



SCLMA President's Message

Dr Roger Faint



This month, I had the opportunity to read Naomi Dwyer's monthly report, (Naomi is on a well deserved break) written by her very capable Acting Health Service Chief Executive, Karlyn Chettleburgh.

Ms Chettleburgh is very reassuring with regards to the SCHHS prioritising surgical patients according to their clinical need rather than their health insurance status. This is in contrast to the recently published findings by the Australian Institute of Health & Welfare (AIHW) and it suggests the Southern States have a different priority other than clinical need.

Thankfully, the SCHHS has a strong responsible management team that the SCLMA is very respectful of and can trust.

I will take this opportunity to congratulate Naomi for her recent new personalised style of article in our newsletter. To meet the many specialist personalities at the forefront of our local public health system on a monthly basis is interesting and helpful with regards to clinician awareness and thus patient clinical care.

I was discussing a business partnership breakdown with a doctor colleague recently. He discovered he owed Medicare a considerable amount of money subsequent to billing irregularities that weren't of his own volition. Of course the outcome is that he is liable for the Medicare billing irregularities and is negotiating a financial settlement. This discussion helped me understand the stark reality of being responsible for your own Medicare Billings whether public or private. Be warned.

Dr Rob Park, Sunshine Coast GP, wrote a depressing and enlightening article in the Ausdoc dated 20 September recently.

He nicely summarised the financial issues facing General Practice from a politician's perspective, illustrating how it will take a paradigm shift in political thinking from an external social force for improvement to occur.

Partly because of the recent Medicare Freeze and many GPs losing or having a reduction in the rural bulk billing incentive as of January 2020 the Medicare rebate will be equivalent to 2010 levels.

Many Sunshine Coast GPs who own their practices, and I suspect GP owning medical companies, are beginning to recognise the need to increase private billing to cover costs. I was discussing this issue with a GP colleague recently and his practice is likely to begin billing children and concession cardholders soon. This likely reality will reduce bulk-billing rates and perhaps put pressure on politicians to enable a paradigm shift.

A coordinated approach is perhaps the only way.

I would like to announce that Dr Wayne Herdy has been awarded the honour of 'Lifetime Membership' for services to the SCLMA. He has stepped down from the committee this year after 28 years of committed service, four of them as President. Thank you Wayne! (Wayne remains the AMA Qld North Coast Area Representative).

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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**DECEMBER 2019
NEWSLETTER
Deadline will be
MONDAY 9th
DECEMBER 2019
*Final Nletter for 2019***

- 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

While life expectancy in the UK and America has recently peaked, Australia still boasts an increasing life expectancy. A baby born in Australia today can expect to reach 83 years on average.



*We need to examine the systemic factors at play. Leigh asks, "would we, as a nation, be prepared to give up on an economic model that has deemed a whole cohort of people surplus to requirements? Because the evidence suggests that is what it would take." **Time for some heedful and argute thought!***

Regards,

Kirsten

e. kirsten@eximious.com.au

But this average hides many alarming truths. The lowest 10% of income earners live an average of 10 years fewer than the top 10%; the lowest 20% of the population by income, live 6 years fewer than the top 20%. And with the limited data available, it is estimated that for the bottom 40% of income earners, health poverty (morbidity and chronic disease) has not improved over the last 15 years.

Last year's review by the Australian Institute of Health and Wellbeing showed disturbing trends. Death by suicide in men in their 40s increased from 3.5 per 100,000 population in 1997 to 18 per 100,000 today. The median age of suicide is now 44 and accounts for the highest number of years of potential life lost among all causes of death. Illicit drug use in people aged in their 40s increased from 12% to 16% between 2001 and 2016. For people aged in their 50s, it almost doubled to 12%.

Australian National University Economics Professor Andrew Leigh says evidence suggests there is a direct correlation between economic poverty and health poverty. One of the starkest findings he has come across is the number of teeth people have. The wealthy have seven more than the poor. That has implications for success at job interviews and partner/marriage prospects as well as portending an increased risk for drug and alcohol addiction as many turn to substance abuse to dull the pain of tooth decay and gum disease. Angus Deaton won a Nobel Prize for Economics in 2015 when together with his colleague Anne Case, he presented his work on consumption, poverty and welfare. Next year they will be publishing their book, *Deaths of Despair and the Future of Capitalism*.

It is specious to focus on individual behaviours such as smoking, drug and alcohol use or poor diet as the main factors contributing to health poverty.

HIGHLIGHTS in this issue:

- P 4-5: SCHHS - Karlyn Chettleburgh, Acting Health Service Chief Exec
- P 7: PHN November Update
- P 8-9: SCHHS GPLO November Report
- P 10: Karen Clark - BPH Update
- P 13: The Poole Group - Hidden Cost of Retirement
- P 17: Join the Zonta says No Campaign
- P 24-25: AMA Queensland President's Report
- P 27: Dr Wayne Herdy - Death Certificates

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

Website: www.sclma.com.au

CLINICAL MEETINGS 2020:

Please note that these details are correct at time of printing! They may change! Check our website for latest updates. www.sclma.com.au Click on Activities and Meetings.

THURSDAY 27 FEBRUARY 2020

- Dr Dilip Dhupelia AMAQ President
- Doctors from Fertility Solutions will present

THURSDAY 27 MARCH 2020

ENT Evolve - Dr Kristy Fraser-Kirk

THURSDAY 30 APRIL 2020

Dan Everson, Podiatrist (TBC)

THURSDAY 28 MAY 2020

Sunshine Coast Heart Care Specialists

June, July, August, September, October and November available at time of printing. Last Thursday of the month (mostly!) Canapes, 2-course dinner, beverages Maroochy Surf Club Private Function Room.

ENQUIRIES: Jo 0407 037 112

HEALTH SERVICE LINK - NOVEMBER 2019

Patient care is our foremost concern at SCHHS, and any suggestion patients on public waiting lists with private health insurance receive care sooner than public patients is incorrect. Patients in need of elective surgery on public waiting lists at SCHHS are triaged according to clinical need, not whether they have private health insurance.

The AIHW report shows the vast majority of patients receiving elective surgery in Queensland public hospitals do not have private health insurance, and Queensland had the lowest rate of private health insurance-funded elective surgeries. Patients with private health insurance can elect to use their private health insurance at any public hospital. It is completely their choice. When a patient is identified as being bulk billed or a private inpatient, it is then flagged in our data and we receive reduced public funding accordingly. There is no double dipping in regard to funding in SCHHS.

If you would like more information Dr Owain Evans, our Clinical Director Surgical Services, would be more than happy to discuss this with SCLMA members at their convenience.

SCHHS Medical profile – Dr Greg Duncombe, Clinical Director, Maternal Fetal Medicine

This month I'd like to introduce you to Dr Greg Duncombe, Clinical Director, Maternal Fetal Medicine, Sunshine Coast Hospital and Health Service (SCHHS).

Greg has been with us since February 2019. In a short period of time he has made a significant impact on care for women with high risk pregnancies in our region. Recently, Greg was integral in achieving an important milestone of welcoming our first set of triplets at SCUH.

Greg said he is so grateful to be able to utilise the breadth of experience he has gained over nearly 30 years, while also drawing on his networks, to benefit our community.



"I'm in a unique position to ensure our patients receive true continuity of care. Due to my ongoing involvement with Royal Brisbane and Women's Hospital, if we have a patient who needs to travel to Brisbane, they will see me there as well.

"Although, with our multi-disciplinary unit moving from strength to strength, we've 'turned the tap off' on sending patients outside of our health service.

"I was blessed to have already known many of the team prior to joining SCHHS and had actually trained many of our Senior Consultants. Coming in to lead such a strong group of professionals all working towards a united goal of exceptional patient care has made developing this new unit an exciting phase of my career.

"I look forward to establishing our health service as a hub, versus a spoke. With the calibre of our team, strength of leadership, clear communication and efficient systems, this is a highly achievable goal," Greg said.

In Greg's private life, the only thing that seems to be able to wipe that broad smile off his face is a loss by his beloved Broncos. His happy place is with his family and the Quokkas on the stunning Rottneest Island.

HEALTH SERVICE LINK - NOVEMBER 2019 /cont:

Your pathway to care

In partnership with Central Queensland, Wide Bay and Sunshine Coast PHN, SCHHS has produced a community engagement campaign 'Your pathway to care'. This campaign aims to educate the community on the healthcare options available to them—from their home into primary and/or secondary care in the Sunshine Coast/Gympie region.

The message to the community is: We are working with local health providers to care for our community. Know your healthcare options.

You can view the campaign [here](#), and add this [poster](#) to your waiting areas.

Diabetes management

Our Healthy Lifestyles team is urging families to get involved in the management, care, prevention and education of diabetes.

As you know, the role that family plays in understanding diabetes, supporting healthy eating and regular physical activity, as well as managing complications and providing love and care, cannot be underestimated.

SCHHS delivers monthly group education for people diagnosed with Type 2 Diabetes and family members and carers are encouraged to attend.

In support of [World Diabetes Day](#), family members and carers are invited to attend the final "Type 2 Diabetes & Me" education sessions on Wednesday 4 December at Caloundra Community Health, West Avenue, Caloundra.

The session provides a range of information and resources on self-management and healthy lifestyle behaviours to support people diagnosed with type 2 diabetes or pre-diabetes.

