction with the most belligerent history in persecuting under-performing doctors, so it is a breath of fresh air to see common sense arising from that jurisdiction.



If NSW does in fact drop the mandatory reporting requirement (and no replace it with something equally Draconian), then the path will be clear for other States to follow suit.



Doctor Robert “Bob” Anderson

It was with much sadness that I recently heard of the passing of Dr Robert “Bob” Anderson.

Over twenty years ago Bob moved his practice to the Sunshine Coast, having worked as a psychiatrist in Brisbane for many years and prior to this as a pharmacist.

Bob certainly wasn't about to slow down once he got here and I remember him attending to his inpatients every evening often still being in the ward until very late.

He saw every patient every day and particularly cared for some of the most troubled souls imaginable.

Bob was patient, kind and compassionate, always offering hope to those who'd lost it.

He was an avid reader and amassed a medical library which has found a new home at the Nambour Hospital.

I was fortunate to inherit some of his texts which he has assiduously highlighted and they will always be treasured.

For many years he served on the Local Medical Association committee, and for many more years I enjoyed dinner with him once a month at his home to discuss cases, life and the universe.

I always felt an extra bond with Bob as his middle name was “Clive” as well.

As his health declined I inherited quite a few of his patients who all remember him fondly and were all the better for having known him.

When I am lost for words with them I usually just ask, “What do you think Bob would have suggested?”

Bob will be missed by his family, friends and colleagues, but he will never be forgotten.

Sincerest,

Doctor Clive Fraser



Dr Wayne Herdy visiting Dr Bob Anderson in his Nursing Home at Eight Mile Plains, Brisbane in 2016.

The Minor Injury Illness Clinic (MIIC) Caloundra Hospital

The Minor Injury and Illness Clinic (MIIC) opened at Caloundra Hospital in March 2017 when the Emergency Department (ED) was relocated to the SCUH at Birtinya. This new model of care was developed in consultation with local GPs to meet the demand for episodic acute care of patients with low acuity presentations which had traditionally presented to the Emergency Department at Caloundra Hospital.

The clinic is open 7 days a week 9 a.m. to 9 p.m. and is staffed by GPs, Nurse Practitioners, and Registered Nurses supported by administrative staff.

X-ray is available on site each day between 10:30 a.m. and 6p.m.

We have point of care pathology testing which is used when the results will influence the management of the patient's condition. Patients who require other investigations will have their care transferred to the ED at SCUH (if their needs are emergent/ acute) or to their regular treating GP (if their needs are non-acute). Patients who state they do not have a regular treating GP are encouraged to engage with one of the local practices.

The clinicians at MIIC are happy to manage patients who self-present or have been referred by a local GP. Our aim is to ensure that information is shared in a timely manner with the regular GP (electronically wherever possible) and our goal is to contribute to continuity of care for patients through greater integration with the local health system.

Please see the attached flier which details the in-scope/out of scope conditions for MIIC.

Any GP who is interested in joining the roster at MIIC (minimum participation of 12 shifts per annum) is encouraged to make contact with Sandra Peters, Clinical Director either by phone **(07) 5436 8604 or 0427 625 607** or email sandra.peters@health.qld.gov.au



Sunshine Coast Hospital and Health Service

Your healthcare options in Caloundra

Choosing the right option for your condition will help you access the care you need.

Non-urgent conditions, including:



Fever, coughs, colds



Earache



Toothache



Minor eye issues



Broken bones



Minor cuts, burns, scalds



Infections, rashes



Strains, sprains

1. See your G.P.

Health concerns, minor injuries and illnesses are best dealt with by your regular G.P., who can give you advice based on knowledge of other health needs you may have. If you don't already have a G.P., you can find one near you through www.healthdirect.gov.au.

2. Find an afterhours medical service

If you need non-urgent medical advice outside of normal working hours, do still call your G.P. surgery, for details of their afterhours service. If your regular G.P. does not have an afterhours service, call 13 HEALTH (13 43 25 84) for free professional health advice, 24-hours a day, or find a provider open near you through www.healthdirect.gov.au.

3. Visit the Minor Injury and Illness Clinic

If your G.P. is not available, you can visit the Minor Injury and Illness Clinic without an appointment.

Open 9.00am to 9.00pm, seven days a week.

**Caloundra Health Service,
West Terrace, Caloundra, QLD 4551**

Emergency conditions, including:



Chest pain



Difficulty breathing



Decreased consciousness



Sudden severe headache



Severe abdominal pain



Severe burns



Pregnancy complications



Severely ill children

1. Call 000

Calling 000 means you can provide information on your condition to healthcare professionals straight away. This means they can help you to access the help you need in the quickest, safest way possible.

When in doubt, call 000!

2. Visit an Emergency Department

The local Emergency Department for Caloundra is at Sunshine Coast University Hospital, just 8km from Caloundra Health Service.

Open 24 hours, seven days a week.

**Sunshine Coast University Hospital,
Doherty Street, Birtinya, QLD 4575**

Please note there is no Emergency Department at Caloundra Health Service as it has moved to SCUH.

Sunshine Coast
Hospital and Health Service

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Queensland
Government

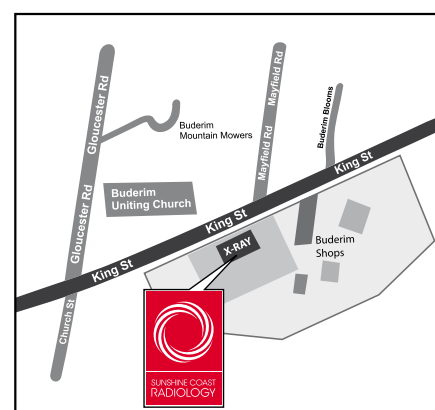


Proudly introducing our new state of the art practice in Buderim

Sunshine Coast Radiology's new Buderim practice is now open, located at 12-14 King Street. This exciting move to a significantly expanded facility from our previous Buderim location is another evolution in our mission to provide the highest quality radiology services and is underpinned by our commitment to the Buderim community.

