NEWSLETTER
November 2015

SCLMA President's Message .....
Dr Di Minuskin

Is the "Family Doctor" on the endangered species list?

It was an event last week that had me ponder this question. My practice manger handed me some papers during a 10 minute lunch break and said "You need to fill this out, we have accreditation coming up again". "What is it?" I asked. "Your job description." She replied. "That's easy, just put down doctor" I said. A rather withering look later, I was left to ponder my existence. It was obvious the term General Practitioner was being used to describe a wide variety of clinical styles.

This is a good thing, as our patients have a diverse range of needs and expectations. There is a role for the walk in clinic where uncomplicated issues can be dealt with on the spot. But it is the "family doctor" who is at risk of going the way of the dinosaurs. Remember when doctors did house calls, knew the names of all your children and guided the family through difficult times. The time constraints and funding models of general practice have inflicted a life threatening wound on this style of general practice. There is inadequate remuneration for spending a longer time with patients. Take a patient with depression. On a pure business model, a mental health plan and referral for counselling or a quick script for your favourite SRI makes the most sense. But what is best for the patient?

I still do house calls, but only as a service to my elderly patients. Unfortunately, the rebate is so little that I am unable to offer this as a bulk billed service, even to the pensioners. A house call to a frail older patient can prevent an expensive trip in an ambulance, and an even more expensive presentation to an emergency department. I hope somebody does the maths and points this out to the MBS Review committee.

It would be foolish to view the "good old days" through rose coloured glasses. There were problems and diagnostic dilemmas that technology has now stepped in to solve.

Our practice has embraced the world of computer medicine. We have access to an endless number of diagnostic tools and patient education. Similarly, the patients are also armed with pages of information gleaned from hours of surfing the net about their symptoms. I do get a chuckle out of some of the bizarre diagnoses and treatments that result from their uncritical analysis of the anecdotal information available on the web. Sometimes it feels like they are coming in for a second opinion, having sought their initial consultation with Dr Google!

But what effect has all this technology and time commitments doing care plans etc. had on the doctor/patient relationship. Whilst still consistently polling in the top 3 most trusted professions, the percentage of Australians having trust in their doctor has in fact fallen a few points in recent years. Medicine remains a profession that requires a great deal of caring. It is this that one day will hopefully stop us being replaced by a computer on a desk. There is room for different styles of practice, but we must ensure that taking time to listen, thoroughly examine the patient and the discussion of treatments, remains a core element of general practice. To achieve this end, the time needed to establish good therapeutic relationships must be valued just as much as the technology that surrounds us.

Till next month, stay safe and well.

Di Minuskin

CONTACTS:

President and	Dr Di Minuskin Ph: 5491 2911
Vice President & AMAQ Councillor	Dr Wayne Herdy Ph: 54791 5666
Secretary:	Dr Jenny Grew Ph: 5441 0200
Treasurer:	Dr Peter Ruscoe Ph: 5446 1466
Newsletter Editor:	Dr Marcel Knesl Ph: 5479 0444
Meetings Convenor:	Dr Scott Masters Ph: 5491 1144
Hospital Liaison:	Dr Jeremy Long Ph: 5470 5651
Committee:	Dr Kirsten Hoyle Dr Mason Stevenson Dr Nigel Sommerfeld Dr Mark De Wet

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:
Email: Dr Marcel Knesl
mknesl@oceaniaoncology.com

DECEMBER 2015 NLETTER Deadline Date will be MONDAY 6th DECEMBER 2015

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 800 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.

Editor's Column

The busy month of November is over. Those of you with school kids in year 12 or university kids (young adults) will know exactly what I am on about. And so this column finds me returning from a road trip to Townsville. JCU in particular, med year 1 completed.

So Monday night after a busy day in the practice, saw me fly up to Townsville to accompany my daughter on the 14 hour road trip back to the Sunshine Coast. The road trip gives the word bonding a whole new meaning. We survived and I got to write this column. Fortunately my trip was enlightened by frequent emails from Jo sending through the next advertisement or regular column for me to read and approve. From Kevin Hegarty to Di Muniskin to Clive Fraser all were excellent pieces of medical journalism.

This month I have kept this column very short letting the newsletter speak for itself. It is a great publication enjoyed by a wide range of colleagues from junior doctors at Nambour General to our retired friends who have contributed so much of the previous years.

I am also saddened by the tragedy in Paris and what the world has succumbed to. May we be able to heal and move on? We cannot let a small radical group of fanatics dictate our world. I was in France earlier this year during Charlie Hebdo and I simply leave you with the French words of:

Liberte, egalite and fraternite

Kind Regards
Marcel Knesl
mknesl@oceaniaoncology.com

HIGHLIGHTS in this issue:

(One more newsletter for 2015 - none in January)

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

FIRST MEETING FOR 2016!
(No January meeting)
Maroochydore Surf Club Function Room

THURSDAY 25 FEBRUARY 2016

Speaker:	Dr Daevyd Rodda, Orthopaedic Surgeon, SCUPH
Topic:	***'Anterior Cruciate Ligament Injuries'***
Sponsor:	Biomet
Speaker:	Dr Russell Bourne, Orthopaedic Surgeon
Topic:	***TBA (Q&A format)***

ENQUIRIES:
Jo Bourke
Ph: 5479 3979 (M) 0407 037 112
Email: jobo@squirrel.com.au
Clinical meetings are for current SCLMA members.
Membership Applications are available at each meeting, in the newsletter and the SCLMA website.

Website: www.sclma.com.au

Would you like to speak at or sponsor a meeting in 2016?
Already lots of interest
Taking bookings now
Contact details as above.

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SUNSHINE COAST
HAEMATOLOGY & ONCOLOGY CLINIC
– Montserrat Cancer Care –

… Sunshine Coast Excellence in Business Awards …

Health, Wellbeing & Lifestyle Services

On Saturday 7th November, Sunshine Coast Haematology and Oncology Clinic was very humbled, yet proud to be announced as the ***winner*** of the ***Health, Wellbeing & Lifestyle Services*** section at the ***Sunshine Coast Excellence in Business Awards.***

Established in 1998 by Dr John Reardon and his wife Sandra, the Clinic has grown to be the largest provider of private cancer care on the Sunshine Coast.

With a team of on-site Oncologists and Haematologists, we provide a comprehensive service, driven by a desire to provide individualised care to people requiring treatment for blood disorders and cancer, in a relaxing ambulatory setting.

Our '*Being Well*' program was implemented earlier in 2015. "*Being Well*" incorporates a pro-active pathway for cancer patients than runs along-side their treatment, ensuring that their body and mind is in the right space during, and after, their treatment. This service provides specialised services, including oncology massage, clinical psychology, nutrition and dietetic support, exercise physiology and art therapy

The Clinic believes that by focusing on total wellness in a positive and proactive manner, patients and their carers can be supported more personally and effectively.

… for more information, contact the Administration Team

Meet the Team providing
… *Excellence in Cancer Care on the Sunshine Coast* …


Dr John Reardon
Medical Oncologist/
Clinical Haematologist


Dr Hong Shue
Medical Oncologist


Dr Sorab Shavaksha
Clinical Haematologist


Dr Lydia Pitcher
Haematologist/Oncologist
Paediatric Haematologist


Dr Rosanne Middleton
Clinical Psychologist


Tania Shaw
Oncology Massage
Therapist


Sarah Higgins
Dietitian / Nutritionist


Jesse Goldfinch
Exercise Physiologist

Ground Floor, 10 King Street, Buderim, 4556 | Phone (07) 5479 0000 | www.schoc.com.au

HEALTH SERVICE LINK November 2015

In turning my mind to what I could share in this months' column, I could think of nothing better than to paint a picture of what the Hospital and Health Service has planned for the next twelve months.

