NEWSLETTER
November 2016

SCLMA President's Message .....

Dr Roger Faint

The highlight of the month was last week's clinical monthly meeting with a visit by Dr Chris Zappala, President, AMAQ to address almost 90 SCLMA members. He presented on the very real issue of oversupply of medical students nationally and how the AMAQ was maligned over the perceived lack of support for a medical school at the soon to be opened Sunshine Coast University Hospital (SCUH). The SCLMA agrees with Dr Zappala that the best way to achieve the fifteen additional places to make a local 'Medical School ' viable is through the re-distribution of Australian university medical school places.

After a round table discussion (SCLMA, SCHHS, SC Clinical School, Local Business Council Australia) with Dr Zappala, he has given a commitment that the AMAQ will loudly support the establishment of a Medical School on the Sunshine Coast and will actively assist in lobbying for the additional 15 medical school places from existing university places. This is very reassuring and I believe that with the escalating political and media awareness that the medical school will happen. This also means that the 'University' in the hospital name will not go wasted.

Dr Zappala did present at the late meeting to a full, lively, attentive audience, including amongst eminent others, Dr John Hansen, a local well known colo-rectal Surgeon, who championed the cause of the new public hospital medical school. Chris did confirm to the audience, he was prepared to announce to media outlets that the AMAQ was openly supporting the establishment of the medical school on the Sunshine Coast. This was very appreciated by all and we can all expect a united front from here on in.

There is still confusion regarding the difference between a Clinical School and Medical school. A whole article could be written on this and perhaps I will ask Kevin Hegarty or Dr Steve Coverdale to write a short article on this in the future. Suffice to say, a local Medical school is a large complex independent organization with lots of coexisting hospital associations as opposed to a Clinical School, which is a relatively simple supervisory body, attached to a distant Medical School (e.g. UQ). The Sunshine Coast is rapidly increasing in population and would be the only hospital of its size in Australia without a medical school. We will all keep chipping away at the political challenges this issue faces and ultimately succeed. I encourage all of the medical fraternity on the coast to contact their local federal and state political members and business leaders to further this issue.

Dr Zappala's monthly newsletter report is published this month. As you know it was omitted last month to clarify several issues and Dr Zappala was away in the USA. He made some alterations in the interest of all, which the LMA is appreciative of, as we are very cognisant of the monthly magazine not being construed as biased. I hope this clarifies why his column was not published and will attempt to ensure a similar issue does not occur again in the future.

I must apologise for mentioning Griffith (October newsletter) as the likely medical school to take over from UQ due to miscommunication. This responsibility has not been announced formally yet.

I will finish by announcing that Dr Alicia Lorenz, GP Nambour, is our inaugural 'Junior Fellow' to join our management committee each month. She is a great communicator, has a wise way about her and is interested in her community. Please welcome her and importantly please contact her if the are any issues of concern. Our average age on the committee has dropped significantly as a result. She is also assisting Dr Scott Masters with regard to restructuring our meetings to make them more entertaining and informative.

Yours sincerely

Dr Roger K Faint
President SCLMA, GP Buderim

CONTACTS:

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

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

Jo Bourke (Secretariat)
Ph: 5479 3979
Mob: 0407 037 112
Fax: 5479 3995

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

Please address all correspondence to:

SCLMA PO Box 549 Cotton Tree 4558
Email: jobo@squirrel.com.au
Fax: 5479 3995

Newsletter Editor: Dr Kirsten Hoyle
Email: kirsten@hoyleurology.com.au

DECEMBER 2016 NLETTER Deadline Date will be FRIDAY 9 DECEMBER *2016!!*

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

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

Contact Jo: 5479 3979
Mobile: 0407 037 112
Email: jobo@squirrel.com.au
Fax: 5479 3995

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

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

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

Directory form available on the website.

Editor's Column

As the Kiwis and Japanese will apprise you, when an earthquake strikes, large fissures open up and for a time, proceedings may appear dubious but as the aftershocks settle and the tectonic plates adjust then new ground is formed and a way ahead is attainable. Just as earthquakes are essential for life on earth as we know it, so too is ardent discourse indispensable to an adroit life and enhances sagacity. Over the last several months, impassioned discussions regarding the establishment of a Sunshine Coast medical school and in particular, from where the medical student places will be sourced, have ensued between the SCLMA, AMAQ and SCHHS and at times the dialogue has created sizable crevices. For a period a way forward seemed irresolute, however, the seisms have settled and new bedrock has surfaced. Concurrence has prevailed as you will read in the letters from AMAQ President Chris Zappala and SCLMA President Roger Faint.