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- New 160 slice Toshiba CT machine - low dose and wide bore.
- The addition of Bone Densitometry and Body Composition scans to our comprehensive suite of radiology services including X-ray, CT, Ultrasound and Dental Imaging.
- Professional team of dedicated radiologists and staff who are committed to achieving the best health outcome for your patients.
- Free on-site parking in a convenient Buderim location.
- For a full list of radiology services provided on-site please visit our website.



Our Radiologists:

Dr Siavash Es'haghi
MB ChB, FRANZCR

Dr Nigel Sommerfeld
MBBS, FRANZCR

Dr Angus Thomas
BSc, MBBS, FRANZCR

Dr Denise Ladwig
FRANZCOG DDU

Dr Tony Bretherton
MBBS, FRANZCR

Dr John Evans
MBBS, B Med Sci (Hons),
FRANZCR Nuclear Medicine
Specialist

Dr Geoffrey Clark
MBBS, BE, FRANZCR

Dr Anthony Chan
MBBS, FRANZCR

Dr Rodney Larsen
MBBS (Hons), FRANZCR

Dr Jacqui Dalton
(BDSc, DClin Dent(UQ

Dr John Salanitri
MBBS, FRANZCR

Dr Peter Wakefield
MBBS, FRANZCR

Dr James Challen
MBBS, FRANZCR

Dr Noel Marginson
MBBS, FRANZCR

Dr Amit Sidana
MBBS (Hons), FRANZCR

Dr Patrick Bergin
MBBS, FRANZCR

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PRIMARY HEALTH NETWORK (PHN)

Central Queensland, Wide Bay, Sunshine Coast

New PHN website makes eReferrals, job hunting and resource navigation even easier

By Pattie Hudson, CEO

The 2017 year has seen an abundance of change for Central Queensland, Wide Bay, Sunshine Coast PHN. As our primary health landscape changes, we too have evolved.

Nationally, the role of PHNs in Australia are continually adapting to the needs of our communities. We've rolled out the Integrated Team Care (previously, the Care Coordination Supplementary Services program for Aboriginal and Torres Strait Islander persons) to our ACCHOS service providers. We look forward to maintaining collaborative and effective relationships with our Aboriginal and Torres Strait Islander service providers, such as NCACCH on the Sunshine Coast, as we work toward a more equitable primary health care system.

We've had a consistent presence in general practice to encourage and implement the My Health Record program. We've consulted in community to understand the mental health and suicide prevention services needed across our region. With organisational change, comes the need for timely, accessible primary health care information. I would like to welcome health professionals, allied health workers and those engaging in the primary health care sector to view and make the most of our new and improved website.

In 2016, we listened to GPs, practice staff, stakeholders, partners and those from the Hospital and Health Services across our catchment to understand how we can work toward being a consistent information carrier between the community and clinicians. Our new PHN website is tailored for ease-of-use and suited specifically to the health care provider. Consumer testing was undertaken with local employees of general practices so we could be sure the website was functional and useful for the health care sector.

The website will continue to provide our health workforce with the opportunity to advertise job vacancies across our clinical weekly eNewsletter, *GP Matters*, and our website. We have been overwhelmed by the response to this service in the past year and the need for free, targeted health vacancy advertising has become evident.

We encourage practices within the Sunshine Coast region to continue to submit job listings to our Media and Communications Team to be advertised across our platforms.

As we move toward a digital approach to health nationally, we understand the need for improved access and information around our Health Pathways program.

The new website will allow users direct access to the Health Pathways portal for their region, as well as provide news updates for the program. We anticipate PHN involvement in the My Health Record space to increase, and as such, we will continue to provide GPs with resources, support and information in a timely manner.



We hope our community of health professionals stay up to date with sector primary health care news, PHN-related press and health alerts via our newsfeed. We welcome feedback from you and your practice staff in the coming months as we continue to refine our online platform. Please send all enquiries, feedback and job vacancies to

communications@ourphn.org.au.

Dr Petra Ladwig

Infertility and Gynaecology



Providing:

- IVF and Infertility Services
- Colposcopy and treatment with abnormal smears
- Pre-conceptual counselling and antenatal shared care
- Pelvic floor reconstruction/incontinence surgery
- Contraception and menopause counselling
- General gynaecology
- Magnetic chair pelvic floor rehabilitation

QueenslandFertilityGroup
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DR PETRA LADWIG
gynaecology and fertility

Suite 5, 5 Innovation Parkway, Birtinya Qld 4575
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It's hard to elieve another financial year draws to a close.??



The days of frenzied fancy work prior to the end of June left us many years ago. There are still issues to address prior to year end but the options are fewer.

After reviewing your year to date result some general year end issues you may want to consider:

1. Are you under the \$10M turnover? You may be eligible to claim a 100% immediate write-off for eligible items of plant < \$20,000. (The May 2017 budget extended this until June 2018)
2. If you are wanting to reduce your annual profit
 - a. Consider paying bonuses to staff.
 - b. Pay any superannuation liability (both super guarantee and RESC before June 30). The contributions must be cleared funds in the Superfund accounts for a deduction to be granted. Our advice would be to have all contributions paid by 23rd June to ensure they clear.
 - c. Review your depreciation schedule for obsolete items.
 - d. Perform a full stock-take.
 - e. In certain circumstances prepayments of interest, subscriptions or insurances can be deductible.

The May 2016 Budget announcements signaled major changes in Superannuation (we did a full article in the March SCLMA Newsletter of these announcements for further information). These changes took a long time to pass through the Senate (November 2016) and longer for the physical legislation to be released in approximately February 2017.