Presenters include a Dietitian, Social Worker, Clinical Nurse and Health Promotion Officer.

Sessions are free of charge. Bookings are essential and can be made by phoning 5479 9670.

Til next time

Karlyn Chettleburgh

Acting Health Service Chief Executive.

Sunshine Coast Hospital and Health Service.





The New Home for Medical Specialists in Gympie



The Gympie Specialist Clinic is committed to providing the highest quality specialist outpatient service in the region to ensure patients can be seen locally.

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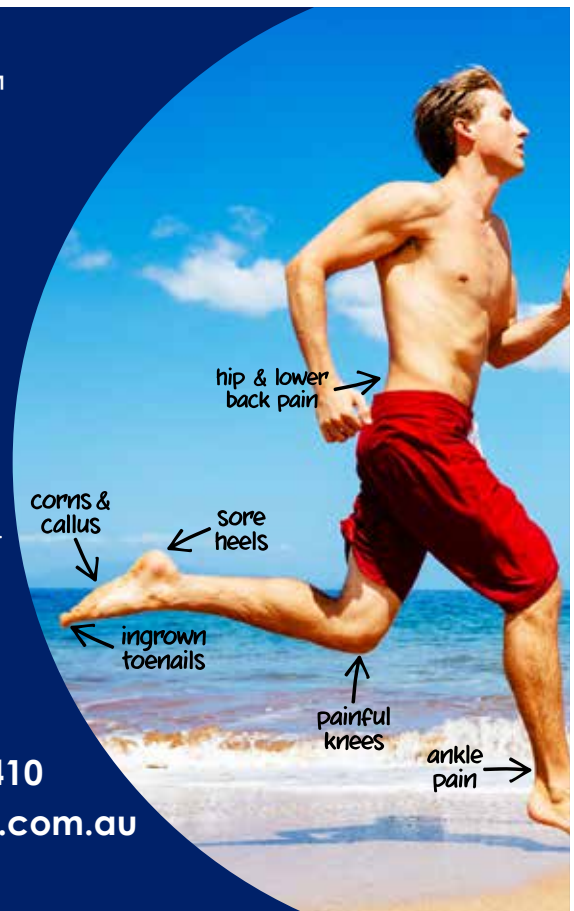
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CENTRAL QLD, WIDE BAY, SUNSHINE COAST PHN - November 2019

Vital new hub for health opens in Gympie

Gympie residents can now access a range of vital health and community support services all under the one roof, with the recent opening of the Gympie Health Hub.

Located behind headspace Gympie at 4 Horseshoe Bend in the refurbished Baptist Church, the Gympie Health Hub has been made possible through an investment of \$400,000 from Commonwealth-funded commissioning agency, Central Queensland, Wide Bay, Sunshine Coast PHN.

Federal Member for Wide Bay, Llew O'Brien, says the new premise is a vote of confidence in the community's own ability to deliver much-needed health and wellbeing services to the Gympie region.

"All communities are faced with increasing challenges relating to health needs and access to appropriate services, and Gympie and the surrounding suburbs is no different," Mr O'Brien said.

"Organisations within the Gympie community have already been working together over many years to address these challenges, particularly within the priority areas of chronic illness, mental health, Aboriginal and Torres Strait Islander health, child and youth health, and homelessness.

"The Gympie Health Hub will further encourage and enable a sharing of resources, a coordination of services and will help to promote the connection between services and those who need them."

The PHN's CEO Pattie Hudson said the decision to create a health hub was part of the vision the building's owners, long-time Gympie residents Ross and Daphne Davies, had for the site, and was in line with the PHN's values of innovation, collaboration and people-centred care.

"Our team has long had a presence in Gympie, first as a Medicare Local and now as a PHN, with an office space in Mary Street, which we shared with other community-facing organisations," Mrs Hudson said.

"Collaboration is part of our integrated approach to service delivery, and when it became obvious we had outgrown our space there, it made sense to create this whole new Hub, to allow this support and approach to grow.

"Integrated care brings together more than just health providers and recognises other supports and organisations within our community can have an impact on short and long term health outcomes too.

"I want to congratulate the community of Gympie for their resilience, passion and ongoing commitment to working together for the enhancement of a happy, healthy Gympie – a great place to live."

The PHN's partners in the Gympie Health Hub include North Coast Aboriginal Corporation for Community Health; multidisciplinary therapy centre All Abilities; James Cook University; multi-service community organisation Kyabra; Queensland Injectors Health Network; Cooloola Human Services Network; Relationships Australia; Above and Beyond Disability Solutions; and training, wellbeing and disability support group Community Solutions.

Two dedicated meeting rooms will also allow for Hub partners and other community members to provide training and education, with one local unemployment group, Busy At Work, already conducting vocationally based training sessions, in barista and RSA certificates, for those long-term unemployed.

Gympie Regional Council Mayor Mick Curran says there is great value for the community in having so many services dedicated to improving the lives of Gympie residents under the one roof.

"Community members will be able to access a range of supports from this facility," Mayor Curran said. "Having easy access to community services has a huge impact on health and wellbeing, and we're delighted the PHN has helped make this hub a reality."

The Gympie Health Hub is open Monday to Friday 8.30am – 4.30pm. Ph: 07 5482 6770.

Unit 4, 4 Horseshoe Bend, Gympie 4570 – entrance and parking off Lawrence Street.



GP Liaison: Your Hospital



Connection

Tips for referring to the Hospital and Health Service

Outpatient referrals

It has come to our attention that some referrals to SCHHS outpatient clinics have been sent to incorrect fax numbers.

Although we prefer electronic referrals, a friendly reminder that all faxed referrals to the Sunshine Coast Hospital and Health Service should be sent to the Referral Centre fax number: **07 5202 0555**. Please do not use other fax numbers.

For questions about referrals and appointments please call the Referral Centre GP Hotline (for clinicians only, please do not share with patients): **07 5202 6633**. Patients can contact the SCHHS Patient Enquiry Line via 07 5202 2222.

Community Fracture Clinics

Many simple fractures and soft-tissue injuries are suitable for management in primary care and do not require specialist orthopaedic management in the public hospital fracture clinic.

However, not every GP may be comfortable managing these conditions themselves. If this is the case, GPs may refer directly, to one of the Primary Care Fracture and Soft Tissue Injury Services, available at several locations on the Sunshine Coast.

The service is bulk-billed and includes plaster or fibreglass casts, crutches, and braces/splints (e.g. moon-boots) if required.

Patients with suitable simple injuries who are seen in the Emergency Department or who are referred to Orthopaedic Fracture Clinic may also be offered this choice for their fracture or soft-tissue injury management.

Visit the [HealthPathways 'Fracture Clinic Assessment' page](#) for more information.

Early Pregnancy Assessment Service

The Early Pregnancy Assessment Service (EPAS) is an outpatient pregnancy assessment clinic for medically stable women < 14 weeks pregnant with e.g. miscarriage, threatened miscarriage, asymptomatic pregnancy of unknown location or blighted ovum requiring rapid access to care.



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Contact the GP Liaison Unit

Dr Michelle Johnston	(GPLO)
Dr Marlene Pearce	(GPLO)
Dr Edwin Kruys	(GPLO)
Peta-Maree	(Administration Officer)
Sue Hawkins	(Administration Officer)
Claire Wong	(GPSI Project Officer)

Email SCHHS-GPLO@health.qld.gov.au
Phone 07 5202 3822 / Mobile 0439 591 731
Fax 07 5202 1044

[Click here to visit our website](#)

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

A written referral is required as well as a phone call to the EPAS coordinator – gynaecology clinical nurse consultant (CNC) **07 5202 7241** between 8.00 am - 4.00 pm. This phone line is for clinicians only, please do not share with patients.

Visit the [HealthPathways 'Early Pregnancy Assessment' page](#) for more information.

Referring to a SCHHS Emergency Department

GPs do not need to call the Emergency Department (ED), unless seeking clinical advice.

GPs do not need to fax a referral letter if the referral letter accompanies the patient. If additional information needs to be faxed to the ED or if a referral cannot accompany a patient, use the appropriate fax number below. Please do not use any other fax numbers.

Please make sure the referral letter / clinical handover documents stay with the patient or Queensland Ambulance Service (QAS).

SCHHS ED contact details (please do not use any other numbers): **NUMBERS FOR CLINICIANS ONLY!**

- **Sunshine Coast University Hospital:** Fax 07 5202 2355/ Phone 07 5202 7870
- **Nambour General Hospital:** Fax 07 5470 5480/ Phone 07 5470 5170
- **Gympie Hospital:** Fax 07 5489 8504/ Phone 07 5489 8444
- **Maleny Soldiers Memorial Hospital:** Fax 07 5420 5001/ Phone 07 5420 5000

Visit the [HealthPathways 'Emergency Assessment' page](#) for more information.

ED discharge letters

ED staff aim to send a discharge letter back to General Practitioners if your patient has presented to one of the ED's. A body of work is underway to improve electronic communication with GPs and ensure that future ED electronic discharge letters go directly to GP inboxes.

A recent audit has been conducted to firstly identify the number of patients who are discharged from the Emergency Department without discharge letters to primary care, and secondly if those discharge letters met minimum standards. The audit covered 420 patients over two consecutive days at SCUH ED. 84% of patients were discharged with a discharge letter, however only 39% met minimum standards.