Kevin Hegarty summarises the year for Queensland Health on the Sunshine Coast and explains the rolling out of the Electronic Medical Record at NGH and SCUH. He also updates us with regards the beginning of the commissioning of SCUH.

Scott Kitchener, Clinical Sub-Dean of Griffith University, outlines the Griffith School of Medicine Rural Health Stream as it relates to the Sunshine Coast.

Phebe O'Mullane expounds the use of medical scribes at Noosa Hospital and Jon Harper from the PHN reminds that it is incumbent on all of us to advocate good antibiotic stewardship, as emphasized in the Global Antibiotic Resistance Awareness Week held 14 - 20 November.

All the best

Kirsten Hoyle

kirsten@hoyleurology.com.au

HIGHLIGHTS in this issue:

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

BOOKINGS FOR 2017

THURSDAY 23 FEBRUARY

Speaker: Dr Christina Sander, Dermatologist (TBC)

THURSDAY 23 MARCH

Speaker: Dr Stuart Collins, Urologist (TBC)

THURSDAY 27 APRIL

Speakers: QML Pathology (TBC)

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

Clinical meetings are for current SCLMA members. New members are welcome to join on the night.

Membership Applications are available at each meeting, in the newsletter and the SCLMA website.

Website: www.sclma.com.au

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

Health Service Link - November 2016

November already – what a year 2016 has been for our Hospital and Health Service!

Whilst necessarily this year a lot of focus has been on SCUH, there have been very impressive innovations together with high quality care being provided at all facilities and services across our organisation. Recent external forums evidence this. On 27 October Gympie Hospital patient safety program received recognition at the ACHSM / ACHS combined Asia Pacific congress.

On 4 November our SPOT ON and Geriatric Emergency Department Intervention (GEDI) initiatives were showcased at the Queensland Clinical Senate. Well done to all involved with these initiatives and to all whom everyday do their absolute best to ensure our broad range of acute and community services are provided at the quality our communities expect and deserve.

An important ICT initiative ahead of the commissioning of SCUH next year is the staged go live of our Electronic Medical Records (EMR) system, with scanning of records from the Nambour outpatient clinics commenced on 25 October 2016. The staged roll out will extend to other departments in the coming weeks. The EMR will make sure the treatment of the expected significant number of patients presenting at various times at either Nambour or SCUH will benefit from clinicians' electronic access to their current medical record, at both facilities.

We are this month beginning the exciting and most critical phase of SCUH. Hospital Operational Commissioning (HOC) is when we turn a purpose built building into a building fit for the purpose it was created for. We change a building into a hospital.

Every activity during the HOC phase will be advanced with the same consistent reference and determination – the safe opening of the hospital with quality patient care from day one! We are finalising a rigorous assessment criteria that we will apply and that will be reinforced by input from an Independent Commissioning Advisor and of course our unique local initiative, the Clinical Readiness Advisory Group.

The Sunshine Coast Health Institute (SCHI) is an integral part of SCUH and in time will become an invaluable resource for our clinical staff, through world class training and research. Commissioning is initially focusing on SCHI's first role – to educate the clinicians of the future – as we welcome students from the University of the Sunshine Coast and TAFE Queensland East Coast at the commencement of their respective academic years. The University of Queensland will continue to provide medical student education in a planned phased transition to the yet to be formally named SCHI medical school partner. UQ will move into SCHI when clinical services commence in April.

I am very grateful for the role the SCLMA has played in ensuring appropriate face to face discussions have occurred to ensure a better shared understanding of all aspects of the important issue of the attainment of 15 additional medical student places for the preferred new university partner. AMAQ President Chris Zappala's attendance at the SCLMA meeting on 24 November and the visit to the Coast of the Commonwealth Minister for Health and Aged Care the Hon Sussan Ley the following day; have ensured that a range of appropriate discussions and actions are currently occurring.