If you have a superannuation balance of > \$1,600,000 it is crucial you see your accountant before the 30th June and review your situation. The budget announcements limit and change super in a very permanent way and if you haven't had the discussion to understand how these changes affect you then our advice is seek that discussion. Below is a very simplified summary of the changes but it will give you an idea of what and why you need to review your super:

The changes to the superannuation non-concessional contribution caps from 1 July 2017 are threefold:

1. The annual non-concessional cap is dropping to \$100,000 from the current cap of \$180,000
2. The bring forward rule is also dropping to \$300,000 from the current cap of \$540,000 for anyone under 65
3. The amount which can be in a tax free pension from 1st July is \$1.6M per individual. Can you rebalance? If the Government CGT relief right for you? What if I am on a TRIS?
4. Anyone with over \$1.6 M in superannuation will not be eligible to make non-concessional contributions

The existing age requirements and work test will continue to apply.

- This will be the final year for individuals to contribute up to \$540,000, or \$1,080,000 combined for a couple. For anyone who has close to or over \$1.6 million in superannuation, this will be the last chance to take advantage of the existing non-concessional contribution caps.
- Individuals who have the capability to transfer eligible assets into the tax-effective superannuation environment could take advantage of this opportunity.

If you have any big plans around any of the items mentioned above make sure you discuss this with your accountant to ensure the effect on your particular situation prior to June 30.

We are here to help if you have any questions so please call **07 5437 9900**.

Kerri Welsh
Manager

A travel tale with a twist



Since stepping down from the SCLMA presidency and leaving the role in the very capable hands of Roger, I have taken the opportunity to visit family and friends in the USA. As I write this, I am on the last week of a two-month trip to Arizona and Hawaii. I have been emailing Jo Bourke throughout my journey and she has encouraged me to put pen to paper (or the electronic equivalent), and share my adventures. Why would this interest my colleagues you might ask? Well, as it transpires, my holiday involved some interaction with the American health system!

Events have left me pondering the question at what point in your life do you stop “falling over” and start “having a fall”. The physicians and GP’s amongst the readers will be familiar with the subtle but significant change in circumstances that the terms insinuate. The former, implies a degree of reckless carelessness, whilst the latter assumes a degree of frailty. I am firmly going to defend the fact that I “fell over” and did not “have a fall”.

Like most people, the initial fall was met with great embarrassment. I looked around to ensure no one had witnessed the tumble and proceeded to pick myself up as soon as possible. This was when the trouble started. As I pushed up on my right hand, my thumb collapsed under me at quite a unusual angle. Subsequent examination of the MCP joint allowed my thumb to assume positions a contortionist would envy. The optimist in me hoped it was a sprain, but it was evident that I had ruptured the ulna collateral ligament.

It was Sunday lunchtime, and I was on my way to a cooking class at a gourmet restaurant. What to do? Well, I chose the “head in the sand” approach to self care, revered by many doctors. I drove by the local pharmacy, purchased a “gamekeeper’s thumb” brace and proceeded to the class where I successfully managed a wine glass in my left hand but failed miserably with my knife skills.

The next day, the swelling of the joint had certainly reduced the range of movement. Maybe I had imagined the gross instability yesterday?

It was a further 24 hours before I developed some common sense and the motivation to plough into the unknown depths of the USA health system.

A call to my travel insurance confirmed I was covered for treatment. I was given the number of their local agent in the USA who would arrange payment and a list of Urgent Care Centres that I could attend. Armed with this information, I drove to the first facility where I encountered a hurdle. They were not prepared to accept payment from the travel insurance. Knowing the chaos that currently reigns within the USA medical insurance system, I was not prepared to argue the point. Anyway, the next facility was only one mile down the road. Unfortunately, I was met with similar resistance, so I offered to pay myself. Sorry, the receptionist replied, “Our billing system is down and we can’t accept any payments.” Now, keep in mind that I am 40 miles from the Mexican border, and the list of urgent care options was not long. We eventually negotiated a solution. She would ring their Tucson centre and the billing would be processed there.

I was seen by a very capable doctor who, as it transpired was involved with the development of the first UCC in Tucson. Over the last few months, I have been amongst a group of GP’s consulting with the SCHHS regarding the opening of a similar facility occupying the old DEM at Caloundra hospital. We had a very interesting conversation. He confirmed that some of the concerns we had locally in regard to fragmentation of care, were not to be taken lightly. I am pleased to say the Caloundra model recognizes the importance of the primary GP.

I left the UCC armed with a referral to a hand surgeon in Tucson. My initial thoughts were to delay any surgery until I returned to Australia. However, as it was over 6 weeks until my return, the medical team within the insurance company favored either flying home immediately or having the surgery done in the USA. I elected to have the surgery done in Tucson. My experience with the medical team was excellent. Both the surgeon and the anaesthetist were skilled in their profession. I had the surgery done under a block. I must admit to not enjoying the experience.

A travel tale with a twist



I will feel more sympathy for my patients undergoing a Bier block in the future. The initial phase felt like somebody had dipped my hand in acid but was fortunately followed by complete anaesthesia. I stoically tried to hide my discomfort but the monitoring equipment revealed my tachycardia and elevated BP. Fortunately, the anaesthetist was vigilant and attended to the situation. Still, it makes one feel quite vulnerable and when the surgeon offered half way through the procedure to show me the progress, I politely declined. His findings of gross instability with a complete rupture and Stener lesion, vindicated the decision to have the surgery done sooner rather than later.

So to cut a long story short, the moral of the tale is that even with travel insurance, when things go wrong in the USA, you need to have deep pockets. I have had to pay for everything myself. My travel insurance company have been wonderful and have reassured me that I will be reimbursed.

They have been emailing, checking on my recovery and offering any support that I need.

Here I am, sitting in Hawaii, enjoying my last week of holiday with my hand in plaster! I am looking forward to catching up with all my friends and colleagues at the May meeting. I'll have some tips for negotiating your way through the USA health system!