A quality improvement project has been commenced to develop a standardised discharge letter process.

Please refer to the right service

Emergency Departments receive a small number of referrals where no practical value can be added by the ED. These include:

- **Requests for specialty review:** The ED is unable to expedite or facilitate access to the Ambulatory Care Centre (ACC or Outpatient Clinics)
- **Requests for non-emergent investigations:** e.g. INR, US for DVT, US for miscarriage once intra-uterine pregnancy confirmed
- **Requests for hospital records:** e.g. discharge summaries, investigation results, clinical notes.

To avoid ED congestion & delays for patients please refer to, or contact, the appropriate services such as the SCHHS Referral Centre (GP Hotline), Clinical Information Access, the Early Pregnancy Assessment Service (EPAS), The Viewer (Health Provider Portal) etc.

Thanks for your support & Merry Christmas!

Visit our new health provider website www.health.qld.gov.au/sunshinecoast/healthcare-providers or HealthPathways for more information, or contact the GP Liaison Unit.

Buderim Private Hospital

SCLMA column

November 2019

Dear SCLMA colleagues,

I am pleased to inform you that Buderim Private Hospital's Trauma Recovery Program for Post-traumatic Stress Disorder (PTSD) participated in a research study that was recently published in an international psychology journal.

The objective of the study was to understand how co-morbid issues such as depression, anger, alcohol use problems, guilt and dissociation impact treatment outcomes for PTSD.

The study found that alcohol use problems have discernible implications for treatment in the context of comorbidity and that those with alcohol problems gained less from treatment than those without alcohol problems. This knowledge will assist clinicians from across Australia and around the world to better tailor treatment programs to this cohort of patients.



Delivered as an outpatient service, our hospital has the only DVA accredited PTSD treatment program between Brisbane and Townsville. Launched in February 2016, the Trauma Recovery Program has treated hundreds of local people with PTSD including veterans, first responders such as police, fire and ambulance personnel and civilians suffering from a traumatic event.

The program uses trauma-focused cognitive behavioural therapy to treat PTSD and the five most common co-morbid disorders including depression, anxiety, addictions, sleep disturbance and anger.

This intensive program runs three days per week for 12 consecutive weeks. An orientation day is in addition (prior to commencement) along with regular follow up sessions. The program includes individual therapy, group therapy, family therapy and creating links to relevant outside agencies.

If you think your patient may be suffering from PTSD, please consider referring to this program for an assessment and, if appropriate, treatment.

Please call our Cooina Mental Health Service on 1300 780 413 or visit our website for more information about the program: www.buderimprivatehospital.com.au/traumarecovery

Until next month,

Karen Clark

General Manager



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- Stress Echocardiogram
- Dobutamine Stress Echocardiogram
- ECG
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- Device Check (PPM or ICD)
- CT Coronary Angiogram (Radiologist co-reported)

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- Management of Heart Rhythm Disorders
- Permanent Pacemaker & ICD Insertion
- Electrophysiology Study & Ablation Therapy
- Transcatheter Aortic Valve Implant/Replacement (TAVI / TAVR)
- Left Atrial Appendage Occlusion (LAAO)

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THE HIDDEN COST OF RETIREMENT

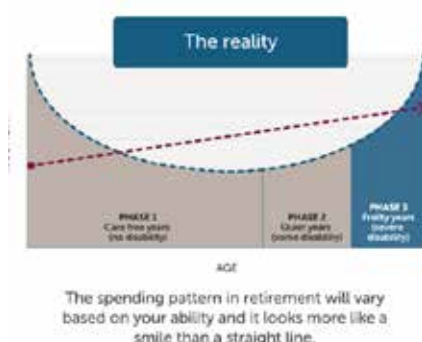


The common question when it comes to retirement is 'how much is enough?'

If only the answer was simple! But the fact is that the answer varies due to a range of factors, including your lifestyle aspirations, personal health and family commitments. But regardless of how much you have put aside, there's a significant potential cost in retirement that is often not considered, and if ignored, it can undermine our plans - aged care.

None of us want to imagine a time when we are no longer able to look after ourselves without assistance. But the reality is that around one quarter of our retirement may be 'frailty years', where help is needed with the activities of daily living.¹ Planning ahead for this time allows you to maintain greater control of your life, so that your choices – for example, home care versus residential care – can be respected. But it all costs money.

While lifestyle spending does tend to reduce as we progress through retirement, expenses can ramp up again during the "frailty" years – on average, the last three to five years of life, generally after age 80. It is during this phase that we are likely to have some form of disability caused by ageing which causes a general decline in independence. And we may become more reliant on others.



Increasing longevity and expectations around the quality of care are also putting greater pressure on income needs in the later phase of retirement.

Because aged care is expensive, the government subsidises the costs, but you will still need to pay some of the costs – based on your assessed level of affordability. Access to capital or income at this time may allow you to have greater choices and control over the quality of your care, which is why planning for the cost of future care is critical to include in your retirement planning, and long before a crisis arises.

Having a financial plan in place that clearly captures your goals, preferences and financial strategies, is a great way to keep on track throughout all phases of retirement.

If you want to review discuss your retirement plans or how to start planning for your frailty years, please feel free to give us a call with your questions.

Kelly Brady – Poole & Partners Investment Services Pty Ltd phone 07 5437 9900

¹ Australian Institute of Health and Welfare – Selected health expectancies at age 65 by sex, 2015

Candice Care: Staying at Home is an Option - <http://candicecare.org.au>



Candice Dover is the Founder and CEO of *Candice Care*, a not-for-profit community based organisation, established in 2017. Candice has a long history working in the aged care and disability support industry, but it was after a medical incident involving her young brother that she chose to start Candice Care and create an organisation that provides support with a difference.

Candice Care currently works within a number of regions Australia wide with its head office located on the Sunshine Coast. Strong connections have been developed with all private and public hospitals. "Being part of the planning stage, with the client, their specialists and families ensures we can continue to offer tailored support at a time it's most needed", says Candice. This contact and planning then continues once the client is in his or her own home, therefore providing a collaboration that delivers the best outcomes.

Offering support to those who aren't government subsidised or approved via either a fee-for-service arrangement or through charitable supports, means that those most in need – don't miss out on support that they require, regardless of their funding status. "Almost a third of all our clients is unfunded," Candice says continuing "if we find that we aren't the best fit for a person, we will work with them to ensure that they find the right support, even with other organisations."

Candice Care is an Australian Government Approved Provider of both the Home Care Packages Subsidy and the National Disability Insurance Scheme. *Candice Care's* admin and case management fees are much lower than other organisations. As well as lower management fees, hourly charges are consistently lower than the average charged by other providers.

When planning to provide support to clients, whether it's in the home, or via a hospital stay or visit, *Candice Care's* team of Case Managers work directly with ACAT, Nurse Navigators, CHIP & Discharge teams as well as GPs, surgeons and family members to ensure that the transition home from the hospital or surgery is smooth and offers the correct support. *Candice Care* ensures that collaboration and tailored supports are key actions, working with other providers and brokering in Allied Health professionals when required.

As well as the Sunshine Coast and surrounds *Candice Care* offers services in Cairns, Mackay, Brisbane, Gold Coast, and recently in Alice Springs, Moree, Warwick, Darling Downs, Newcastle, Melbourne, Launceston, Tasmania and Adelaide! *Candice Care* offers 24/7 support throughout the nation, with client needs varying from help with daily chores such as showering, cooking, cleaning and shopping to driving and rehabilitation sessions. *Candice's House* exists to provide a space for short-term respite, day activities, and a training facility to ensure that all staff and the families of those we support understand how to work with their family.

"With the NDIS and aged care reforms, it's all about the client's life, choices and happiness. This is what we strive to achieve. "Our goal is to make sure people have the support they need; in the way they want it."



Candice Care
Boutique Community Services

Home Care, Personal Care,
Allied Health, Transport,
Meal Preparation, Respite,
Social Support & more.



candicecare.org.au

1800 CANDICE (1800 226 342) | hello@candicecare.org.au

Not-For-profit, approved Australian Government subsidised Home Care Packages and NDIS programs provider.

SLEEP

Diagnostic Testing & Treatment

Dusk till Dawn Sleep Centre

A patient-focused facility that supports general practice and specialists by delivering a professional, timely and flexible service

Services

- Level 2 PSG Ambulatory Sleep Study
- Level 3 Obstructive Sleep Apnoea Test
- Paediatric Sleep Study Level 2 Extended
- Rhinomanometry – Airway Resistance
- CPAP Treatment/Trial
- CPAP Pressure Review with Oximetry
- Holter Monitoring
- Overnight Oximetry
- Treatment Options Consultation
- Sleep Education Programs (including children)
- Distributor of CPAP Supplies

Our team includes experienced Sleep Technicians, Scientists, Respiratory and Sleep Physicians.

Good Sleep is Critical to Good Health

Poor sleep, leads to cardiovascular problems, lowered immune system response, glucose and insulin abnormalities, irregular hormones and impaired cognitive function - not to mention loss of energy, anxiety, depression, memory problems, delayed reaction, trouble paying attention and the inability to retain information.

Vision

To offer a professional and multidisciplinary approach to the treatment of Sleep Disorders including; Sleep Apnoea, Insomnia and PLMD.