In closing I'd like to share an interesting comparison of medical staffing details within the SCHHS. In 2012 we had a headcount of 542 doctors and now that sits at 675. This growth is real, given that if the figures were equated to a full time equivalent (FTE) role there were 476 in 2012 and 589 now. The 2016 figures will see a further significant spike with current recruitment underway for a further 94 FTE senior medical officers.

All these activities currently underway to transform our health service reinforce what a pivotal year 2016 has been for our organisation and importantly the future provision of health care on the Sunshine Coast.

Regards
Kev Hegarty
Kevin.Hegarty@health.qld.gov.au

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Chris Zappala

Australia now needs fewer medical students – yes or no?

I wish to start my discussion of recent events and workforce data with a statement of unequivocal and genuine support for the establishment of a medical school on the Sunshine Coast. In our daily struggle to optimise the freedom of action, stature and quality of the medical profession in this country, this has always been so. With the same aim in mind however, it is earnestly felt that there is an evolving workforce oversupply and current training bottlenecks that threaten the viability of parts of our profession. Therefore, extra medical students cannot be sanctioned anywhere. By contrast, a re-distribution of medical student places would receive wide approval, including from all parts of the profession, the AMA and, I suspect, the Government.

For the first time in history domestic medical graduates are faced with the real prospect of not being able to find a job, including for their intern year. This may not be so apparent in Queensland at present, but it is a current (not looming) problem in southern states. The Australian Institute of Health and Welfare (AIHW) projects that there will be an oversupply of 5,000 doctors in 2020, and I suspect this is under-estimated. The prospect of organising vocational training for all these graduates is daunting and as we are currently finding, not really feasible. Australia is now becoming saturated with doctors, as emphasised by recent workforce data.

A 2015 study by the Organisation for Economic Co-operation and Development (OECD) showed that Australia has the highest medical graduate rate per capita of all countries with 3.4 per thousand, compared to New Zealand and the United Kingdom (2.8 per thousand) and to the United States and Canada (2.6 per thousand). Australian medical graduate numbers have more than doubled in the past decade. 102,805 medical practitioners were registered in Australia in 2015 with an increase of 3.4% compounding per year between 2012 and 2015. Health Workforce Australia estimated our doctor to patient ratio has increased to 3.6 per thousand, which is above the OECD average of 3.2 per thousand and well above the UK (2.8 per thousand) and USA (2.5 per thousand). All of these trends towards worsening oversupply are continuing.

I know some of you will take some refuge in the belief that total number of doctors includes those who work part-time. However, when one considers full-time equivalents (FTE), the growth in doctor FTEs has still significantly out-stripped population growth. In addition, graduating numbers of doctors are predicted to rise further as Curtin University (WA) comes online and larger first year cohorts of students at many medical schools move through to graduation. Therefore, if we do nothing, workforce problems are only going to get more pressing and difficult to manage. Imagine how even 15 more extra doctors per year, every year, would further exacerbate our training and over-supply difficulties. Unemployment looms... Perhaps we are forced to accept lower standards of clinical training for students and registrars as the learning environment becomes more cluttered. Meanwhile junior doctors form a growing, disenfranchised group competing mercilessly for training positions while clinging to resident positions or consigned to locum jobs or even worse, eventually squeezed out of the profession.

Post-graduate training opportunities have grown by 2.5 times in the last 15 years or so, but there remain real challenges in resourcing vocational training opportunities for registrars such that this will remain a bottleneck that will only become more problematic as graduating numbers increase. Australia's Future Health Workforce (AFHW) predicts a growing excess of prevocational doctors resulting from this bottleneck. By 2018, AFHW predicts that there will be a shortage of 569 first year advanced training places (when compared to demand) rising to 1,011 by 2030. AFHW confirmed that Australia does not need any more doctors and instead future policy should focus on addressing problems of distribution and specialties that are in undersupply. In this environment it is clearly imperative that medical student and vocational training numbers should reflect credible workforce data and not be driven by political/ institutional desires or parochial interests.

Why therefore has there been a determined effort to have the Commonwealth Government fund 15 extra medical student places per year on the Sunshine Coast?

It is important we separate the issue of the extra medical student places from the obvious virtue of having a vibrant medical school operating on the Sunshine Coast. The AMA has always been in favour of this. There were approximately 3,800 first year medical students in 2015 with this number going to rise – we only need a slight re-distribution of this enormous number for the Sunshine Coast medical school to become an immediate reality.