Obviously, the successful opening of the Sunshine Coast Public University Hospital (SCPUH) in November next year dominates our agenda. The preparation for the opening of the new hospital is clearly challenging and multi-faceted. There is of course the obvious requirement to ensure the building program is on schedule and will deliver a fit for purpose environment by the scheduled technical completion, which is 12 August 2016. From that date through until 15 November we will have increased access to the new facility in order to complete installation of medical equipment and most importantly, induct staff, conduct scenarios and fully test all aspects of the building and associated services, to ensure it is ready for the first patients to be treated on 16 November 2016.

Of course ahead of this, will be the recruitment activity to select the additional staff required to operate the expanded service base.

At the same time, finalisation of the plans for the future of Nambour General Hospital and Caloundra Health Service will occur.

Whilst this activity is occurring, we also have the responsibility to provide safe, quality services across our Hospital and Health Service (HHS). As an organisation, the HHS for 2015/16 has an operational budget in excess of $760 million and a staff headcount of 5,100 (Full-time equivalent approx. 4,000). This evidences that we are already a large complex organisation, but it also shows the solid foundation on which the further expansion of public health services will be based.

The details of our Transition Strategy that was shared in the September edition of the Sunshine Coast Local Medical Association's (SCLMA) newsletter provided a summary of the extent of the change that we will be implementing.

I look forward to the opportunity in 2016 to present to a meeting of the SCLMA, a detailed update on the specifics of our progress towards the opening of SCPUH.

Kevin Hegarty
Health Service Chief Executive
Sunshine Coast Hospital and Health Service
Kevin.Hegarty@health.qld.gov.au

SPOT-ON (SUPPORTING PATIENT OUTCOMES THROUGH ORGANISED NETWORKS)

Update from Sandra Peters.

Spot-On is a unique pilot programme which has evolved as a collaborative between Queensland Ambulance Service (QAS), Sunshine Coast General Practitioners, Central Queensland, Wide Bay and Sunshine Coast Primary Health Network, Sunshine Coast Hospital and Health Service (SCHHS), and the University of the Sunshine Coast.

The aim of the pilot is to help ensure that whenever possible patients of the Sunshine Coast access safe, timely, appropriate clinical care in the setting most suited to their clinical condition. A review of the literature suggests 10-30% of hospital presentations can be seen and effectively managed in general practice.

- SCHHS had 113,029 emergency department (excluding Noosa Hospital) presentations in the 2014-15 financial year;
- 55,729 of these presentations were triaged as category 4 or 5 which equates to between 5,573 and 16,718 patient presentations which could reasonably be projected to have been appropriately and safely managed in general practice.

The pilot project will commence operation in February 2016 and will run for 6 months.

The intervention is designed to:

- Provide QAS with alternative transport destination options
- Support General Practice to enable additional workload to be managed
- Reduce non urgent patient presentations to Emergency Departments

The patients who will participate in the SPOT-ON pilot will all have low acuity, low clinical risk conditions and would be judged to be most appropriately managed in the primary care setting through the triage process using collaboratively developed clinical care pathways. At all times the safe management of clinical conditions for patients is of paramount importance. Should the GP subsequently assess the patient as needing hospital care there is an escalation pathway to ensure that patient care is transferred seamlessly to the Emergency Department.

Many general practitioners have been invited to contribute to the project design over the past several months, and over the next few weeks there will be an invitation extended to all general practices to submit an expression of interest in participating in the 6 month pilot.

All practices are welcome to participate, and encouraged to accept clinically appropriate transfer of care from QAS for patients known to the practice whenever possible. These practices will not be under any obligation to accept patients if they do not have capacity at the time of the request, and their usual billing practices will be maintained. These practices will be referred to as Tier 1 practices for the purpose of the evaluation and will not have any data collection or reporting responsibility. It is recognised that many GPs already accept patients in this way on an ad hoc basis, and for them this will very much be business as usual!

Four practices in separate geographic locations will be selected from the expressions of interest to partner with the project team to deliver care to clinically appropriate patients who do not identify a regular treating general practice or where the regular practice is not able to accept the patient at that time. These patients will have self-selected as believing their needs to be urgent by having called an ambulance for assistance, and will have been triaged by QAS officers as clinically appropriate for general practice care. It is a requirement that these patients will be treated by the tier 2 practices without any out of pocket expense to the patient. As mentioned above the GP escalation pathway applies where clinically indicated and patient safety and outcomes are of utmost importance.

These four practices will be asked to manage appropriately identified patients and will receive a practice payment to support the additional administrative burden associated with patients not yet known to the practice and the collection of data for the project team. It is expected that only practices who judge they have capacity for additional patient load will choose to participate in the tender process to become a tier 2 practice. The practice principal is asked to tender according to the additional administrative cost associated with providing this service to the patient and the provision of data relating to the episode of care. Details of the data to be collected will be included in the documentation sent out to practices.

This is a unique opportunity for the healthcare providers of the Sunshine Coast to work together in collaboration on a model of care which puts patients at the centre, receiving care in the right place at the right time. With a practice support model designed to facilitate the opportunity for cost neutral primary care participation in the pilot, this will allow for a full clinical outcomes, patient experience and economic evaluation after 6 months. It is hoped this will lead to an economically sustainable model of care which recognises the important clinical partnerships required to deliver evidence based care in the right place at the right time, every time.

Sandra Peters
Sandra.peters@health.qld.gov.au Ph: (07) 5470 6541

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Chris Zappala

Dear members,

In October, the Government announced it would be undertaking consumer consultation and hosting ongoing roundtables in an effort to more effectively regulate private health insurance. Whilst we welcome consultation as an important step to system reform, the survey canvasses a number of options which could potentially reduce access to fair and reasonably-priced private health insurance. We have reports of health funds demanding patient information, reports from doctors about 'frequent flyers,' and in Adelaide there are reports of patients within the 28-day window being refused care.

Risk rating is one of the options being canvassed by the Turnbull Government. Common in the US, these measures would allow insurers to charge higher premiums based on factors such as gender, age and smoking status. Unfortunately, there are no guarantees this is where risk rating will end. Vulnerable groups such as the elderly and those with chronic or complex conditions would be the most impacted by this type of model. An efficient and high functioning private system providing good balance to the public sector is a fundamental component of our success – because overall we do have a very good system.

Implementing risk rating has the potential to create a system where private health insurance is only accessible to the young, fit and healthy. Vulnerable patients – the individuals most likely to need private health insurance – would likely find themselves pushed out of the market as health insurance becomes increasingly cost-prohibitive.

Whilst I am hesitant to speculate without more information on the Government's intentions or the results of the survey, canvassing the topic of risk rating is a red flag that further indicates a shift to a US-style health system. I encourage all doctors and their patients to make submissions to the Federal Government's enquiry.

At the state and federal level, AMA will continue monitoring the private health insurance sector and advocate for a fair and accessible system that continues to deliver high-quality outcomes and provide critical training opportunities.

At a local level, AMA Queensland is taking a number of steps to improve public health across the state.

In late October, AMA Queensland launched our inaugural Health Hub at the Eumundi Markets. Staffed by volunteer GP members, the Health Hubs offer free medical tests, including BMI checks and blood pressure tests, to attendees. Visitors are also able to ask medical questions and, when necessary, they are referred to a GP for a more comprehensive check.