*Kind Regards
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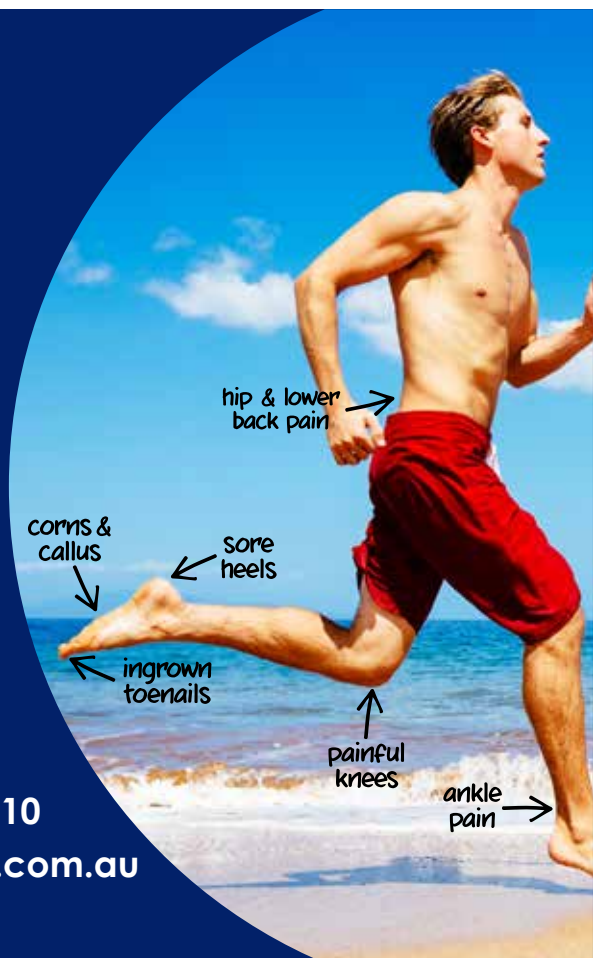
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Change in Seizure pattern

Background

A 20-year-old female presented to her general practitioner with an 8 year history of seizures that have changed in nature and frequency over the last few months. This change was associated with unexplained headaches. The patient had a prior MRI examination as a child that was reported as normal. The images were not available for review.

Findings

9mm x 8mm (Axial) x 9mm (Coronal) well circumscribed intra-axial lesion involving the medial right occipital lobe with a 6mm enhancing mural nodule involving the superomedial aspect. It is predominantly T2 hyperintense and T1 hypointense with restricted diffusion, mild surrounding oedema and thickening of the adjacent cortical grey matter. This likely represents a pilocytic astrocytoma.

Pilocytic astrocytoma

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

Association with neurofibromatosis type 1 (NF1)

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

Staging, Grading, & Classification

WHO (World Health Organization) grade I

Epidemiology

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

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

Gender: M = F

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

Natural History & Prognosis

Slowly growing with any associated mass effect accommodated.

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

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

Median survival rates at 20 years > 70%

Rare reports of malignant features associated with prior radiation therapy.

Presentation

Examination/History

Prolonged duration of symptoms on close inquiry:

Months to years

Headache, nausea, and vomiting (consequence of hydrocephalus and increased intracranial pressure)

Visual loss (optic pathway lesions)

Ataxia, cerebellar signs (cerebellar lesions)

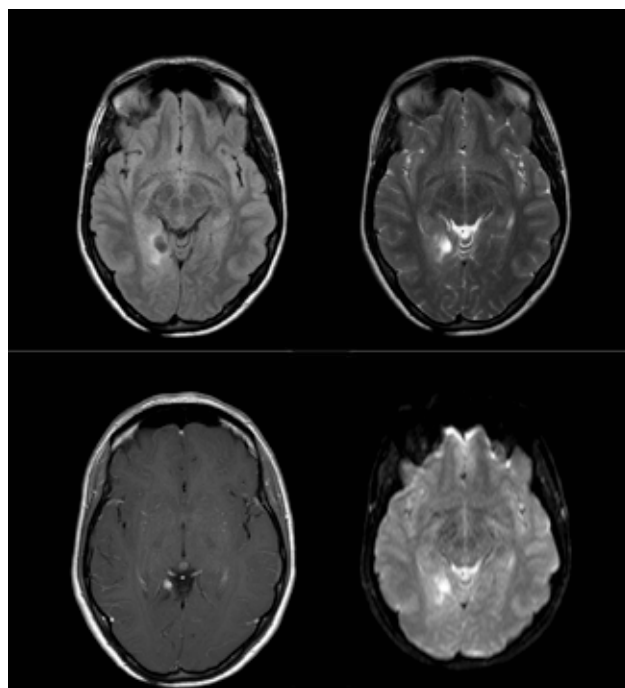


Figure 1: MR Brain Axial Images: FLAIR (A), T2 (B), post-contrast T1 (C) and DWI (D) weighted imaging demonstrating enhancing lesion with cystic component (arrow) involving the medial aspect of the right occipital lobe.

scradiology.com.au - May 2017

REFERENCES

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

Excellence in Diagnostics



Change in Seizure pattern

Imaging

CT Findings

Discrete cystic-solid mass, may have little or no surrounding oedema.
Solid component hypo- to isodense to grey matter (GM)

95% enhance (patterns vary)

- 50% nonenhancing cyst, strongly enhancing mural nodule
- 40% solid with necrotic center, heterogeneous enhancement
- 10% solid, homogeneous
- Cyst may accumulate contrast on delayed images
- Cyst wall may have some enhancement

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

MR Findings

	Solid Portion	Cystic Portion
T1WI	Iso-hypointense to GM	Iso- to slightly hyperintense to CSF
T2WI	Hyperintense to GM	iso-/hyperintense to CSF
FLAIR	Hyperintense to GM	Hyperintense to CSF
DWI	Similar diffusivity to GM	
T1WI C+	Intense but heterogeneous enhancement	Cyst wall occasionally enhances

Rare: Leptomeningeal metastases
Optic pathway: Variable enhancement

MRS

Aggressive-appearing metabolite pattern; ↑choline, ↓NAA, ↑lactate
Paradoxical finding: MRS does not accurately reflect clinical behavior of tumor.