Diagnostic

A comprehensive in-home Sleep Study is professionally set up, manually scored and reported.

Sleep studies are all pre-approved and reported on by a Sleep Physician.

Treatment

Delivering recommended and alternative treatments outlined by a Sleep Physician which may include CPAP Therapy, Positional Therapy and Advancement Splints. The facilitation of Physician review is provided. All treatments are offered with follow up consultations.

Costs

Bulk Billed Sleep Studies (if Criteria Met)

Private fee applies for consults.

No out of pocket fees if Gold DVA, identifies as Indigenous and under Chronic Disease Management Plan; or has access to a Home Care Package Health Fund Rebate may apply (please check with your provider)

Head Office Phone: 07 5455 6622
E: admin@dusktilldawnsleep.com.au

Tewantin • Gympie • Caloundra
Bli Bli • Buderim • Maroochydore

'Dusk till Dawn'
SLEEP CENTRE



DIVORCE, SEPARATION & BREAK-UP



WHO'S AFRAID OF Change?

At different times of our lives we can fear CHANGE, because being separated from people or things which are familiar brings uncertainty and trepidation.

A divorce can feel like one big scary life change but only if you let it. Procrastinating the 'change' over years whilst running scenarios in your head increases your anxiety, sadness, frustration and fear. When you're not happy it often brings other problems into your life which include health issues, decreased work productivity, and dysfunction in the home for all family members.

If someone were to come along who answered all your separation questions, explained what happens next, who brainstormed your decision whether to leave or stay, made a plan with you from any stage you're currently in, who stepped you through the entire process so you didn't feel so overwhelmed, and finally kept the costs to a minimum compared to a lawyer versus lawyer process, would you leave?

"I can't leave I have no money and don't have a job"
42-year-old mother of 2

"Marriage isn't always happy, we made vows, I have to keep trying don't I?" 53 year old lady

"I am sick of this marriage but I'm too old to bother leaving now"
65-year-old grandfather

"If I leave my church will disown me and my family will be ashamed of what I have done" 53-year-old mother and grandmother of 3

"I am scared to tell him its over, he will be so angry" 46-year old mother of 3

"I have to stay until my children finish school" 38-year old father of 2

"It's too difficult to leave, I'll just stay" 75-year old grandmother

These are a few of the excuses/reasons we heard from people like you who have now separated successfully, who have moved out of unhealthy relationships and onto positive happy new lives.

My business Act4Tomorrow Separation Specialists was created because I was someone who didn't know how to face my separation change and spent a small fortune on legal fees. We have been assisting individuals and couples nationwide for over 4 years. We manage the entire break-up and have a network of the best people to call upon for you, finance, mortgage brokers, real estate, etc. and of course three of the best lawyers you could wish to meet, who will not escalate your matter. We will help you to bring that change you know you want to make, calmly, respectfully, whilst saving you literally tens of thousands of dollars that other people are spending on their divorce and separation.

Introducing **Tracy Price (Griffiths Parry Lawyers)**, **Louise Ward (LAW Legal)** and **Rob Hollis (Greenhalgh Pickard)**. We all share the same common ethos of **treating our clients in the manner we would wish to be treated ourselves, if we were in their shoes.**

Act4Tomorrow offers a **FREE** initial consultation, **you will learn what is involved in a separation process.** If you or someone you know could benefit from this better way to separate contact Act4Tomorrow today, make the change you deserve to be happy.

Call us now on 1300 228 486
www.act4tomorrow.com.au



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LAW
LEGAL PRACTICE



Greenhalgh Pickard
SOLICITING AND ACCOUNTANTS

A Better Way To Separate
ACT4TOMORROW
Separation Specialists



Act 4 Tomorrow Separation Specialists "A Better Way to Separate" throughout Australia and Overseas
Call us today on 1300 228486 (1300 Act4Tom) for a **FREE** consultation. www.act4tomorrow.com.au

Join the Zonta Says No Campaign!

Zonta International celebrated its Centennial on November 8th 2019 marking 100 years of empowering Women worldwide through advocacy and service. The organisation consists of 30 000 members in 63 countries. November 25th marks the United Nations Day for Elimination of Violence.

As part of the 16 days of Activism and Zonta Says No campaign against Violence of all sorts we invite medical practices to display a simple sign in their toilets.

These are designed to provide vital Helpline numbers to vulnerable women in a safe space, and also to increase public awareness.

They will let your patients know your practice is aware and willing to help. The A4 PVC sign is easily attached with Double sided Tape. We are also happy to supply sporting clubs and other community groups.

Signs are available from Dr Petra Ladwig – a brochure on Safety Tips for Women is also available.

Contact her on zontad22ad1@gmail.com or by phone 5437 7244 with details on how many signs are required.



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:

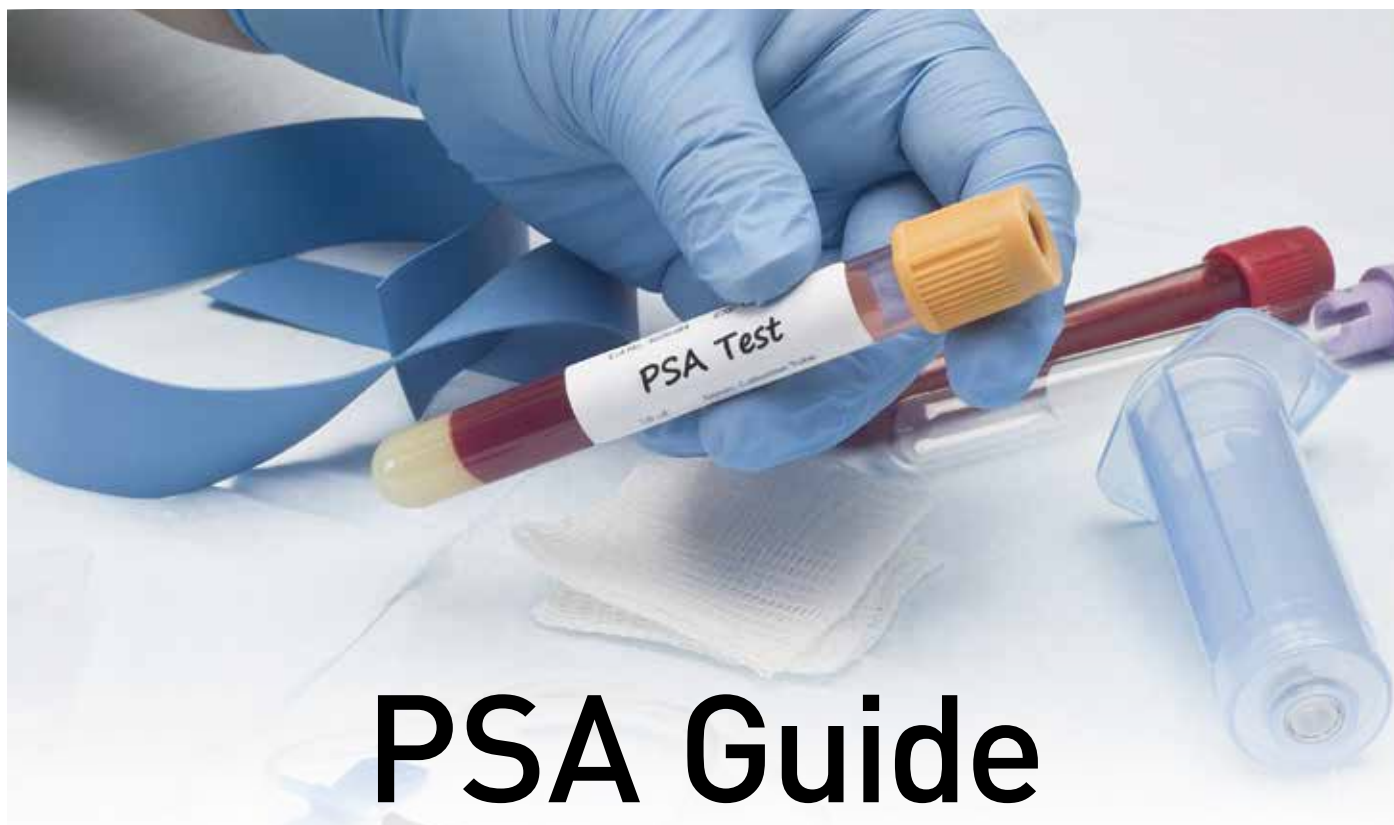
A medial ligament injury is usually easily treated in a range of motion brace, using an MCL protocol if applied with the 1st week or so. But it can be extremely difficult to correct if there is a delay of a number of weeks.

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.



PSA Guide

Early detection saves lives

PSA >3 is a red flag

(>2 if positive Family Hx, BRCA)

Repeat PSA in 1-3 months with free/ total ratio

Refer if:

Second PSA is still >3 (2)

Or anytime if there is a hard prostatic nodule
or PSA increases while on Duodart

Refer to:

Dr. Tony Gianduzzo or A/Prof. Troy Gianduzzo



Sunshine Coast Urology Clinic

Buderim Prostate Clinic

A. Suite 2/5 Lyrebird St, Buderim QLD 4556

P. +61 7 5444 0672 **F.** +61 7 5444 0997

E. info@buderimprostateclinic.com.au

W. buderimprostateclinic.com.au



Spinal specialists in your neck of the woods

Collaborative local care on the Sunshine Coast

Dr Michael Bryant and Dr Stephen Byrne offer spinal and cranial neurosurgery excellence for your patients. Their collaborative approach at a variety of Sunshine Coast locations ensures the best patient care possible with no need to travel to Brisbane.