The Health Hubs are a unique opportunity to reach would-be patients in a non-clinical, non-threatening setting. At least one visitor admitted he hadn't seen a GP in 20 years! It is those patients for whom a simple issue may become dire as they have allowed it to bubble away for years.

Our inaugural Health Hub was positively received and we plan to expand the Health Hubs in scope and to several locations across the state next year. I encourage you to become involved. If you are interested in finding out more about the Health Hubs, contact our team on 07 3872 2222.

Sincerely,

Dr Chris Zappala

AMA Queensland President

Telephone **(07) 5443 6990** Email **maroochydore@snap.com.au** print design websites sn@p

David Ludbrooke Director
P 1300 280 522
M 0488 051 265
E david@jardineludbrooke.com.au
W www.jardineludbrooke.com.au

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Jardine Ludbrooke is the culmination of 40+ years of experience in the health and finance industries.

Nicky Jardine has over 20 years' experience in managing medical practices in Australia, currently managing/consulting for 17 medical centres across Australia using a virtual management system. Nicky has extensive experience in assisting doctors and specialists set up and operate their own medical practices, both large and small. Nicky also operates a training organisation and assists with recruitment for medical centres. Nicky has been instrumental in accrediting over 40 practices, with three of the practices awarded RACGP Practice of the Year in Queensland and other practices winning regional and state business awards.

David Ludbrooke has an extensive background in banking and finance with a career spanning 25 years. Having held senior leadership and credit roles with major Australian banks, David is well versed in all areas of finance, risk and business management. David has the added experience of having owned and operated his own property management business and holds a full QLD real estate licence.

Jardine Ludbrooke combines the power of knowledge and capability to provide a holistic service proposition to the medical industry. Whether you are a GP or an allied health practitioner looking to set up your own practice, relocating, divesting or considering retirement, we can assist you with the process.

If you are a group of medical practitioners considering taking your business to the next level, looking to buy or set up your own medical centre or wanting to use your SMSF to borrow and require a suitable finance arrangement, we can assist with this process.

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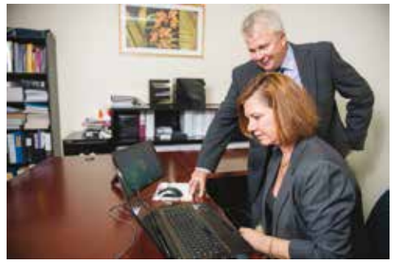

JARDINE LUDBROOKE BROKERS

Central Queensland, Wide Bay, Sunshine Coast PHN region

Peter Dobson, Board Chair

The Department of Health has just released its National Diabetes Strategy to improve the prevention, care and management of diabetes.

Chronic Disease Management, including diabetes, is a key priority for the PHN team, and we welcome any strategies that focus on prevention, early diagnosis, management and treatment.

IN the PHN region, which stretches from Glasshouse to Yeppoon, there are almost 38,000 people with Type II diabetes who are registered with Diabetes Queensland, as well as an estimated 19,000 people with undiagnosed Type II diabetes and a staggering 81,000 people at high risk of developing Type II diabetes.

With the ageing population in our region, along with high levels of overweight and obesity in some pockets of the region, this is a crucial health issue that must be addressed.

Primary care is the most effective and economical way to manage chronic disease. Diabetes has a significant impact on the hospital system, with diabetes topping the list of the number one cause of avoidable hospitalisations in Queensland. Over the next 20 years, this is expected to triple.

With 1 in 6 total patient days in hospital being diabetes-related, there is a significant benefit in providing diabetes care in a primary care setting.

With the support of a coordinated primary care team, people with diabetes can be supported to effectively manage their condition, remain in their homes and avoid hospitalisation.

The PHN has Practice Support Officers (PSOs) located across the region to work with your practice team on a range of programs and services including how to utilise clinical software and data management tools to identify at-risk patients, and to provide support to practices in establishing Chronic Disease Management Plans and Annual Cycles of Care.

The Closing the Gap and CCSS teams can also assist practices to identify and support Aboriginal and Torres Strait Islander patients with culturally appropriate care and support for preventing or managing diabetes.

For assistance in any of the above areas, please contact our office on 5456 8100.

WAYNE HERDY

AMAQ Councillor Report

UNEMPLOYMENT AND THE HEALTH SECTOR.

Employment figures released this month show that the jobless rate in Australia is down and still falling. This is unexpected, since we all know that the resources/ mineral boom is over and the sector has dwindled to a still-healthy but subdued subsistence culture. The jobs growth has been in the services sector, and the health industry has been one of the biggest drivers of growth. While we love to see low unemployment, I for one find these trends very worrying.

Firstly, growth in the health sector is unsustainable. Just as we have seen peak oil, possibly peak car ownership, and probably peak world population, there must be a peak in the volume of the collective health industry. The world's appetite for health resources is insatiable. Unchecked, the health sector could easily consume 100% of the GDP if nobody put the brakes on somewhere. Australia's health consumption is modest by OECD standards, but if we were able to accurately estimate the true cost of unsubsidized health care (the myriad naturopaths, "health" foods, "natural" remedies and the largely unregulated alternative health practitioners of many stripes) we are already probably spending at least 15% and maybe even 20% of GDP on health. If we leave people to spend as much of other people's money as they can on dental care and unproven remedies, as well as meeting everybody's demands for the expensive high-tech mainstream medicine, there will be nothing left to pay for schools or police or defence.

Secondly, the rapid growth in the health sector has not been in added doctors and nurses. Indeed, the poor support for training places for young medical graduates (between 10% and 20% do not have a job to go to next year) suggests that governments have an active policy against paying for University-trained health professionals. The rapid growth has been among those with lower levels of training, and administrative staff. Partly the reason is obvious: it takes weeks to train a medical secretary and years to train a doctor, so some jobs have short lead times and can grow more rapidly. Adding doctors and nurses and allied health takes time and growth among hands-on clinicians is a slow process.

Thirdly, if the health sector grows we risk a reduction in the average return for the dollar investment. If we pay for more doctors and nurses and dentists and pharmacists, we face the inevitable law of diminishing returns – doubling the number of clinicians does not double the outcome in added years of life or added quality of life. If we pay for lesser-skilled non-University-trained hands-on carers and for more administrative staff, we produce a dubious, or at best marginal, increase in the measurable and subjective health outcomes.

My bottom line: low employment is good, more taxpayers taken away from the Centrelink queues is really good, but putting too many of the jobs into a health sector that is presently very efficient and effective is not going to make it any more efficient or effective.

NURSE NAVIGATORS.

The AMAQ has become embroiled in a debate over a proposed new role for nurses in Queensland Health.

In a joint media Statement, the Premier and Minister for Health announced on Sunday 12th July (Sundays are always good for announcing stuff that you hope won't get noticed because everyone is in weekend mode):

WAYNE HERDY

AMAQ Councillor Report /cont:

"More Nurses, Better Outcomes for Patients

The Palaszczuk Government will invest an additional $212.3 million over four years in important nursing workforce initiatives to improve patient safety and healthcare in Queensland's Hospital and Health Services as well as introduce historic laws to ensure safe nurse to patient ratios.

As part of the investment, 400 experienced nurses will be employed across the state to help patients to navigate the health system.

Premier Annastacia Palaszczuk and Health Minister Cameron Dick said nurses and midwives were a crucial part of the State Government's plan to deliver a better health system for Queenslanders.

"International research shows that nurses have the biggest impact on patient safety and better health care outcomes for patients," Ms Palaszczuk said.