PET

18F-fluorodeoxyglucose (FDG) studies show increased tumor metabolism in PAs.
Paradoxical finding: PET does not accurately reflect histologic behavior of tumor.

Imaging Recommendations

Best imaging tool: Contrast-enhanced MR

Treatment

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

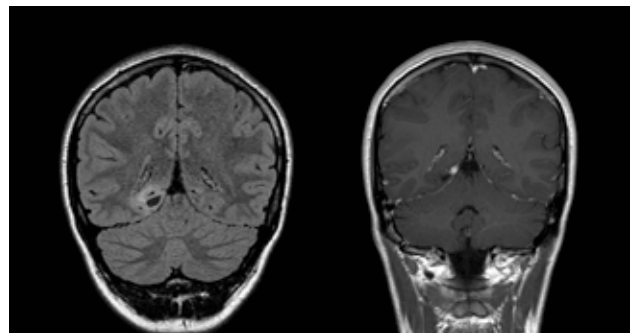


Figure 2: MR Brain Sagittal Images: FLAIR (A) and post-contrast T1 (B) weighted images demonstrating an enhancing mural nodule and small cystic component (arrow).

with Dr Clive Fraser

“Are you in the market for a hardtop”

Cyclone Debbie versus three Volvos



With wind speeds of 190 km/h and peak

The worst of the bad weather was over, but there were trees down everywhere. By Friday morning there were clear skies again, so I decided to recover my V70.

So I thought that I would introduce more real world testing into this column.



MEDICAL MOTORING / cont: with Dr Clive Fraser

I'll be looking in particular at how the technology in modern cars enables them to avoid collisions with feral pigs, and what happens when one hits a kangaroo.

Please send your stories of other non-ANCAP collisions to doctorclivefraser@hotmail.com.

Safe motoring,

Doctor Clive Fraser



WOMEN'S HEALTH PHYSIOTHERAPY



Pregnancy and childbirth are possibly one of the most dramatic events the human body undergoes, and vaginal delivery is the most common cause of pelvic floor dysfunction (PFD) (Bazi & Takahashi et al, 2016). A study conducted by Miller et al (2015) demonstrated via MRI the stress that the levator ani muscles undergo during delivery, and found that:

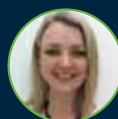
- **91% of women sustained injury involving the pubic bone and or the levator ani muscles**
- **41% of these women sustained levator ani tears**
- **89% had not improved at 7/52 follow up**
- **9% of women had high grade tears (>50% of muscle fibres)**

As pelvic floor physiotherapists, we are often asked when women are safe to return to exercise post vaginal delivery, however this question needs to be answered on a case by case basis, after a full assessment of PFD risk factors and pelvic floor function.

If you would like any more information, or would like to discuss our services any further please don't hesitate to contact our Women's Health team.



Candice Lamb
Maroochydore Women's Health
Physiotherapist



Jodie Koehler
Buderim Women's Health
Physiotherapist



Stephanie McDowell
Coolum Women's Health
Physiotherapist



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PROSECCO - ITALIAN CHAMPAGNE?



Italy has always been a wine producing monster. The French lay claim to the most prestigious wines and senses of tradition but Italy makes more wine, has been doing it longer and can make great peasant wine to stellar wines that make you weep.

Whilst Dom Perignon lays claim to inventing Champagne in 1693, Prosecco was made in 1893 by Carpenne Malvoti and now outsells Champagne on a worldwide market. Prosecco is a sparkling wine that can vary in style from spumante (sparkling), Frizzante (semi sparkling) and tranquillo (still).

The grape variety is now formally known as Glera. Other white grapes used may include Verdiso, Bianchetta Trevigiana, Perera, Glera Lunga, Chardonnay, Pinot Blanco, Pinot Grigio and Pinot Nero.

Prosecco is now descriptive of the region where this wine is made. It has been promoted from a DOC area with DOCG status, implying more prestige. Prosecco is located in Trieste in Northern Italy, north of Venice.

The term Prosecco is protected under European law and is not supposed to be used elsewhere. In Australia we still use the term Prosecco. It seems the law is on our side. The name has been in commercial use so has prior recognition as it refers to the grape variety, not a region. Otto Del Zotto from the King Valley in Victoria pioneered this wine.

So prosecco is much cheaper than Champagne. Generally stainless steel fermentation, with tank secondary fermentation to make the bubbles keeps the price down. Some producers are experimenting with the "metodo classic" akin to traditional methode as in Champagne.

The wine is served at 4-8 degrees. The usual aromas often include green apple, pear, honey dew, honeysuckle. Some more complex nutty creamy aromas develop with age. The bubbles are often softer as the pressure in the bottle is often only 2-4 atmospheres compared to 6-7 of Champagne. It is not known for its cellaring potential and usually drunk within 2-4 years of vintage.

It is mostly served as an aperitif. The Bellini cocktail is Prosecco and peach nectar mix.

The most desirable cocktail that immediately transports you back to that Venetian bar is the Aperol Spritz. This is a mixture of Aperol, a light bitter liqueur from Campari, Soda water and Prosecco.