Universities have no obligations to the profession or even to their graduated students– they need to operate a viable business selling education and a large medical school among their faculty is a prestigious asset. If we accept Griffith University's assertion that 15 extra medical students are required (to add to the 35 they will receive from UQ to make the magic total of 50), there is absolutely nothing to stop them from transferring 15 places from their Gold Coast campus or negotiating release of these positions from one of the other 18 medical schools in the country.

DR CHRIS ZAPALLA REPORT/cont:

I've heard it mentioned that transferring 15 Commonwealth funded places from Griffith's Gold Coast campus to the Sunshine Coast campus would undermine the viability of the Gold Coast faculty. This sounds implausible given the size of the campus and co-located facilities i.e. Gold Coast University Hospital. Transferring 15 students from Griffith's Gold Coast campus to the Sunshine Coast would leave 135 students per year on the Gold Coast. It is unlikely this number would create any financial duress for Griffith University, because there are eight other medical schools in the country who operate successfully with less than 135 students per year. For example, the University of Wollongong has 80 students per year, University of Western Sydney has 120 students per year and Australian National University has 90 students per year.

It remains self-evident to me that transferring Commonwealth funded places between University campuses is infinitely better for the profession than having to accommodate 15 extra graduating doctors every year in Queensland. We cannot lose sight of the employment prospects for medical graduates generally, not just locally. The Universities like the thought of their graduates getting jobs but this is unashamedly not their primary concern. By contrast, the profession is responsible for standards of training, employment prospects and our own work environment.

The obvious implication is the profession cannot let Universities dictate workforce outcomes for the profession. Do not forget Universities have flirted with the idea of offering specialist education to rival Colleges, foisted physician assistants on us with no real viable model of care that accommodated them, and provided graduate certificate and other programs for nurses/allied health professionals which has facilitated role substitution of doctors e.g. the graduate certificate in prescribing used to qualify physiotherapists as competent prescribers, including of S8 medications.

Quite apart from the workforce data which is compelling enough on its own, I cannot imagine the Sunshine Coast ever having trouble in recruiting doctors to the area. Medical students still tell me Nambour Hospital is always over-subscribed for the intern year – and this does not include interstate migration. I hear anecdotal stories of the number of doctors applying for positions increasing significantly in recent times. In addition, there are other ways to promote research and education including joint University/HHS appointments, research funds, streamlined ethics processes, clinical titles and so on.

It is regrettable that recent events resulted in the SCLMA passing a motion denouncing the AMA's position on the Sunshine Coast Medical School. This motion did not invite collaboration.

The AMA/AMA Queensland opposition to extra medical students (in favour of a redistribution) should not be misconstrued as a lack of desire on AMA's part to see a medical school on the Sunshine Coast or an unwillingness to assist in achieving this aim. The SCLMA and HHS were clearly aiming for an outcome (extra funded medical student places) that the AMA could not support with its perspective across the entire profession around the country as a whole and being aware of the current workforce/training challenges faced by colleagues elsewhere in the country. I apologise that this issue has caused friction and wish that a positive discourse could have been started sooner to avoid this unnecessary acrimony. Regretfully, I think vested outside influences saw benefit in exacerbating this difference of perspective/opinion within the profession.

I'm thankful to Dr Faint for inviting me to the recent SCLMA meeting on 24th November to discuss the AMA/AMA Queensland view. Prior to the general meeting during discussion with numerous SCLMA representatives, it became clear that a more collaborative approach with the AMA/AMA Queensland was now desired and that the focus had shifted away from trying to gain 15 extra medical students in favour of a redistribution of places between Universities. The following motion was agreed:

> *"The SCLMA asks that: the AMAQ support the establishment of a medical school on the Sunshine Coast and will actively assist in lobbying existing medical schools to reallocate an extra 15 medical school places for a total of 50 medical school places."*

This positive motion sets out a collaborative plan for us all to move forward to help establish a medical school on the Sunshine Coast – which I do believe is not a matter of if, but when. The SCLMA will be interested to know that the day prior to agreeing to this motion, at our routine meeting with the Health Minister, AMA Queensland had already been advocating for a redistribution of medical student places to help establish the medical school on the Sunshine Coast. True to our position from the outset, we continue to argue for this outcome.