"Unfortunately, many nurses have told me how they were stretched too thinly by the previous government.

"Strengthening the nursing workforce leads to shorter periods of stay in hospitals, improved clinical outcomes, reduced wait times and better access to care."

How many of us recall the debate over nurse practitioners that I spearheaded nearly a decade ago? The debate has smouldered on since, with various forms of task delegation and role substitution cropping up like the heads of Medusa. The stated agenda is cost saving and increased efficiency. My paranoia tells me that the real agenda is to minimize the power of doctors in the health system. The proposal to create "nurse navigators" goes a long way to proving my hypothesis.

Any GP will argue vehemently that only a doctor can trace the path that a patient must follow through the health system. Admittedly, we have been reluctant to forego any of our role to the delegated health professionals, but we are getting there. However, you need little imagination to decide that any nurse who is given the role of managing a patient through the health maze is ever going to give up that power.

And if the Premier was honest about what international research shows, she would have to concede that nurse endoscopists are, at the end of the day, less efficient and more expensive than doctor endoscopists.

Watch this space – I fear it is going to get a lot bigger.

As always, the opinions expressed herein are those of your humble correspondent,

Wayne Herdy.

North Coast Brach Councillor, AMAQ.

GP Admission and Referral Information

The Sunshine Coast Private Hospital at Buderim

Acute admissions - 5430 3314

For acute admissions, phone the Hospital Coordinator on **5430 3314**

- To assess the bed situation
- To assess the appropriateness of the admission
- To assess VMP availability to accept admission

If admission appropriate and bed available and VMP accepts admission, the patient can then be sent directly to main reception at the hospital. The GP practice must notify the hospital coordinator that the VMP has accepted care of the patient so the appropriate bed can be held.

Buderim Heart Centre admissions - 1300 675 897

For Buderim Heart Centre admissions, phone **1300 675 897** where you will speak to an ICU RMO who will assist with patient assessment and organising admission directly to the hospital.

Breast Clinic referrals - 5452 0500

For Breast Clinic referrals, phone **5452 0500**. Referral forms can be downloaded from the website at sunshinecoasthospital.com.au/breastclinic.

Acute Mental Health referrals - 1300 780 413

For acute mental health referrals, visit sunshinecoasthospital.com.au/doctorsearch to access your preferred credentialed consultant psychiatrist's details and forward the patient referral directly. For general enquiries, phone the Cooinda Mental Health Service on **1300 780 413**.

Important information required at the time of the initial enquiry

- Patients' full name and date of birth
- Diagnosis
- Brief history, including comorbidities that may impact nursing care
- Health fund details

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VARIETY BASH –

2016 'Dusty Swags to Chequered Flags'

Warwick to Bathurst –

30 September to 9 October 2016

Practically all readers of this Newsletter will know Dr Wayne Herdy, at least by name if not by sight.

Not too many readers of this Newsletter will know that in his younger days, Wayne used to be a rally driver. You know the type, sliding your car between the trees all night, and getting the car airborne at least 20 times a night or you're going too slow.

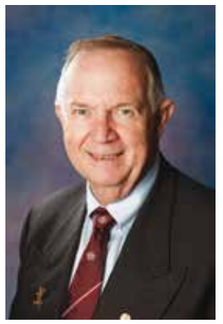
Now, to be honest, it's a little while since Wayne actually competed in anything like this, but he is smoothing back his greying locks and climbing back into the driver's seat for one more event - but in a very good cause.

Variety is the Children's Charity of Queensland. It stages a car rally each year as a fundraiser. The Variety Bash was started by Dick Smith 30 years ago and raised bundles for the kids of Queensland every year since.

This is not a race. One of the strict criteria is that all the cars must be at least 30 years old. It is going to be a grind to get an ancient machine to the other end of the line after thousands of kilometres in the dust of inland Australia.

The whole purpose of the Bash is to raise funds. Wayne is required to raise at least $8,000 towards the charity. Some entrants will be running events ranging from chook raffles to celebrity golf days. Wayne will be relying almost completely on the altruistic nature of his many colleagues in the medical profession to simply hand over a cheque.

Every donation over $2 is tax deductible, so here is your great opportunity to deprive the Commissioner for Taxation of some of your money. All donations over $100 from health professionals will be publicly acknowledged in the pages of this Newsletter (unless the donors desire anonymity). All donations over a million dollars have a good chance of being published on the front page of the Australian.



Not one cent of your donation goes towards Wayne or his costs - it all goes to the charity.

So watch out for the official request for your donation, with the official mark of approval from the charity.

It won't cost each individual much, and it is a chance for the doctors in our space to show that we really do care about the kids of Queensland.

MEDICAL MOTORING

with Dr Clive Fraser

Hyundi i30 Active

(aka Korean cars are worth consideration)

It's been forty years since Hyundai made its first all-Korean car called the Pony.

The fledgling brand sold better than initial expectations and has gone on to become the fourth largest auto manufacturer world-wide.

But it was a bumpy road to success.

The Hyundai Excel launched in Australia in 1995 soon had a reputation for poor quality and unreliability.

Dealerships would respond to complaints by telling customers, "What do you expect, you bought a Hyundai!"

The competition from established Japanese brands was stiff and repeat business was minimal.

Hyundai's selling point was that their cars were cheaper than the competition, but they weren't good value when reliability and re-sale were factored into the deal.

Back then a 1.5 litre Hyundai Excel LX automatic would set you back $19,750 + ORC.

Fast forward twenty years and things have certainly changed.

Hyundai's i30 is now regularly Australia's top-selling car.

There's a 5 year unlimited kilometre warranty and the quality is as good as anything from Japan.

And twenty years later a new Hyundai i30 Active automatic can be purchased for $19,620 drive-away according to my local dealer.

My test vehicle was hired in Sydney and had only done 200 kilometres since new.

It looked and smelt like a brand new car apart from a large scrape down the right side complements of the previous driver.

Observant readers will have noted the dents in the photo from my last road trip to Bathurst article.

From the position of the seat and rear view mirrors I couldn't be sure about the gender of the previous driver, but I would have estimated that he/she was only a little over four feet tall and possibly Korean?

My 500 kilometre road test loop took me from the Sydney CBD to Katoomba and then on to Bathurst and back.

I've got to say from the out-set that I was pleasantly surprised by the Hyundai i30.

It looked and felt like a more expensive vehicle.

Whilst the i30 is undeniably inexpensive it certainly isn't cheap in any way.

There was enough power and enough comfort and after a whole day behind the wheel my ageing body still felt fine.

I particularly liked the comfortable ride and around town the i30 is even quieter than some luxury diesel cars.

Whilst the Mazda 3 has a more powerful (and more frugal) engine, the Hyundai i30 was not disappointing.

With a six speed automatic transmission it got along quite nicely.

Economy was as specified at 7.3 l/100km or about 39 mpg.

The i30 has two 12 volt sockets in the front centre console to charge all those devices we now can't live without and another socket in the boot where I believe all mobile phones should be placed when driving.

The cabin is spacious and the back seat comfortably accommodates two adults or three children.

There's also plenty of room in the boot and a full-size spare tyre.

For buyers looking for more bling there is an Active X model with alloy wheels and partial leather and a Premium model with Sat Nav, heated/ventilated seats, rain-sensing wipers and Xenon headlights.

MEDICAL MOTORING / cont:

The quality of the competition highlights what a tough sector of the market this is.

And with a northern nuclear-armed neighbour run by a despot and Russia and China nearby South Korea has to punch above its weight to survive.