Call us on 07 5493 5100

Operating locations



Clinic locations

Pulse Oceanside Medical — Birtinya

Noosa Hospital — Noosaville



scbrainandspine.com.au

Professional care right here on the coast!

NORTHERN LIGHTS CRUISE – SCANDINAVIA

The breath-taking view of the fjords and wondrous phenomena of nature like the Northern Lights and the Midnight Sun make a Scandinavian cruise an adventure that will stay in your heart forever. Iceland, Sweden, Finland, Norway and Greenland offer excellent opportunities to have an Aurora holiday. Set your camera ready on its tripod, lie back and watch in wonder as the mystical northern lights dance across the night sky.

The aurorae promise of the Arctic skies

The greatest pleasures of a Scandinavian cruise are the Arctic Circle's vast pristine blue waters, plenty of onshore fun activities, and the inexplicable joy of witnessing the dancing aurorae.



1. **Bodo, Norway:** Sitting between rugged mountain peaks and fjord islands, this industrial centre is bountiful in raw natural beauty and inspiring public art. Have a feel of Norway's Viking history, Sami people's indigenous culture, and fishing industry at the Nordlandmuseet museum exhibits. Norsk Luftfarts museum features aviation military exhibits.
2. **Vesterålen and Lofoten Islands, Norway:** Snoop into the past at the archaeological sites of Stone Age colonies as well as picturesque fishing villages like Stamsund. On Lofoten, visit Borg – a home-museum that brings to life Viking memorabilia.
3. **Tromsø, Norway:** Discover Norway's polar past at Tromsø's museums and architecture scene. Don't miss out on husky dog-sledding and snowmobiling and thereafter, hit a pub in this North Sea's 'party port'.
4. **Alta, Norway:** Home to the world's first northern lights observatory as well as copious ancient rock art, this UNESCO World Heritage site is a must-see.
5. **Kirkenes, Norway:** Rich in history and iron ore, the urban town is where you can encounter the unique lifestyle of Sami, snowmobile and savour frozen fjord-caught King Crab dinners.
6. **Reykjavik, Iceland:** Experience scintillating nightlife, soak in steamy geysers, visit the heritage site Thingvellir National Park and the marvellous two-tiered waterfall at Gullfoss – all in this exciting capital of Iceland.

What have we planned for you?

- A comprehensive itinerary has been developed to include all the splendid Scandinavian destinations
- Embark on a cruise in Bergen, Norway, which is atop a fjord and ringed by seven hills.
- Arrive at the third-longest fjord in the world – Hardangerfjorden, and explore the area on kayak, Zodiac and hiking trips
- Arrive on the coast of Flekkefjorden and hike on Hidra, the island rich in Viking history. Visit the Hagasan Fort. Resume sea cruise along the southern fjords of Norway.
- Cross the Arctic Circle and reach Norway's Lofoten Islands for sightseeing and kayaking.
- Explore Tromsø, Norway with wildlife, sightseeing, history, culture, nightlife and shopping opportunities
- Dock at Vesterålen Islands for excursion
- Cruise across the Skagerrak strait to Weather Islands in Sweden for exploration and kayaking. Anchor at Grebbestad to visit the Bronze Age rock carvings in Tanum
- Arrive at Reykjavik in Iceland. Plenty of sightseeing and recreational adventure opportunities.
- A short extension of the journey shall be arranged if the northern lights don't come out during the cruise

www.123Travelconferences.com.au

Designing better care

GenesisCare radiation oncology

GenesisCare, Sunshine Coast Haematology and Oncology Clinic and associated allied health services have united to create a true integrated cancer treatment centre, purpose built to provide the gold-standard in cancer diagnosis, treatment and management.

The same radiation oncologists you know and trust, providing high quality, personalised care.



Dr Debra Furniss
GI, Breast, lung, SABR, SRS, benign diseases, skin and palliative



Dr Olivia Bigault
Urological, gynaecological, breast, skin and palliative



Dr James MacKean
Prostate brachytherapy, urological, GI, SRS, haematology and palliative



Dr Bradley Wong
Prostate, urological, wide field skin, benign conditions, breast and palliative

Our services include:

- Stereotactic radiation therapy, cranial and SABR for lung, spine, bone and liver
- Deep Inspiration Breath Hold (DIBH)
- Leading radiation therapy techniques including VMAT and IGRT
- Specialised wide-field radiation therapy for extensive skin cancerisation
- Treatment for benign conditions including Dupuytren's disease
- Consulting clinics at Caboolture, Caloundra, Noosa and Gympie
- Daily patient bus service available

Buderim

10 King Street
Buderim QLD 4556

Tel: 5374 8100

receptiononcologybuderim@genesiscare.com

Nambour

10 Mapleton Road
Nambour QLD 4560

Tel: 5374 8100

receptiononcologynambour@genesiscare.com

Modern radiotherapy: wide-field skin cancer treatment

A solution is now available to treat invasive and pre-invasive non-melanoma skin cancers across large, curved areas of the body.

Outcomes 12 months after radiation therapy treatment:

98%

of treatment areas received a cosmetic score of good or excellent.¹

88%

of patients had undergone previous treatment with other therapies.¹

86%

of treatment areas had complete clinical clearance of non-melanoma skin cancers.¹

Scalp case study:



Before treatment



After treatment (3 months)



After treatment (12 months)

Diagnosis:

- Extensive solar damage, intraepidermal carcinomas
- Previous surgeries, skin grafts, XRT to forehead (2010)

Treatment prescribed:

- 50Gy in 25 fractions using VMAT

Outcomes:

- 100% clearance of all lesions
- 3 months post treatment: One very small healing ulcer and tight scalp
- Cosmetic outcome at 12 months: excellent



"This revolutionary treatment is life-changing for both our patients and their families. We can now provide a long-term solution for those patients with large areas of their body affected by skin cancers using modern radiotherapy and 3D printed bolus." - Dr Bradley Wong

For further information, call **5374 8100** or refer your patient for clinical discussion.

genesiscare.com

* Cosmetic outcomes measured using Lovett et al scoring tool.

1. GenesisCare data on file. 2. Lovett et al, 1990, Int J Radiat Onc Biol Phys, 19(2):235-42.



Medical Motoring - The Silly Season

Dr Clive Fraser



It's that time of year again when children are on holidays and many doctors take a well-earned break from medicine.

It's nice to have the time to put your feet up, sit back and relax in front of the telly for a change.

But as everyone has noticed the decent offerings on free-to-air television are few and far between so most nights I'm now watching YouTube clips streamed to my flat screen.

And with Google having acquired YouTube in 2006 it's a service that uses algorithms to pick content for me based on my past Google searches.

So what do I like to watch when I'm not consulting?

For starters with 105,000 subscribers there's Gary Scott at Autosshine Cars.

A Scotsman based in Blackpool his YouTube clips start with "Hello boys and girls, it's me again", but after that his accent is incomprehensible.

The premise of his YouTube channel is that customers bring in their really dirty cars and in the next eight hours he details them back to as new.

Through the wonders of technology this is all compressed into a 15 minute video with a soundtrack of some of the best music I've ever heard.

A feature of his channel is that fast-forwarding through the cleaning makes the whole exercise appear to be quick, fun and entertaining.

I would say that his clips are mildly addictive (I watch them every night) and it is impossible to switch off until after the clean-car reveal.

His most-watched clip of cleaning a really dirty Mazda 6 has had 606,000 views and I'd suggest he makes more money from advertising and affiliate marketing than he does from cleaning cars.

Next there's Doug DeMuro with 3.2 million subscribers who takes viewers on a tour of "the interesting quirks and features" of all sorts of cars which are mostly garaged in Southern California (San Diego and Orange County).

His awkward and dorky style is accentuated by his appearance as he usually wears shorts and tee-shirts during his car reviews.

At over 1.9 metres tall he is built to test head and legroom.

He touches every button and then either pushes or pulls every knob before taking the car out on the road.

There is only ever one camera angle focussed on his beaming smile when he's driving and then he delivers a DougScore made up of weekend (enthusiast/fun) points and daily (practical/sensible) points.

Currently the car with the highest combined DougScore is the 1994 McLaren F1 with 74 points.

The lowest Doug Score belongs to the 1969 BMW Isetta with 25 points.

Hoovie's Garage has fewer subscribers at 810,000 but he makes up for it by buying the cheapest example of all sorts of mostly expensive older vehicles on their last legs.

Before YouTube Hoovie was a car salesman which is easy to see with his flash outfits and his capacious home with a garage the size of most hospitals.

His cars are neatly stacked vertically in the background of his videos, but every vehicle has expensive repairs pending after a trip to the local workshop manned by The Wizard who, wait for it, also has his own YouTube channel.

Car Wizard has a lot less subscribers, but his videos often have more views and are educational rather than entertaining.

But my favourite YouTube channel is Marty's Matchbox Makeovers.

Marty is based in Melbourne and each video is a nostalgic trip down memory lane for me as he restores the toys of my childhood to mint condition.

Please have a safe Christmas and I look forward to driving with you again in the New Year.