I hope the above article assists doctors in understanding the grave looming workforce problems we have and the national perspective that has led the AMA to the view that we oppose extra medical student places anywhere. This need not and should not hinder the establishment of a medical school on the Sunshine Coast. Our Western Australian colleagues have no idea how they are going to train and accommodate the new students with the recently announced Curtin University – let's not repeat the same mistake in Queensland.

Sincerely,

Dr Chris Zappala

AMA Queensland President

GRIFFITH SCHOOL of MEDICINE RURAL HEALTH STREAM

Professor Scott Kitchener

In 2017, Griffith School of Medicine Rural Health Stream will begin to place students in the Sunshine Coast HHS. Griffith SOM graduates students who have completed the first MD program in Queensland.

Within the four years of the postgraduate MD program, students have the opportunity to pursue a rural stream, the Rural Longlook Program. The Griffith Rural Stream, including Longlook, are conducted by Queensland Rural Medical Education (QRME).

Longlook is a longitudinal placement (rather than term-based placements) in rural hospitals and practices for all of third or fourth year, or some students actually complete fully half their MD program in rural practice.

The program has been operating very successfully on the Darling Downs since 2010. We are very pleased to be including rural training sites on the Sunshine Coast in 2017.

Third year Longlook students will begin at Gympie Hospital in January, working in the wards and aged care facilities.

Fourth year students will work their final year in practices and hospitals at Gympie, Cooroy, Maleny and Landsborough from March.

Griffith Rural Stream is also bidding for Commonwealth Integrated Rural Training "Pipeline" for Medicine funds to utilize University resources to support junior doctor and registrar training in an attempt to create a medical workforce pipeline for students to remain in the district to become local rural specialists.

I hope to be able to report our success in this application and am sure to report success of the student placements in the rural communities of the Sunshine Coast. If there is one thing sure about the Longlook program, it is that these rural hospitals and practices are such rich clinical and training sites that motivated students consistently do well and consistently have a much higher chance of becoming rural doctors.

Thank you for the great support we have received in bringing this program to the Sunshine Coast.

Professor Scott Kitchener

Clinical Sub-Dean, Rural Health, Griffith University

Medical Director, Queensland Rural Medical Education

E: s.kitchener@griffith.edu.au

AMAQ COUNCILLOR'S REPORT

Dr Wayne Herdy

EXTRAORDINARY GENERAL MEETING 12 NOVEMBER 2016

After the EGM of a few weeks ago, AMAQ has a new Constitution. The most controversial outcome of the change is a revision of the relationship between the Board and the Council.

Formerly the Council received a full report of Board deliberations and oversaw the activities of the Board. The new Board is now fully autonomous. It may, but is not obliged to, send a précis of its decisions to the Council for information only. The Council cannot veto or reverse any Board decision. This is probably consistent with the role of Boards in corporate structure or with the role of Cabinet in Parliament.

But it means the Council has lost any vestige of supervisory function over the Board.

The other change is that the Council, which remains the policy-making arm of AMAQ, now meets twice a year. This means that it has lost much of its capacity to develop policy in a timely manner or to respond rapidly to changes in the health environment.

The Council, the elected representatives of AMA members in Queensland, is effectively emasculated.

Wayne Herdy.

Ever wondered how SCLMA Past President, Dr Mason Stevenson and current SCLMA President, Dr Roger Faint spend their Saturday? Recently they were at the Eumundi Markets Health Hub, held Saturday 12 November 2016, joined by Caitlin O'Halloran (Queensland Respiratory Services) who conducted Lung Function Tests and Jane Scott, (The Eye Health Centre), optometrist who conducted Eye Tests.

The event was organised by AMA Queensland to provide an opportunity to discuss with the community issues that are flagged in their Health Vision, including obesity and the importance of having your own GP.

The Health Hubs are a part of AMA Queensland's work to achieve a healthier Queensland that values the role of general practice and the importance of having regular health checks.