Somehow countries ripped apart by warfare seem to go on to make some great cars.

Hyundai i30 Active

For: Affordable, better than expected.

Against: Mazda 3 engineering still leads the pack.

This car would suit: Medical administrators because they like to save money.

Specifications:

1.8 litre 4 cylinder DOHC petrol
107 kW power @ 6,500 rpm
175 Nm torque @ 4,700 rpm
6 speed automatic
10.3 l/100 km (city)
5.5 l/100km (highway)
7.3 l/100km (combined)

Price: $19,620 drive-away at my local dealership (or $20,990 drive-away on Hyundai's web-site).

Fast facts:

In 2012 Hyundai (and Kia) compensated 900,000 US owners when they over-stated fuel economy figures.

The June 2015 Popemobile is a Hyundai Santa Fe.

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com

MEDICAL SCRIBES TO ASSIST EMERGENCY DOCTORS AT NOOSA HOSPITAL

A new note taking system has been introduced at Noosa Hospital with the aim of providing enhanced quality of care to patients. The MedScribe system involves a scribe taking notes for doctors during treatment in the Emergency Department.

Noosa Hospital Chief Executive Officer, Jude Emmer, said the introduction of a scribe program in the Emergency Department would be beneficial for her medical and nursing staff and help to ensure a great system of care that provides the best outcomes for patients. .

“The intention behind this new initiative is for patients who come through our Emergency Department to be seen sooner and their consult thoroughly documented as they are being seen by the physician,” Ms Emmer said.

“In the week since we commenced the scribe program we have already received positive feedback from patients.”

“One patient said how impressed he was with the use of a medical scribe. The consulting doctor was verbalising what she was doing and this allowed the patient to listen to the detail of the examination. It instilled confidence that the information was being entered into patient notes at the time of the examination ensuring that everything was being attended to in real time.”

Dr Phebe O’Mullane, a Noosa emergency specialist, said medical scribes were a brand new concept in Australia, but has been used extensively in the United States for more than fifteen years. MedScribe, the first Australian medical scribe staffing company, based on the Sunshine Coast, is changing all that.

“It is all about educating the physicians and hospitals that there is a smarter way to practice medicine. I believe as doctors we should be practicing more medicine and spending less time on clerical duties. Our patients from within the local community deserve the highest possible quality care available. While my scribe works alongside of me, I feel like I can provide this as I am not distracted trying to perform time consuming administrative tasks.” Dr O’Mullane said.

Scribes are individuals specially trained in medical documentation who assist a physician throughout their shift. They are present during medical consultations and are trained to document clinical patient encounters as they occur.

Dr O’Mullane speaks with the benefit of first-hand experience, having been a scribe in America in the nineties during her ten year studies to become an Emergency Doctor. Her medical supervisor and mentor at the time was also the Director of E Scribe.

Dr O’Mullane said the doctor still has to sign off on the notes but it saves a great deal of time. “The introduction of medical scribes in the Emergency Department will allow all doctors to focus on providing better quality care to patients and allow us to see more patients, further reducing wait times.”

Twelve pre-med students studying for a Bachelor of Biomedical Science at the University of the Sunshine Coast are currently training to be a medical scribe in a nationally accredited program run by MedScribe. The course involves rigorous scientific training and fifty hours in a clinical setting.

Pre-med student Ryan McCorry is an experienced scribe employed by MedScribe and is currently working alongside Dr O’Mullane and other doctors in the Emergency Department at Noosa Hospital.

“It’s an amazing experience to work alongside the doctors and nursing staff and understand the pressures on emergency departments every day,” Ryan said. “I also appreciate the insight into the patients experience and the important role we all have to play in the process.”

For further information please contact:

Cathy Barratt, Marketing & Communications Coordinator. P: 0437 479 165

E: BarrattC@ramsayhealth.com.au

Michael Baker, Chief Operating Officer, MedScribe P: 0439 388 766

E: Michael@medscribe.com.au

Penetrating Aortic Ulcer

SUNSHINE COAST RADIOLOGY

Clinical history: Pain radiating to back.

Findings

A left posterior outpouching from the arch of aorta was noted consistent with a penetrating aortic ulcer.

Diagnosis

Findings are in keeping with penetrating aortic ulcer.

Discussion

Epidemiology

Typically, penetrating atherosclerotic ulcers are seen in older male patients with a history of hypertension (up to 92%), smoking (up to 77%) and coronary artery disease (up to 46%) as well as chronic obstructive pulmonary disease (24-68%). Penetrating atherosclerotic ulcers account for 2.3 - 11% of all cases of acute aortic syndrome. In approximately 42-61% of cases there are concurrent aortic aneurysms, most often in the abdomen.

Clinical presentation

Typically patients present with symptoms of an acute aortic syndrome, namely acute intense chest pain, often described as tearing, ripping, migrating or pulsating. Some of the patients with penetrating atherosclerotic ulcer are asymptomatic and the diagnosis is made incidentally. In the previously cited article they cite the Mayo clinic series in which just 75% of the patients had been symptomatic.

Pathology

The term "penetrating atherosclerotic ulcer" describes an ulcerating atherosclerotic lesion that penetrates the intima and progresses into the media. In the early stages the lesions just ulcerate the intima and are often asymptomatic. With further progression they ulcerate the media and lead to a hematoma of variable size within the media. The penetrating atherosclerotic ulcer can resolve completely or stay stable, but they can also lead to aortic dissection, aortic saccular aneurysms and even spontaneous aortic rupture. There are conflicting reports about the most common course of the penetrating atherosclerotic ulcer.

Location

There is a greater predilection to involve the mid to distal thoracic aorta.

Radiographic features

CT

On CT-angiography of the aorta the typical finding is a contrast-filled, pouch-like protrusion of the aorta or into the thickened aortic wall in absence of an intimal flap or a false lumen. Often there are signs of extensive atherosclerosis in other sites apart from the ulceration. Usually the ulcer is found in the descending part of the thoracic aorta. Ulcers of the aortic arch are less common, and rare in the ascending aorta. Although associated pleural effusion correlates with clinical instability there are no validated imaging features for prediction of the course. In follow-up studies increasing maximum diameter and depth of the ulcer is an obvious sign of progression.

Transesophageal echocardiography

- Usually TEE demonstrates a localized, crater-like protrusion of the aortic lumen into the thickened aortic wall.
- Often there are signs of extensive atherosclerosis in other sites apart from the ulceration.

MRI and MRA

- T1-weighted SE sequences show a hyperintense hematoma in acute or subacute disease and can distinguish between hematoma and atherosclerotic plaque.
- Furthermore similar findings to CTA.

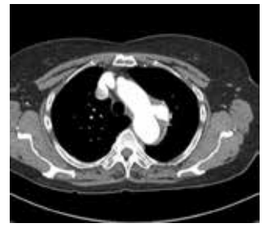
DSA - angiography

- The typical finding is a contrast-filled, pouch-like protrusion of the aortic lumen.
- Mostly several oblique projections are required.

Complications

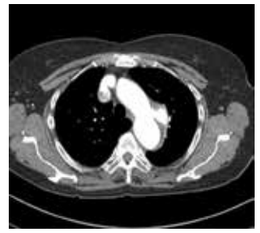
Recognised complications include

- Transmural Aortic Rupture
- Embolic phenomena
- Pseudo-aneurysm formation
- Progressive aneurysmal dilatation



Treatment and prognosis

Although the involvement of the ascending aorta in penetrating atherosclerotic ulcers is rare, the ulcers usually rupture. Therefore early-urgent or emergent surgical intervention is recommended. Ulcers of the descending aorta may initially be managed with an aggressive (antihypertensive) medical therapy in combination with close clinical and radiographic follow-up. If there are signs of progression, surgical or endovascular stent-grafting becomes necessary.