Wines tasted

- Carpenne Malvoti Superior Prosecco DOCG - \$25 bargain- light yellow with delicate bubbles. The nose is classic green apples and tropical fruits. The mouth feel is smooth with balanced fruit and acidity. It sits well on the fore palate and I enjoyed with sashimi king fish with a dash of mirin and orange rind.
- Mianetto Cartzzi DOCG Dry Prosecco- Not cheap at \$50. Golden hues on the eye. The bouquet is an alluring cornucopia of green apples, citrus notes, pears and almonds. The bead is fine and combined with a restrained delicate palate, makes this a sultry moreish wine. Beautiful with poached quenelles of chicken mousse.
- Dal Zotto Pucino Prosecco 2016 – light yellow with nice bead. Aromas of citrus, lemons, apples. Nice dry style with good fruit and zingy acidity. The balance overall is of a nice soft wine equally good as an aperitif or poached scallops.
- Santa & D'Sas King Valley Prosecco – Light green to yellow, good bead. Distinctive and fascinating aromas that show melon lemon notes. The mouth feel is subtle, effective with the apple and nutty tones in the palate.

Dr Plonk





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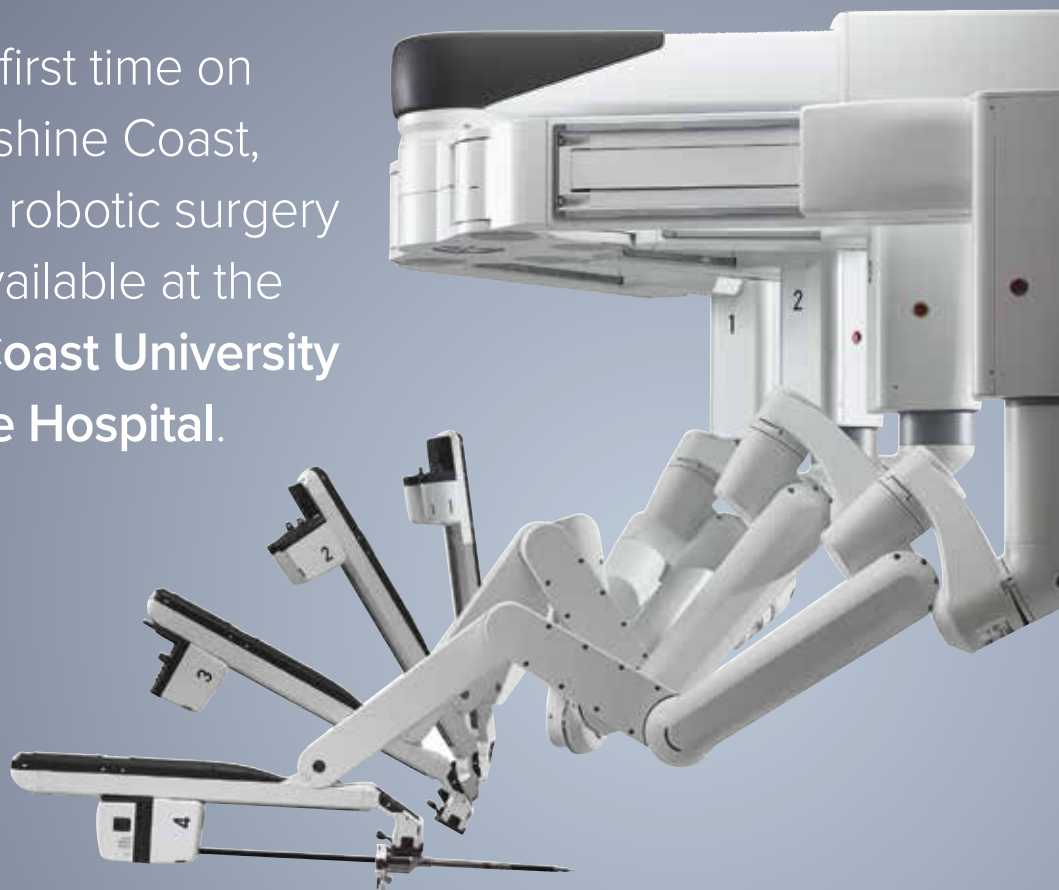
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Variety – the Children's Charity supports children and families who are facing many challenges through sickness, disadvantage or living with a disability



Sunshine Coast to Airlie Beach via Longreach 30 Aug - 8 Sep 17

Dr Wayne Herdy's Team is revved up and ready for the Surf & Turf Bash and primed up for sharing Health Education with Communities along the route. Join us in the fun and fund raising by being one of our sponsors.



Health Sponsors are invited to support Team Wayne with Sponsorship for Variety — The Children's Charity



Taking part in a Variety event is an exciting and fun way to raise funds for children in need.

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

Dr Wayne Herdy, Past SCLMA President, Current SCLMA Vice President and AMA Queensland Councillor is doing it all again this year!

Sunshine Coast to Airlie Beach via Longreach in an old car!

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1. **Fremantle:** The cosmopolitan city is famous for handcrafted beers, heavenly coffee and festivity scene. The Fremantle Market is the heart of fashion, live music, performance art, art and craft, and fresh produce. Step into the magnificent vessels rich in maritime history at **Western Australia Maritime Museum. Roundhouse** and **Fremantle Prison** are other highlights. Have fun snorkeling and windsurfing at **Port Beach** and **Leighton Beach** or, **Bathers Beach** for mesmerizing sunset-watching.
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**.
3. **Ningaloo Reef:** Seize the lifetime opportunity to drift snorkel over gorgeous coral reef teeming with eclectic marine life. Don't miss the chance to dive off **Navy Pier** or indulge in world-class fishing. Surfing at **Surfers Beach** is to die for. Explore **Ningaloo Marine Park** and **Cape Range National Park**. Look out for emus, kangaroos and lizards on your way to the white-sand **Turquoise Bay**.
4. **Coral Bay:** Enjoy a cool afternoon swim, kayaking, diving or snorkelling in the calm waters of Coral Bay as well as the inner Ningaloo reef. Go cruising on a glass-bottom-boat along the outer reef and cherish the sight of dugongs, turtles, manta rays, and dolphins playing in the waters.
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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1. Head to **Hilary's Boat Harbour**, north of Perth, for an exhilarating humpback whale watching tour.
2. Embark on an exciting underwater journey to explore Western Australia's unique marine life at **AQWA — the Aquarium of Western Australia**.
3. **Penguin Island:** Cruise to the largest haven of little penguins, rare Australian sea lions and plenty of seabirds. Head to **Koombana Bay** – the playground of adorable bottlenose dolphins – and swim with the dolphins or join a dolphin eco cruise.
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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MEMBERSHIP APPLICATION

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	Qualifications:			
	Date of Birth:	Year of Graduation:		
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	General Practice / Specialist (cross out one)			
	Area of Speciality:			
PLEASE NOTE: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
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2. NAME:		Signature:		
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Please note: Membership applications will be considered at the next Management Committee meeting.				