Doctor Clive Fraser



Not all necks are the same

Dr Greg Finch FRACS FAOrthA
Spine Surgeon, Orthopaedic Surgeon

Practising from the Nucleus Medical Centre at Buderim Private Hospital, Dr Finch specialises in the treatment of all spinal conditions. So if you're looking to refer a patient with a neck or back problem to a local specialist, contact Dr Finch today. **It's no stretch** to say he's had many years of experience with neck issues.

- minimally invasive spinal surgery
- microscopic spine surgery
- disc replacement surgery
- decompressive surgery
- anterior spinal surgery
- revision spinal surgery
- adult spinal deformity
- cervical spine surgery
- spinal tumours
- spinal trauma



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SPINE & ORTHOPAEDICS

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admin@sunshinecoastspine.com.au
www.sunshinecoastspine.com.au

Suite 16a, Nucleus Medical Suites,
23 Elsa Wilson Drive, Buderim



A new online platform for doctors to drive the agenda: Queensland Doctors' Community

AMA Queensland has just launched Queensland Doctors' Community (QDC), a new real-time, peer-to-peer online community forum for doctors in Queensland.

Queensland Doctors' Community is a member-only, private and secure community for you to connect with colleagues, share your challenges, uncertainties and successes, and importantly drive the healthcare agenda.

The key role of AMA Queensland is to support, promote and advocate for members, and your views from the coal face ensures we are fighting for what's really important to you.

QDC has seen some interesting discussions in its first weeks. Members across the state have been logging on and discussing general practice billing, QIP Incentive issues, private health insurance, pharmacy prescribing trial, maternity services, climate change, ieMR issues, junior doctor fatigue and bullying, and entry criteria for training programs, to name a few.

QDC features a discussion forum as well as a library for sharing documents, resources, links and more.

I encourage you to login, join the conversation and see what your colleagues are saying.

The more you participate, the stronger our community will be.

You can find the platform at <https://community.amaq.com.au> - Log in with your AMA ID and password and post a message in the Open Forum discussion group

I look forward to seeing you on Queensland Doctors' Community.

Government rules out autonomous prescribing for pharmacists

In October, Federal Health Minister Greg Hunt ruled out changing guidelines to allow prescribing by pharmacists, backing the decision of the Pharmacy Board not to pursue autonomous prescribing.

In a Position Statement released in October, the Pharmacy Board of Australia outlined that autonomous prescribing by pharmacists would require additional regulation, changes to State and Territory legislation, and an application to the Ministerial Council, which could only proceed following the development of a registration standard. In its statement, the board said it was "not making an application for approval ... at this time".

The board's statement was published 24 hours after the AMA released its *10 Minimum Standards for Prescribing*, which are available at www.amaq.com.au.

The AMA Standards are consistent with medical ethics and frameworks for the quality use of medicines.

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



Queensland Fires - Member assistance and support

With large parts of Queensland hit by bushfires, we are aware that many of our members may be directly affected.

Workplace advice and support - For any queries in relation to practice closures, general health and safety issues, staff unable to get to work, rostering and overtime, you can contact the AMA Queensland Workplace Relations Team on (07) 3872 2222.

Look after your own health too - Doctors giving support to their patients during this time of crisis may experience vicarious trauma listening to those stories. Don't forget, you can contact the Queensland Doctors' Health Programme's (QDHP) 24/7 confidential Helpline on (07) 3833 4352 for peer-to-peer assistance and support. The QDHP is manned by trained GPs and counsellors who stand ready to assist.

The Medical Benevolent Association of Queensland (MBAQ) can also provide financial assistance to doctors who are facing adversity and loss of income: <https://mbaq.org.au/>

Support with membership fees - If you are experiencing financial difficulty as a result of the bushfires, please contact us at membership@amaq.com.au.

AMA Queensland is here to support you and your colleagues - Please do not hesitate to contact for support and advice over the coming days and weeks.

Dr Dilip Dhupelia, President AMA Queensland



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

Pain Clinic



DR GUS FERGUSON
DR SALLY JOHNSTONE

The Pain Clinic with XRI at Kawana, provides the referrers and patients of the Sunshine Coast with over 25 years of experience.

The team led by **Dr Gus Ferguson** and **Dr Sally Johnstone** provide a patient centric comprehensive approach to image guided Pain Management.

Procedures offered

RADIOFREQUENCY NEUROTOMY for

- ✓ Spinal facet-related Pain Relief
- ✓ Cervicogenic Headaches
- ✓ Occipital Neuralgia
- ✓ Sacroiliac Joints
- ✓ Amputee "stump" neuromas
- ✓ Morton's Neuroma

- ✓ **DORSAL ROOT GANGLION ABLATION**
- ✓ **MEDIAL BRANCH BLOCKS**
- ✓ **EPIDURAL BLOCKS**

Also available

- ✓ Nerve Root Sleeve Blocks
- ✓ Intercostal Nerve Blocks
- ✓ Cluneal nerve blocks/ablation
- ✓ Facet Joint Injections
- ✓ Costo-vertebral Blocks
- ✓ Soft Tissue Biopsy



Pain Clinic location



3/7 Nicklin Way,
Minyama QLD 4575

PLEASE CALL TO DISCUSS YOUR PATIENT'S CARE.

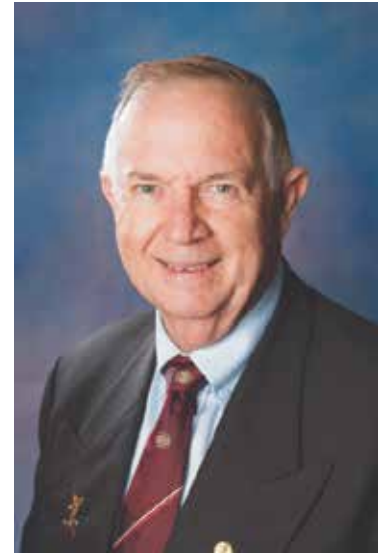
Ph: (07) 5458 4444 Fax: (07) 5458 4499

Send referrals to: painclinic@xrayimaging.com.au

ISSUING CAUSE OF DEATH CERTIFICATES FOR APPARENT NATURAL CAUSES DEATHS

- A guide for Queensland medical practitioners

I give a talk on the most cost-effective interventions to increase life expectancy. It starts by quoting cause of death figures from the Bureau of Statistics. I have taken to adding a commentary that the causes of death figures are changing. What is different is that we see fewer strokes and heart attacks and pneumonias. Why? Because the Coroners started saying that they would accept "dementia" as a cause of death. We who work in aged care say that death certificates are among the world's greatest works of fiction. We needed a reasonable hypothesis, and ideally one that would not distress relatives and descendants. Now we can write "dementia". And the Australian statistics changed to reflect the Coroners' policy.



The Queensland Coroner has issued new guidelines that make it easier, and legally less hazardous, for doctors to write death certificates. The reason given is to prevent the Coroner's limited resources from being tied up investigating deaths that are from natural causes, didn't arise in suspicious circumstances, and won't lead to police investigations and prosecutions. Doubtless, the police are happy about this too - anything to save the paperwork and wasted time. Doctors must be happy to know that their job is easier and less hazardous, although the guidelines make it clear that doctors can issue death certificates for patients they have never seen. Without wanting to appear venal - is anybody going to pay for this? Form 9 is clearly endorsed with the proviso that no fee can be charged for completing the form. So private practitioners are not going to head down this path, are we?

(pages from Coroners Court of Queensland follow)



Your pathology provider on the Sunshine Coast

Results (24 hours)		P: 1300 778 555
Added tests	P: (07) 3377 8528	Local Laboratories Birtinya P: (07) 5459 1400 Kawana P: (07) 5459 1433
Sonic Dx / IT Support	P: 1800 100 769	
Doctor Stores Request	F: (07) 5459 1440	
Faxed Pathology Request Forms	F: (07) 5459 1440	
www.snp.com.au		

ISSUING CAUSE OF DEATH CERTIFICATES FOR APPARENT NATURAL CAUSES DEATHS

- A guide for Queensland medical practitioners

From time to time you may be approached by police or a family member to issue a cause of death certificate (Form 9) for a patient who appears to have died from natural causes.

This fact sheet addresses common concerns about health professionals' ability to issue a death certificate in these circumstances. It also explains when a death certificate should not be issued because the death is reportable to the coroner.

What am I entitled to know about how the person died?

You can and should ask police for information about the circumstances in which the person died or their body was found.

Can I review the patient records first?

You can and should ask police for a reasonable period of time to review the person's records.

It may also be helpful for you to speak to other medical practitioners involved in the person's care. Some examples include other general practitioners, specialists or treating hospital doctors. You may also ask to see records made by them.

You have **two working days** within which to decide whether you can issue a death certificate.

Timely issuing of death certificates significantly reduces family distress and unnecessary disruption to funeral arrangements.

I haven't seen the person recently?

There is **no longer** any requirement for you to have seen the person within a certain timeframe (e.g. three months) to be able to issue a death certificate.

I haven't examined the person's body?

There is **no** requirement for you to have viewed or examined the person's body before you issue a death certificate.

I'm certain it was a natural causes death, but I don't know the exact cause of death.

In order to complete the death certificate you are required by law to form an opinion as to the **probable** cause of death, taking into account what you know about the person's medical history and the circumstances of their death.