Differential diagnosis

General imaging differential considerations include

- Aortic Intramural Haematoma
- Aortic Dissection
- Saccular aneurysm

scradiology.com.au - Nov 2015

REFERENCES
http://radiopaedia.org/articles/penetrating-atherosclerotic-ulcer

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AVOID THE FBT HANGOVER AFTER THE CHRISTMAS PARTY

Poole Group
ACCOUNTANTS & INVESTMENT ADVISERS

Most of us are aware that entertainment provided by our employer is not tax deductible, whether it's a few beers after work or a meal at a nice restaurant. This also applies to the long awaited annual Christmas party. These benefits provided to employees can be caught in the Fringe Benefits Tax (FBT) regime.

FBT is a complex area of taxation with many loop holes and rulings. With regards to entertainment / employee benefits, this tax can be avoided if certain conditions are met. The ATO defines a Fringe Benefit as "a 'payment' to an employee or an associate, but in a different form to salary or wages".

It is that time of year when generosity and enthusiasm is high and employers want to reward their staff for their hard work during the year. The extent of this generosity should be measured by considering several factors with regard to the value of gifts and entertainment provided to employees.

Employee Gifts and Christmas party expenses are considered by the Tax Office to be Entertainment benefits and there may be a liability to pay FBT. These benefits may however be exempt under the "minor benefits" exemption.

A minor benefit is considered to be a benefit that is provided on an infrequent or irregular basis and the cost of the benefit will not exceed $300 per employee. This also applies to associates of the employee, for example a spouse of an employee attending the party. The $300 limit applies to each identifiable benefit. For example, if an employee received a nice bottle of wine valued at $100 and then the per head cost of the party was $250, totaling $350 the $300 minor benefit exemption limit would not be exceeded and would be exempt from FBT.

The last thing you want to think about when planning a party is the tax implications. We as accountants will always consider the most tax effective manner in which to do anything in business and a Christmas party is no different.

Holding a Christmas party on a work day on the business premises is the most tax effective option. Catering costs will be exempt from FBT with no dollar limit. However the $300 minor benefit exemption will still apply to associate of the employees if they attend. If employees and clients attend and only canapés and light finger food are served then the entire cost is tax deductible. In this scenario there must be no alcohol served or it will be meant the definition of non deductible entertainment; this is not a popular option!

If the Christmas party is held at a venue off the business premises the minor benefit exemption would have to be satisfied for all employees and associate attending.

For all of those generous employers who are planning to spend big on gifts and festivities for their employees they should consider the per head cost of the gift and party as to not get hit with additional taxes in the year to come.

If you require an additional information please contact Mitch Bond, Tax Accountant at Poole Group Accountants & Investment Advisers – mbond@poolegroup.com.au / **07 5437 9900.**

SANTORINI – SUNSETS CAN NEVER BE MORE BEAUTIFUL

Located in the Cyclades group of Greek islands, Santorini is famous for its mesmerizing sunsets, beautiful sandy beaches and active volcanoes. The island features rich landscapes, traditional architectural marvels, springs and caves. The spectacular beauty of Santorini has attracted many Hollywood movie makers for shooting. It also frequently features in the list of top wedding destinations around the world.

Whether your holidays revolves around relaxing at beaches or venturing into ocean for your adrenaline kick, or savoring the cultural and architectural diversity, Santorini has it all for people with different tastes and preferences.

What Santorini Islands has in store for you?

Relax and let go – Santorini is known for its secluded sandy beaches and crystal clear waters. There are many beaches; the popular ones are Red beach, White beach, Vlychada, Perivolos, Ammoudi and Baxedes among others. Red beach is famous among couples for its romantic sunset views. Perivolos is a quiet beach and makes a perfect choice for those looking for a peaceful sunbathing session. It also has beach bars and restaurants serving lip-smacking seafood.

Historical Exploration – The architecture of the towns in Santorini is influenced by the ancient Cycladic culture with strong components of neoclassical and baroque era. Santorini is also famous among students of architecture and culture, flocking to the islands for study and research. The islands also offers an insight into archaeological sites of ancient Greek town of Akrotiri, Ancient There you can witness the streets, buildings and get the first-hand experience about life of ancient era. The town of Fira also has archaeological museums with beautiful artifacts and exhibits dated from the Roman and Byzantine era.

For Adrenaline Enthusiasts – Santorini Sea offers a great experience of Scuba diving and snorkeling. The abundance of marine life, diving locations and visibility promises to make your snorkeling experience a life-time memory. The island has many unique diving sites, which includes caverns, reefs, wall diving and volcano wreck.

Boat Excursions – One of the major attractions of Santorini islands are boat excursions, going through Volcano Island and Hot Springs in Thirasia. Explore the picturesque towns of Potamos and Manolas and enjoy your meal in restaurants serving exotic seafood dishes at spectacular taverns. Enjoying the mesmerizing Sunset view of Santorini with your partner is one of the highlights of the excursions.

What do you get to see with us?

We have put together an exhaustive list of all must-do activities in Santorini to make your holiday a lifetime experience.

Visit to Red beach, Perivolos, away from the crowd, to relax and enjoy beautiful sceneries, complemented by delicious traditional meal

Experience the unique Santorinian Scuba Diving and Snorkeling sessions, witnessing the abundant sea life and volcanic stones

Boat Excursions to Thirasia, enjoying scenic sunset view and exploring Volcano Island and Thermal Springs

Visit to the Museum of Prehistoric Thera and Archaeological Museum to dive into the rich history of Roman era

No trip can be complete without eating the local exotic cuisines of the island in Amoudi and visit to vineyards for the local assyrtiko Santorini wine

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– Montserrat Cancer Care –

Montserrat Day Hospitals,
together with Bristol-Myers Squibb and Merck Oncology
Invite Medical Practitioners to

Sunshine Coast Haematology and Oncology Clinic
CANCER CARE - WORKSHOP SERIES

When : **Thursday 3rd December 2015**

Time : **6.00pm for 6.30pm** (canapés and drinks provided)

Where : Sunshine Coast Haematology and Oncology Clinic
10 King Street
Buderim Q 4556
... onsite parking - please come down the driveway to the rear of the complex - we are on the ground floor of the double-storey building - parking at our front door

Presentation : **An Update on Melanoma**
by Dr Hong Shue, Medical Oncologist

Presentation : **Management of Myelodysplasia in the New Millennium**
by Dr Sorab Shavaksha, Clinical Haematologist

RSVP : by Wednesday 25th November

Fax 5479 5050
Phone 5479 0000
Email reception@schoc.com

Name : .....

Medical Practice : .....

Email : .....

( ) Yes, I would like to attend

( ) No, I am unable to attend, please accept my apologies

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Media Release:
23 November 2015

Australian medical students are professional on social media

The Australian Medical Students' Association (AMSA) is proud of its members and the high levels of professionalism they display on social media.

A report today in the *Medical Journal of Australia* (MJA) suggests that there are 'damning' levels of unprofessionalism being exhibited by students, however AMSA President James Lawler said today that this is not the case.

"The MJA study is a timely reminder for students of the need to exercise care in what they post on social media," Mr Lawler said.

"AMSA has played a leadership role in giving students clear advice on how to manage their engagement with social media and believes the overwhelming majority of students are acting in a professional and responsible way.