The Sunshine Coast Local Medical Association has Public Liability Insurance

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc. MANAGEMENT COMMITTEE MEETING

THURSDAY 23 MARCH 2017

Maroochydore Surf Club Function Room, Maroochydore

MINUTES

(Accepted at Committee Meeting 27 April 2017)

Attendance: Drs Roger Faint, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, John Evans, Alicia Lorenz, Marcel Knesl, Fabio Brecciaroli, (Observer Jo Bourke).

Apologies: Drs Wayne Herdy, Mason Stevenson, Tau Boga, Scott Masters, Di Minuskin, Jon Harper.

Minutes of last meeting: 23 February 2017 (To be accepted).

Moved: Peter Ruscoe. Seconded: Kirsten Hoyle. Carried.

Business arising from Minutes:

- Optimistic tones from Kevin Hegarty and local federal members re Medical School for SCUH. We had decided to organise change.org, however Kevin suggested there was enough pressure to bear and there were positive signs. This was confirmed by Scott Kitchener, Rural Professor for Griffith.
- I have written again to Gillespie as per handout. I have also spoken to RDAA CEO Peta Rutherford and Dr Ewan Mcphee. They are interested and met with Dr Gillespie this week. We may get some feedback from interview this week.
- Excellent article by Kevin Hegarty and Dr Steve Coverdale, *Medical school vs Clinical School* (as published in the SCLMA February newsletter. Great basis for discussion, mentioned in Sunshine Coast Daily.
- Facebook page to be set up with bios for President and office bearers. Website is going well (thanks Jo).

President's Report: Dr Roger Faint

- Frustration with new Computer Referral System
- Preference for clinical meeting to be last Thursday of the month, unless school holidays (unanimous vote)
- Medico-legal night to take place in next few months.
- Tour of SCUH with other GPs – very impressive.

Vice President's Report: *Dr Wayne Herdy - Apology.*

Secretary's Report: *Dr Mark de Wet*

Correspondence In: Nil

Correspondence Out:

- 06/03/17 – Roger Faint to Ms Pippa Coleman, SC Law Association
- 06/03/17 – Roger Faint to Dr David Gillespie (including KH & SC article, Medical School vs Clinical School.
- 09/02/17 – Roger Faint to Dr David Gillespie

Business arising from Correspondence: Nil

Treasurer's Report : Dr Peter Ruscoe

(a) Accounts to be paid:

- Australia Post – Account February 2017
- Jo Bourke – Secretariat February 2017
- Jo Bourke – Adobe CC subscription February 2016
- Snap Printing – Newsletter March 2017
- Snap Printing – 2017 Renewals & Receipts
- Jo Bourke – Newsletter March 2017
- C Hawkins – Assist Sec February 2017

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

(b) Membership Report:

- Dr Vanessa O'Rourke (Resident in Training)
- Dr Max Matheson (Resident in Training)
- Dr Daniel Probert (Resident in Training)
- Dr Kara James (GP, Coastal Family Health)
- Dr William Craddock (Sports & Exercise Medicine)

It was realised that Vanessa O'Rourke, Max Matheson and Daniel Probert are not medical practitioners, rather they are involved with Medscribe, Noosa and delivered an informative presentation on that subject recently. Jo to inform them of their status.

Peter Ruscoe moved: 'that Dr Kara James and Dr William Craddock be approved for membership. Seconded: Marcel Knesl. Carried.

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

AMAQ Councillor's Report:

Dr Wayne Herdy. Apology.

Meetings Convenor Report:

Dr Scott Masters - Apology.

Hospital Liaison Report: Dr Marcel Knesl –

- SCUH opened last week. All going well.

PHN Country to Coast Report:

Dr Jon Harper - Apology

General Business: Nil

Meeting Close: 7.10pm

Next meeting: Thursday 27 April 2017.

Dr Mark de Wet, Honorary Secretary.

The SCLMA welcomes new members

November 2016:

- Dr Christina Sanders
- Dr Ian Young
- Dr Deborah Wiens

February 2017:

- Dr Stephen Byrne

March 2017:

- Dr Kara James
- Dr William Craddock

April 2017:

- Dr Rebekah Shakhovskoy
- Dr Sophie Poulter
- Dr Dharman Vignarajah
- Dr Myo Min
- Dr Myles Rivlin
- Dr Matthew Gray

Reminder: SCLMA Membership is FREE for doctors in training.

*Are your details correct on the SCLMA Directory?
www.sclma.com.au*

*Fax Directory Form with changes to: **5479 3995***

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

www.rdma.org.au or email: RDMAnews@gmail.com

ADVERTISING GUIDELINES:

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

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

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

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

PLEASE NOTE THE FOLLOWING:

The anti discrimination commission of Queensland has the following statement on job advertising:

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

TAKE FIVE



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

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

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

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

Neil Mackintosh, Conference Organiser

P: (07) 3872 2222 or

E: n.mackintosh@amaq.com.au

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

BBQ RULES:

We are about to enter the BBQ season. Therefore it is important to refresh your memory on the etiquette of this sublime outdoor cooking activity. When a man volunteers to do the BBQ the following chain of events are put into motion:

- (1) The woman buys the food.
- (2) The woman makes the salad, prepares the vegetables, and makes dessert.
- (3) The woman prepares the meat for cooking, places it on a tray along with the necessary cooking utensils and sauces, and takes it to the man who is lounging beside the grill - beer in hand.
- (4) The woman remains outside the compulsory three meter exclusion zone where the exuberance of testosterone and other manly bonding activities can take place without the interference of the woman.