It may help to discuss your thinking about the probable cause of death with a colleague.

You can also discuss the death with a Forensic Medicine Officer (FMO) from the Department of Health, Clinical Forensic Medicine Unit. FMOs are doctors who assist the coroner by providing clinical advice about reportable deaths. They can help you by acting as a clinical '*sounding board*' for your thinking about probable cause of death and how to write up the death certificate.

Contact: Clinical Forensic Medicine Unit

(07) 3405 5755 (business hours – ask for the FMO on coronial duties)

The person wasn't my patient?

There is **no** requirement for you to have treated the person.

You can issue the death certificate provided you have had an opportunity to consider information about the person's medical history, for example, by reviewing patient records or speaking to another doctor involved in the person's care and you can form an opinion as to the probable cause of death.

I want to know if the family is happy for me to issue a certificate.

If you feel comfortable issuing a death certificate, you can and should contact the person's family to explain what you consider the probable cause of death to be and why.

Families are generally very appreciative of this contact and it gives you an opportunity to be alerted to any issues of concern that might better be referred to the coroner.

Coroners Court of Queensland



Queensland
Government

I want to know the coroner is happy for me to issue a certificate.

An apparent natural causes death is reportable to the coroner **only** if a probable cause of death is genuinely not known.

The Coronial Registrar, Coroners Court of Queensland is available during business hours to discuss the death with you and advise whether it is appropriate for you to issue a death certificate.

Contact: Coronial Registrar
(07) 3738 7050 (business hours)

Contact: On-call coroner
(07) 3738 7166 (after hours)

What if the person recently had surgery?

Just because the person had surgery within four weeks of the death does not make the death reportable to the coroner. The death is reportable **only** if you consider the surgery has caused or contributed significantly to, or hastened the person's death ('health care related death').

Contact the Coronial Registrar for advice if you think the death could be health care related.

What if the person recently had a fall?

If you consider a fall-related injury (e.g. fractured neck or femur or subdural haematoma) has caused or contributed significantly to, or hastened the death, the death must be reported to the coroner.

Contact the Coronial Registrar for advice about whether the death needs to be reported and if so, how to report it.

When shouldn't I issue a death certificate?

You should **not** issue a death certificate if you have any concern the person may have taken their own life, has died a violent or otherwise unnatural or suspicious death (e.g. accidental drug overdose, choking, traumatic injury) or you are aware the family has concerns about the health care provided to the person before they died.

In these circumstances, you should explain your concerns to police, who will refer the death to the coroner.

Any death of a patient with a disability who lived in supported residential accommodation, had a mental illness who was receiving involuntary treatment at the time of their death or was a child in care or under guardianship of the State, is also reportable to the coroner.

You can contact the Coronial Registrar for advice about how to report these deaths.

For guidance completing a cause of death certificate

More information about how to complete a cause of death is available for GPs and other clinicians on *HealthPathways*. To find out if *HealthPathways* is active in your health area, contact your local Primary Health Network (PHN). For details visit - <http://www.health.gov.au/internet/main/publishing.nsf/Content/P HN-Locator>.

Further information:

Coroners Court of Queensland –

<https://www.courts.qld.gov.au/courts/coroners-court>

Information for health professionals

https://www.courts.qld.gov.au/data/assets/pdf_file/0006/9286/8/m-osc-fs-information-for-health-professionals.pdf

The Royal Australian College of General Practitioners (RACGP) 'How to complete a death certificate – A guide for GP's' article –

<https://www.racgp.org.au/download/documents/AFP/2011/June/201106bird.pdf>

Births, Deaths and Marriages Registration Act 2003 section 30 - 'cause of death certificate' –

<https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2003-031>

Contact details

This guide has been prepared by the Coroners Court of Queensland in partnership with the Queensland Police Service and the Department of Health, Clinical Forensic Medicine Unit.

If you have any enquiries or feedback about the guide, please email:

state.coroner@justice.qld.gov.au.

Version 5 – November 2019

Coroners Court of Queensland



**Queensland
Government**



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From the Radiologists and Staff of Sunshine Coast Radiology, we would like to thank our referrers and patients for their continued support throughout the year in 2019. We wish you and your family a Merry Christmas and a safe and Happy New Year.



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The holiday season is a wonderful time for us to remember those who help our business and make our jobs a pleasure all year round. Sports & Spinal would not be possible without the local medical communities' continued support.

From the entire team at Sports & Spinal, may your New Year be filled with success, happiness & health!

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

MEMBERSHIP APPLICATION

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

NAME	Surname:		First Name:	
EMAIL: _____				
<i>THE SCLMA PREFERS TO CONTACT MEMBERS VIA EMAIL WHEREVER POSSIBLE.</i>				
PRACTICE ADDRESS: For members who wish to receive hard copies (instead of by email) of the monthly invitation & newsletter by Sullivan Nicolaides Pathology Couriers to avoid postage costs.				
	Practice/Building			
	Street:			
	Suburb:		Postcode:	
	Phone:		Mobile:	
PRACTITIONER DETAILS:				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
PLEASE NOTE: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
1. NAME:			Signature:	
2. NAME:			Signature:	
ANNUAL SUBSCRIPTION (GST included):		(Please tick)		PLEASE COMPLETE:
Full-time ordinary members - GP and Specialist		\$ 110		Your Monthly Invitation?
Doctor spouse of full-time ordinary member		\$ 55		By Email?
Absentee or non-resident doctors		\$ 55		By Courier?
Part-time ordinary 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 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 19 September 2019
Maroochydore Surf Club Board Room
MINUTES
Accepted at Committee Meeting 31 OCTOBER 2019**

Dr Mason Stevenson chaired the meeting in the absence of President, Dr Roger Faint.

The meeting opened at 6.05pm.
A quorum was established.

Mason, on behalf of President Roger, welcomed new committee members: Dr James Tunggal and Dr Annie George.

Attendance: Drs Mason Stevenson, John Evans, Peter Ruscoe, Kirsten Hoyle, Alicia Lorenz, Jonathan Last, Tau Boga, Jon Harper, Annie George, Jack Wilkinson, James Tunggal. Observer Jo Bourke (Secretariat)

Apologies: Drs Roger Faint, Scott Masters, Fabio Brecciaroli, Grant Eddie, Shrey Singh.

Minutes of last meeting:

29 August 2019 (To be accepted).

Moved: Dr John Evans. Seconded: Dr Kirsten Hoyle. Accepted.

Business arising from Minutes.

Discussion:

- SCHHS Master Clinical Service Plan - first meeting Wednesday 4 October 2019. Dr John Evans will attend as SCLMA representative. John asked the committee for suggestions to submit. These included:
- Cardiac services delayed;
- Matching services to demand.

President's Report: Dr Roger Faint – Apology.

Vice President's Report : Dr Scott Masters (Apology).

Secretary's Report: Dr John Evans.

Correspondence In:

- 3/9/19 – SCHHS (Michelle Warry) - re Master Clinical Service Plan
- 4/9/19 – Dr Jon Harper - SCHHS – re assessments elderly patients

Correspondence Out:

- 7/9/19 – Dr Roger Faint – Dr Byron Oram re newsletter advert complaint

Business arising from Correspondence:

- SCHHS Master Clinical Service Plan discussed;
- Jon Harper to organise GP liaison education session re assessments for elderly patients.

Treasurer's Report : Dr Peter Ruscoe.

(a) Accounts to be paid:

- Office National – Account August 2019
- Telstra – (part account September 2019)
- Snap Printing – Newsletter July 2019.
- Australia Post – Account July 2019
- Snap Printing – Gala function flyers
- Carol Hawkins – Assist Sec (July 2019)
- Chris Bourke – Website Uploads
- Jo Bourke – Adobe Creative Cloud Sub July 2019
- Jo Bourke – Reimbursements – sub committee meeting
- Jo Bourke – Newsletter August 2019
- Jo Bourke – Secretariat August 2019

Moved Dr Peter Ruscoe that the accounts as tabled be approved for payment.

Seconded: Dr James Tunggal. Carried.

(b) Membership Report:

- Dr Antony Winkel (Neurologist)
- Dr Regina Greenwood (General Practice)
- Dr Krys Cichocki (re-join) (General Practice)

Moved Dr Peter Ruscoe that the membership applications be accepted. Seconded: Dr John Evans. Carried.

Meetings Convenor Report: Dr Scott Masters (Apology)

Hospital Liaison Report: Dr Shrey Singh (Apology)

PHN Report: Dr Jon Harper

PIP QI:

On August 1st 2019, the Commonwealth Department of Health changed some elements of the GP Practice Incentive Payment (PIP) scheme. Some elements have been removed: payments for diabetes and asthma annual checks; cervical screening on overdue patients; and quality prescribing audits. In their place is a new payment called Quality Improvement (PIP-QI). Practices are paid for uploading de-identified patient data to their local PHN, for a small number of data fields.

Most practices on the Sunshine Coast were already sharing de-identified data through the PHN's Data Extraction Tool Agreement (DETA). The practices receive a quarterly benchmark report to assist with accreditation compliance and chronic disease management.