"The MJA study clearly has a number of limitations in its methodology.

"While it makes a contribution to the debate over social media, its results need to be interpreted with caution.

"Social media is an important communication tool, and it is with us to stay.

"Issues of unprofessionalism are the same regardless of what communication tool is used. It is this conduct that needs to be addressed, as opposed to demonising social media.

"There are also a range of benefits from social media in medical education, such as the Free Open Access Medical Education movement (#FOAMed).

"AMSA will continue to work closely with medical students to maximise the benefits of social media in their studies, on the path to a medical career."

In 2010, AMSA worked with the Australian Medical Association to provide guidelines for the professional use of social media for doctors and medical students. The guide can be found at https://ama.com.au/article/social-media-and-medical-profession

Media Contact:
Maria Bilal
0416668091
publicrelations@amsa.org.au

Head Office
42 Macquarie Street,
Barton ACT 2600

ABN 67 079 544 513

Email info@amsa.org.au
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MEMBERSHIP APPLICATION

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Please note*: Membership applications will be considered at the next Management Committee meeting.*

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SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 24 SEPTEMBER 2015
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee meeting 22 October 2015)

The meeting opened at 18.5pm.

Vice President Dr Wayne Herdy opened the meeting.

Wayne welcomed Dr Jon Harper representing PHN Country to Coast.

Attendance: Drs Wayne Herdy, Peter Ruscoe, Scott Masters, Jeremy Long, Mason Stevenson, Nigel Sommerfeld, Jon Harper (PHN Country to Coast) and Jo Bourke (Observer)
Apologies: Drs Di Minuskin, Jenny Grew, Marcel Knesl, Mark De Wet and Kirsten Hoyle.

Minutes of last meeting: 27 August 2015
The Minutes were accepted as a true and accurate record.
Moved: Peter Ruscoe Seconded: Jeremy Long. Carried.

Business arising from Minutes.
- Radiology Reports: Nigel reported that these reports from NGH are now happening on a regular basis. When the GP is listed for an emergency patient, admin is faxing the report, albeit with a 3-4 day delay.
- Discharge Summaries: Mason stated that there is a two-week delay with these which needs to be improved.

President's Report: Dr Di Minuskin – Apology (report tabled).
1. I have had an email from a general practice with concerns about the difficulty getting patients admitted to private hospitals. Concerns include who to ring, number of calls that are required, and bed availability. I have contacted the CEOs of both the Sunshine Coast Private Hospitals and the Ramsay Facilities to ask that they provide a guide as to how a GP can arrange an admission for publication in the next newsletter. Links could also be made to this information via the relevant websites. Also asked if they could look at the process and streamline as much as possible.
2. Discussions with SCHHS in regard to the GP receiving notification if one of their patients dies in hospital. Previously this information may not have been received until the discharge summary was sent, sometimes after a significant delay. SCHHS have agreed to develop a process where the GP (if known) is notified the same day.

There was discussion re this – consensus was that it is essential that the patient's GP is notified by phone call as soon as possible. Suggestion for Sandra Peters (GPLO SCHHS) to follow up re this.

Vice President's Report : Dr Wayne Herdy.
- Ice Epidemic: Wayne spoke from personal experience working with addicts in his practice and stated that the Ice epidemic is escalating.
- The Government's $6million for rehabilitation for five locations did not include the Sunshine Coast which in Wayne's opinion has more problems than anywhere else and should not have been overlooked. AODS has a waiting list of 6 weeks which is far too long.
- There is no inpatient therapy on the Sunshine Coast, patients have to go to Brisbane or Logan with eventual rehabilitation at Najarra. Wayne suggested that Caloundra Hospital could be an option with basic infrastructure already in place. Mason to pass on this suggestion to SCHHS Board.

Secretary's Report: Jo Bourke, Acting Secretary
Correspondence In:
- Edwin Kruys & Karen Clarke – re admissions to private hospitals
- Melissa Creed USC – re approval Bursary student Dylan Astley
- Narelle Norman (PHN) – request for President to meet Dr Tanya Bell
- Dr Jon Harper – confirming his representation at SCLMA Committee meeting.

Correspondence Out:
- To Edwin Kruys & Karen Clarke – re admissions to private hospitals
- To USC – re presentation to Bursary student
- To Ian Colledge re presentation 7/10/15 Bursary student
- To Narelle Norman – re proposed meeting Dr Tanya Bell
- To Dr Jon Harper – re his representation at SCLMA Committee meetings.

Business arising from Correspondence:
Admission to Private Hospitals:
- Recently Di approached both TSCPH and Ramsay Hospitals for admission details to be published by both. This has been done and will be published in the September newsletter and uploaded to the new website.

Treasurer's Report : Dr Peter Ruscoe
Accounts to be paid:
- Australia Post – Account August 2015
- Jo Bourke – Secretariat August 2015
- Jo Bourke – Newsletter September 2015
- Snap Printing – Invites September 2015
- Jo Bourke – Adobe CC subscription August 2015
- C Bourke (Genetiqe) final work on old website
- C Hawkins – Assist Secretariat August 2015

SCLMA COMMITTEE MEETING 24 SEPTEMBER 2015
MINUTES / cont:

Moved: Peter Ruscoe that the accounts be paid.
Seconded: Nigel Sommerfeld. Carried.

(b) Membership Report.
- Dr Trudy Honore (GP, Kawana Seven Day MC)

Moved: Peter Ruscoe. Seconded: Nigel Sommerfeld. Carried.

AMAQ Councillor's Report: Dr Wayne Herdy – no report.
- Very pleased that Sussan Ley has remained the Minister for Health. Sussan attended a recent Redcliffe LMA meeting and was very interested in GP matters.

Meetings Convenor Report: Dr Scott Masters
- Very successful 2015 Christmas function. Venue for 2016 needs to be decided before 2015 year's end.
- Clinical meeting 22 October will be Sunshine Coast University Private Hospital Cardiology Update. Possibility of Dr Chris Zappala. AMAQ President speaking.
- Clinical meeting details for 26 November to be advised (strong interest from three speakers – sponsorship being organised). Rachael Sharman from USC will speak on concussion in football.

Hospital Liaison Report: Dr Jeremy Long
- No update until November, final budget end October.
- Mr Michael Walsh, Director-General for Queensland Health has visited – good visit
- Some glitches in roll-out of electronic records, we will wait for a while
- Model of Care for sub-specialities has been accepted.
- Good background work being carried out towards move in 2016
- No new changes with services until we move.
- Mason noted that our SCHHS is the second most 'financially efficient' in Queensland. (as amended at meeting held 22 October 2015)

PHN Country to Coast Report: Dr Jon Harper
Jon introduced himself as the GP Liaison Officer set in the unit of Health Outcomes for PHN Country to Coast with the main focus on Practice support :
- Medicare Item numbers;
- Chronic Disease
- Practice data to compile reports
- Educational events for GPs.

Jon is looking forward to working with Sandra Peters (GPLO SHHS) in integrated activities for the benefit of GPs.

Wayne suggested three ways Jon's role would be of benefit:
1. How the PHN might see problems that the SCLMA may identify;
2. Suggesting solutions to such problems;
3. Discussion with PHN re future developments in near or distant future.

Mason informed the meeting that he applied for and has been accepted to the Sunshine Coast Clinical Council (PHN Country to Coast). Mason will attend a monthly meeting.

General Business: Nil

Meeting Close: 1915

Next meeting – Thursday 22 October 2015
Maroochydore Surf Club

Jo Bourke, Acting Secretary

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"

Take Five .....