Here comes the important part:

(5) THE MAN PLACES THE MEAT ON THE GRILL.

- (6) The woman goes inside to organise the plates and cutlery.

- (7) The woman comes out to tell the man that the meat is looking great. He thanks her and asks if she will bring another beer while he flips the meat

Important again:

(8) THE MAN TAKES THE MEAT OFF THE GRILL AND HANDS IT TO THE WOMAN.

- (9) The woman prepares the plates, salad, bread, utensils, napkins, sauces, and brings them to the table.

- (10) After eating, the woman clears the table and does the dishes

And most important of all:

(11) Everyone PRAISES the MAN and THANKS HIM for his cooking efforts.

- (12) The man asks the woman how she enjoyed 'her night off', and, upon seeing her annoyed reaction, concludes that there's just no pleasing some women!!



CLASSIFIEDS

NORTHCOAST NUCLEAR MEDICINE PRACTICE UPDATE

- We have recently closed our Buderim rooms in preparation for the opening of a new comprehensive imaging practice in Kawana in conjunction with QDI in the SCU Hosp precinct in July 2017.
- We will continue to provide nuclear medicine services at Noosa Hospital, Nambour General Hospital and in our Mayes Ave Caloundra rooms.
- We apologise for any inconvenience to your patients in the Buderim area who will have to travel, but in the long run their access to modern imaging will be greatly enhanced.

Appointments/queries: 5478 2037 Fax: 5444 7816

April 2017

VR GP (WITH SPECIAL INTEREST IN WOMEN'S HEALTH) REQUIRED FOR CALOUNDRA

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

Please contact Practice Manager on 07 5491 2911 or email: practicemanager@medicaltrust.com.au

April 2017

CHILD PSYCHIATRIST - OPEN TO REFERRALS, SHORT WAITING LIST

Dr Brenda Heyworth now consults 5 days/week from Nucleus Medical Suites, Buderim.

Please fax specialist doctor referral

(No Mental Health Plan needed)

Ph. 5444 5022 Fax. 5444 5033

April 2017

DR AJAY VERMA GENERAL PHYSICIAN FRACP

Dr Verma has moved from his QCG rooms, he has opened new rooms at:

Pulse Oceanside Medical	and also	TSCPH Medical Centre
Suite 604, Level 5		Suite 15, Lower Level
11 Eccles Boulevard		12 Elsa Wilson Drive
Birtinya Qld 4575		Buderim Qld 4556

T: 5437 7390

F: 5302 6660

Email: reception@drajayverma.com.au

March 2017

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING GENERAL PRACTITIONER

- Well established, fully accredited GP owned family practices at Nambour, Woombye and Palmwoods.
- Fully computerised, modern medical centres with remote access.
- Excellent peer support and friendly staff.
- Fully equipped treatment rooms with full time nursing support.
- Spacious consulting rooms with windows
- Mixed billing
- Flexible working hours, full-time, part-time hours available.
- Check out our website at www.nambourclinic.com.au.
- No DWS

For further information contact Rowena:

Ph: 07 5441 1455 Mb: 0412 292 666

Email admin@nambourclinic.com.au

February 2017

CONSULTING ROOMS AVAILABLE

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

Contact Number 07 5437 7390

Email : reception@drajayverma.com.au

December 2016

CENTRAL DERMATOLOGY CLINIC

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

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

Ph: 07 5345 5150 Fax: 07 5345 5140

Email: reception@centraldermatologyclinic.com.au

Web: www.centraldermatologyclinic.com.au

November 2016

SPECIAL OPPORTUNITY -MAROOCHYDORE

Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.

We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room. Please contact the Practice Manager:

pm.wrmc@yahoo.com.au or 0409 447 096

Continuing as per request.

VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS

VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.

Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support. Visiting Allied Health Professionals and pathology on site. Mixed billing and flexible working hours available. For further information please contact Practice Manager: **Karen Clarke on 07 5492 1044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)**

com.au. (Afterhours on 0438 416 917)

Continuing as per request.

Classifieds remain FREE for current SCLMA members, \$110 for non-members.

Ph Jo: 0407 037 112

Email: jobo@squirrel.com.au

SCLMA website: www.sclma.com.au

REMINDER: If your details have changed please download a Directory form from the website and fax to 5479 3995.

You are not automatically entered on the website.

It is necessary for you to complete a Directory form and sign and date it. Thanks. Jo.

SCLMA CLINICAL MEETING - 27 APRIL 2017

Maroochydore Surf Club Function Room

Dr Jenny Grew, Pathologist in Charge, QML Pathology, Sunshine Coast and Gympie

Topic: *"Cervical Screening Renewal : What you and your patients need to know"*

Dr Sophie Poulter: Topic: *Expansion of Obstetric Medicine at SCUH"*

Sponsor: QML Pathology Ipsen and The Sunshine Coast University Private Hospital



Left:

Chris Taylor, QML Pathology

Aaron Bartolo, QML Pathology

Dr Rob Ingham, Past President, SCLMA

Presenter Dr Jenny Grew, QML Pathology

Dr Emma Secomb



Left: Dr Trevor Beall with Dr Sophie Poulter, presenter and new SCLMA member.

Centre: SCLMA Life Member, Dr Wyn Lewis

Right: Dr Rebekah Shakhovskoy and Dr Elise Gilbertson, new SCLMA members.

Next Meeting: Thursday 22 June, Mdore Surf Club
Assoc Prof Dr David McIntosh ENT and Dr Brooke Parker, Yandina Dental. Topic: 'Rethinking Sleep Apnoea from an ENT and dental point of view'