The PIP-QI data fields ('Improvement Measures') are:

- Proportion of patients with diabetes with a current HbA1c result
- Proportion of patients with a smoking status
- Proportion of patients with a weight classification

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.
MANAGEMENT COMMITTEE MEETING
THURSDAY 19 September 2019
MINUTES**

Accepted at Committee Meeting 31 OCTOBER 2019

- Proportion of patients aged 65 and over who were immunised against influenza
- Proportion of patients with diabetes who were immunised against influenza
- Proportion of patients with COPD who were immunised against influenza
- Proportion of patients with an alcohol consumption status
- Proportion of patients with the necessary risk factors assessed to enable CVD assessment
- Proportion of female patients with an up-to-date cervical screening
- Proportion of patients with diabetes with a blood pressure result.

Meeting Close: 7.00pm

Dr John Evans
Honorary Secretary.

Next meeting Thursday 31 October 2019.

- Dr David McIntosh ENT Paediatric Specialist
- Dr Marius Botha, Management of Allergies
- Kirsty Moss, Sleep Apnoea
- Sponsor: Dusk Till Dawn Sleep Centre.

www.sclma.com.au

Have you had a look at our website lately?

Are your details correct in the Directory ?

Have you enjoyed our Posts on Facebook?
(sunshine coast local medical association inc)

Practices have no targets for these measures. The PIP-QI initiative is simply to improve the quality of data recording in primary care software. The data collected by the PHN is used by the PHN for local service planning. The raw data is not shared with the Department of Health.

General Business:

Jack Wilkinson – re role of student representative.

- Need to hand over to new representative. Jack to provide contact details for SCLMA to contact.

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.

Sunshine Coast Orthopaedic Group

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Our highly skilled, multidisciplinary team includes orthopaedic surgeons Dr Daevyd Rodda and Dr Frank Connon, a sports medicine physician and a musculoskeletal nurse practitioner.

We are proud to offer:

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- Operative interventions including:
 - **Patient specific knee replacement using patient matched technology.**
 - **Minimally invasive direct anterior approach hip replacement.**
- Non operative procedures including: comprehensive patient specific care plans, exercise programs and lifestyle management strategies, injectables including steroids, hyaluronic acid derivatives (Synvisc and Durolane) and platelet-rich plasma.



Dr Daevyd Rodda, Orthopaedic Surgeon

- Monthly seminars aimed at educating osteoarthritis sufferers in non-operative and operative options available to them.
- Small group pre-surgery information sessions to ensure patients are well equipped and prepared prior to their procedure.



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Doctors, practice managers, registered nurses and other medical industry professionals from around Australia are invited to attend the *Annual AMA Queensland Conference in Lisbon, Portugal from 20-26 September 2020.*

The program will feature high-profile International and Australian speakers on a range of medical leadership and clinical topics in an exciting, and unique location, 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



AMA QUEENSLAND ANNUAL CONFERENCE
20 - 26 SEPTEMBER 2020

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CLASSIFIEDS

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Suite 7, Cooloola Centre
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P: 07 5353 7145 F: 07 5302 0703
M: 0468 488 444
E: reception@coastalgeneralsurgeons.com.au
www.coastalgeneralsurgeons.com.au
October 2019

VACCINE FRIDGE WANTED

Does anyone have a small vaccine fridge they no longer need? North Coast Women's Health is a Not for Profit women's GP practice at Mooloolaba. We see women for STI checks. IUCD devices, pregnancies and other gynaecological/reproductive issues. We've been operating for 20 years but with the Medicare freeze, we're struggling to keep the doors open. We've now discovered we have to replace our domestic fridge with a purpose built vaccine fridge. Would anyone be able to help us out with this? If you can help, please contact Wendy Stephenson at womenshealthcare@bigpond.com or phone 0416 938 040.
October 2019

LAKEVIEW IMAGING WARANA CLOSURE

Lakeview Imaging Warana will cease operations on Friday November 1. The Bone Densitometry machine will be relocated to Pacific Radiology Caloundra. Lakeview Imaging Maroochydore (co-located with Pacific Radiology) will continue to offer all general nuclear medicine services 5 days/week, as well as stress ECGs and holter monitoring. We would like to thank our referrers for all your support over the past 14 years, and hope to continue to offer a high quality service from our rooms at Maroochydore. If you require further information please contact our Office Manager Anne-Marie or Dr Andrew Paszkowski on 54931649
October 2019

EXPERIENCED RADIOLOGY/ULTRASOUND RECEPTIONIST REQUIRED - BUDERIM

We are seeking an experienced Radiology/Ultrasound Receptionist or Practice Manager to help launch our new centre located in Buderim. The role will be a senior position and will initially provide guidance and leadership to the business set up. Ongoing the role will evolve into a variety of responsibilities relating to management, patients, accounts/billings and marketing functions. To apply, please submit your resume and cover letter addressing your experience in radiology and marketing to info@sneakpeekultrasounds.com.au.
October 2019

PROCEDURAL/CONSULTING ROOMS AVAILABLE FOR LEASE

Session or long term available. Located in a prominent position at Bokarina on the Sunshine Coast, Close to the Sunshine Coast Private University Hospital. Features two new well equipped consulting / procedural rooms, utility room and waiting room. All electricity, air conditioning and heating included. Plenty of off street parking for patients. Underground parking for the lease holder. For further information or to inspect please contact Wendy Meyer 0448 202 274 wendy.meyer@pmc.net.au
October 2019

GENERAL PRACTITIONER (VR) - SUNSHINE COAST QUEENSLAND

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

CONSULTING SUITES AVAILABLE IN NOOSA-TEWANTIN AND MAROOCHYDORE LOCALITIES – COMPETITIVE RATES AND FLEXIBILITY.

Tewantin Specialist Centre- sessional suites available. Good opportunity for cross referral with current specialists in General/ Bariatric/ Colorectal/ Orthopaedic surgeons; Gastroenterologist; Oncologist; Endocrinologist; allied health. Maroochydore Specialist Centre- sessional suites available. Brand new rooms opened recently with current specialists in General/ Bariatric/ Upper GI and Colorectal surgery; allied health. Contact the Practice Manager for more information. Michelle Underwood M: 0428 411 033 or E: practicemanager@drgarthmcLeod.com.au
October 2019

LANDSBOROUGH & MOOLOOLAH FT/PT VR GP

Required for a busy doctor owned, growing general practice with two sites in the Sunshine Coast Hinterland. Accredited & GP owned. Large patient base with continuous new patient registration. Fully computerised (Best Practice) Mixed Billing, No On-Call, DWS available; Practice Nurse support, including CDM; 65% of billings. Pathology, Pharmacy & Physiotherapy facilities adjacent. Great working environment & family friendly

E: lmc@lmcmed.com.au
September 2019

EXPERIENCED MEDICAL RECEPTIONIST – PART TIME FROM 30+ HOURS PER WEEK

Lake Kawana General Practice is looking for an experienced Medical Receptionist available to work every weekday and occasional Saturday mornings. We are a large GP practice with up to 12 GPs working at any one time. Our reception team plays a vital role in providing excellent service to our patients and support to our Doctors.

Core duties include:-

- Answering the telephone in a courteous and professional manner
- Interacting with patients and their families with care and compassion;
- Scheduling a high volume of appointments as required and directed;
- Processing payments and health claims
- Liaising with Doctors, Nurses and staff; Other general administrative duties

Key attributes:-

- Previous experience in a General Practice is essential
- Strong knowledge of Best Practice software is highly desirable
- Experience with computer applications such as MS Outlook and MS Word;
- Excellent communication skills with a friendly and helpful attitude;
- The ability to work independently, show initiative and work productively within a team environment;
- Excellent presentation, punctuality and a positive attitude towards work

If you have the experience required for this role please submit your resume to Laura Wilkinson, Practice Manager by email manager@lkgp.com.au or for a confidential discussion please call 07 5314 3200.
November 2019

CLASSIFIEDS GUIDELINES FOR 2019

- Classifieds are FREE for current SCLMA members
- Classifieds have a placement life of 3 newsletters
- Cost for non-members is \$100 + gst
- **Maximum word count 100 ideally.**

Queries: Contact Jo 0407 037 112

SCLMA Clinical Meeting - 31 October 2019
 Maroochydore Surf Club Private Function Room
 Dr David McIntosh MBBS FRACS PhD, Paediatric ENT Specialist
 Dr Marius Botha MBChB, FRACGP, Qld Sinus & Allergy
 Kirsty Moss, Director, Dusk till Dawn Sleep Centre
Allergy Management and the need for Comprehensive Management
'Tongue Tied over Tongue Ties' and 'Sleep Apnoea'
 Sponsor: Dusk Till Dawn Sleep Centre



Kirsty Moss, Director, Dusk Till Dawn Sleep Centre with Mel Round, Rainy Ng (Resmed) and Demi King.



Presenters: Dr Marius Botha, Kirsty Moss and Dr David McIntosh



Our Sponsor: Dusk till Dawn Sleep Centre

Welcome to new SCLMA Members!

- Dr Antony Winkel (Neurologist)
- Dr Regina Greenwood (GP)
- Dr Krys Cichocki (GP) (Re-join)
- Dr Annie George (GP)

Pending (November Meeting):

- Dr Marius Botha (GP)
- Dr Martelle Coetzer-Botha (GP)
- Dr Michael Hayes (GP) (Re-join)

Application form in every newsletter and on our website: www.sclma.com.au



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Kawana P: (07) 5459 1433



Sunshine Coast Local Medical Association Inc

PO Box 549 Cotton Tree QLD 4558



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