Food on an Irish Airline

Airborne approximately thirty minutes on an outbound evening flight from Dublin, the lead flight attendant for the Aer Lingus cabin crew nervously made the following painful announcement… "Ladies and gentlemen, I'm so very sorry, but it appears that there has been a terrible mix-up, just minutes prior to takeoff, by our airport catering service.

I don't know how this has happened, but we have 103 passengers on board and, unfortunately, only 40 dinner meals were delivered to the plane. I truly apologize for this mistake and inconvenience." When passengers' muttering had died down, she continued…

"Anyone who would be kind enough to give up their meal so that someone else can eat will receive free, unlimited drinks for the duration of our 5-hour flight." Her next announcement came 90 minutes later...

"If anyone would like to change their minds, we still have 40 dinners available."

Did i read that sign right?

"Toilet out of order. Please use floor below."

In a laundromat:

Automatic washing machines: please remove all your clothes when the light goes out.

In a london department store:

Bargain basement upstairs...

In an office:

Would the person who took the step ladder yesterday please bring it back or further steps will be taken.

In an office:

After tea break, staff should empty the teapot and stand upside down on the draining board.

Outside a second-hand shop:

We exchange anything - bicycles, washing machines, etc. Why not bring your wife along and get a wonderful bargain

Notice in health food shop window:

Closed due to illness...

Spotted in a safari park:

(I sure hope so.)

Elephants, please stay in your car.

Seen during a conference:

For anyone who has children and doesn't know it, there is a day care on the 1st floor.

Notice in a farmer's field:

The farmer allows walkers to cross the field for free, but the bull charges.

Message on a leaflet:

If you cannot read, this leaflet will tell you how to get lessons.

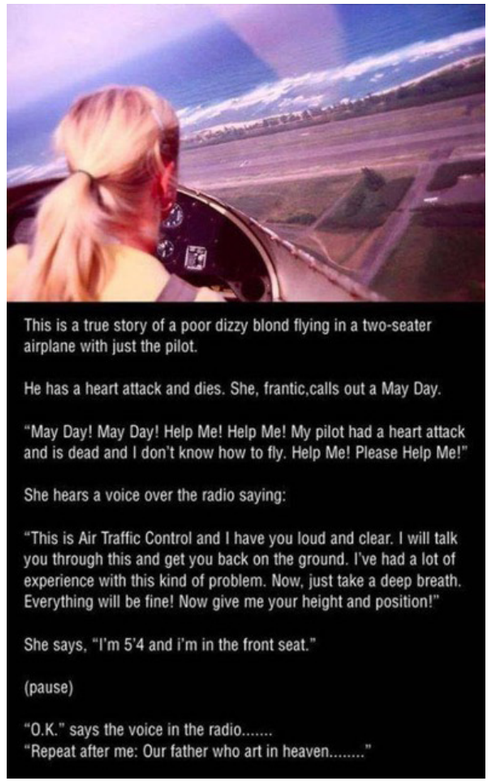
On a repair shop door:

We can repair anything. (please knock hard on the door - the bell doesn't work.)

Proofreading is a dying art, wouldn't you say?

Man kills self before shooting wife and daughter

This one I caught in the SCV Tribune the other day and called the editorial room and asked who wrote this. It took two or three readings before the editor realized that what he was reading was impossible!!! They put in a correction the next day.



CLASSIFIEDS

MEDICAL / ALLIED HEALTH
PROFESSIONAL OFFICES AVAILABLE FOR LEASE

Nucleus Medical Suites.
The Sunshine Coast Private Hospital.

- Two consulting rooms with minor procedure room.
- Recently completed rooms in modern specialist medical building. Free parking on site.
- Available on long-term or sessional basis.
- Facilities in place for an independent, co-located practice

Enquiries: admin@dcolledge.com.au 5478 1449. or visit Suite 9B Nucleus Medical Suites. Sunshine Coast Private Hospital
November 2016

SPECIALIST ROOMS AVAILABLE FOR LEASE

- Sunshine Coast General Surgeons have modern specialist rooms available for lease on the ground floor of the Sunshine Coast University Private Hospital. They are available on a full-time basis or for sessional times.
- Included in the lease are electricity and cleaning. We are able to offer full secretarial services if required.

Please contact our practice manager, Robyn Blackmore, for further information 07 5493 7018, or email: reception@scgensurg.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
November 2016

SURGICAL ASSISTANT AVAILABLE

- Dr Richard Pope has retired from general practice, but wishes to continue with some surgical assisting. Current and previous experience in orthopaedic and general surgical assisting.
- Dr Richard Pope is accredited at Nambour Selangor, The Sunshine Coast Private Hospital Buderim and the Sunshine Coast University Hospital.

Phone 0408 195 938
October 2015

READY FOR A CHANGE OF LOCATION?

Kawana Waters 7 Day Medical Centre requires at least two Doctors.

- We are very flexible and accommodate our Doctors as a priority
- You choose - your days - your hours
- Great remuneration
- Great facilities
- Excellent friendly and skilled staff
- Exceptionally happy team who work together
- Open seven days 8am to 9pm Monday to Friday and 8am to 4pm Weekends.

Ring Sabra for a confidential chat :
Ph: 5444 7544 or 0407 877 037
Email manager@kwmc7day.com.au
October 2015

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING PART TIME GENERAL PRACTITIONER

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

For further information contact Rowena on 075441 1455, 0412 292 666
Email admin@nambourclinic.com.au
August 2015

GP OPPORTUNITY

General Practitioner wanted to join our friendly team at Better Health on Buderim Sunshine Coast.

- Choice of sessions are available mornings & afternoons, rotating roster for Saturday mornings.
- We offer a CDM nurse, full nursing support and a fully equipped treatment room.
- The practice is accredited and fully computerised using Best Practice. We are a mixed billing practice. Our current consult 23 fee is $75.90 with the practice charging a 35% management fee.

For further information please call Nicola:
Ph: (07) 5456 1600
Email pm@betterhealthonbuderim.com.au
July 2015

Classifieds remain FREE
for current SCLMA members.
$110 for non-members
Ph: 5479 3979. Mobile: 0407 037 112.
Email: jobo@squirrel.com.au
Classifieds remain on the list for 3months
unless otherwise requested.

SCLMA CLINICAL MEETING - 24 SEPTEMBER 2015

Maroochydore Surf Club Function Room, Maroochydore
Introduction: Oli Steele, CEO SCUPH
Speaker: HeartCare Partners Sunshine Coast - Dr Stefan Buchholz
Topic: 'Takotsubo Cardiomyopathy: enigma solved?'.
Speakers: Sunshine Coast Heart Specialists - Dr Peter Larsen & Dr Stuart Butterly
Topic: 'The Next Generation of Coronary Stents'
Sponsors: Sunshine Coast University Hospital and Abbott

Oli Steele, CEO SCUPH introducing the speakers

Presenters Dr Peter Larsen & Dr Stuart Butterly

Dr Peter Jacobs and Dr Frank Hetterich

Sponsors, Di Grant, Practice Manager SC Heart Specialists with Pam Bull, GP Liaison, Ramsay Hospitals

Dr Bruce Goldshaft
and Dr Robyn Hewland

SCLMA Monthly Clinical Meetings 2016

We are currently taking bookings for speakers and sponsors. February to November -
4th Thursday - attendance 60-70.
Usual venue Maroochydore Surf Club but can be changed.
Contact Jo: jobo@squirrel.com.au
or phone: 0407 037 112.