AMA Queensland will provide free health checks at the Health Hubs and will give away healthy lifestyle incentives such as branded pedometers. The free health checks provided at Health Hubs include:

Blood pressure:
- *What should my blood pressure be?*
- *How often should I have my blood pressure checked?*
- *How can I lower my blood pressure?*

Lifestyle/Weight:
- *What lifestyle changes can I make to help manage my blood pressure?*
- *What types of physical activity can I do?*
- *How much physical activity should I be doing?*
- *What can I do to achieve or maintain a healthy weight?*
- *What can I do to stop smoking?*

The SCLMA thanks Mason and Roger for providing their services to the communiy.

SUNSHINE COAST RADIOLOGY®

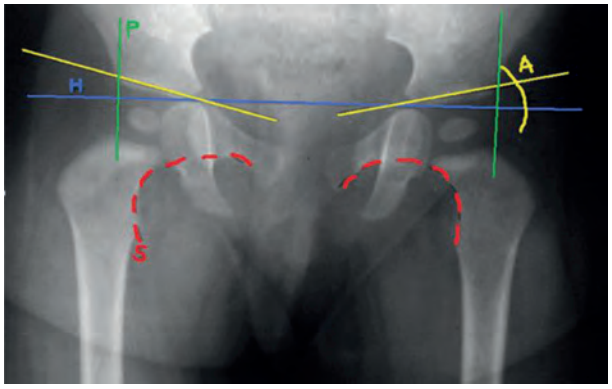
Developmental Dysplasia of the Hip

Findings

The capital femoral epiphyses are asymmetrically ossified, with the left femoral head ossification centre moderately small relative to the right. The left acetabulum is hypoplastic and dysmorphic, with an abnormal acetabular angle (40 degrees). The left femoral head is completely uncovered and superolaterally displaced with the ossification centre lying at least 10 mm from the lateral acetabular margin. Shenton's line is interrupted on the left.

Diagnosis

Findings in keeping with developmental dysplasia of the left hip.

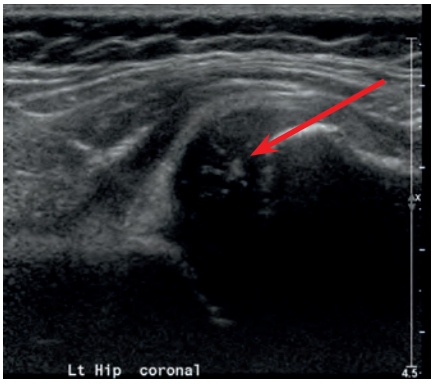


Discussion

DDH is usually suspected in the early neonatal period due to the widespread adoption of clinical examination (including Ortolani test, Barlow maneuvers). The diagnosis is then usually confirmed with ultrasound.

Ultrasound

Ultrasound is the test of choice in the infant (< 6 months) as the proximal femoral epiphysis has not yet significantly ossified. Additionally it has the advantage of being a real time dynamic examination allowing the stability of the hip to be assessed with stress views. A number of values are used to 'objectively' asses morphology.



Alpha angle

Angle formed by the acetabular roof to the vertical cortex of the ilium. This is a similar measurement as that of the acetabular angle. The normal value is greater than or equal to 60 degrees.

Beta angle

Angle formed between the vertical cortex of the ilium and the triangular labral fibrocartilage (echogenic triangle). The normal value is less than 77 degrees, but is only useful in assessing immature hips when combined with the alpha angle .

Bony coverage

The percentage of the femoral epiphysis covered by the acetabular roof. A value of greater than 58% is considered normal.

X-RAY

The key to plain film assessment is looking for symmetry and defining the relationship of the proximal femur to the developing pelvis. The ossification of the superior femoral epiphyses should be symmetric. Delay of ossification is a sign of DDH.

Hilgenreiner's line (H)

Hilgenreiner's line is drawn horizontally through the superior aspect of both triradiate cartilages. It should be horizontal, but is mainly used as a reference for Perkin's line and measurement of the acetabular angle.

Perkin's line (P)

Perkin's line is drawn perpendicular to Hilgenreiner's line, intersecting the lateral most aspect of the acetabular roof. The upper femoral epiphysis should be seen in the inferomedial quadrant (i.e below Hilgenreiner's line, and medial to Perkin's line)

Acetabular angle (A)

The acetabular angle is formed by the intersection between a line drawn tangential to the acetabular roof and Hilgenreiner's line, forming an acute angle. It should be approximately 30 degrees at birth and progressively reduce with maturation of the joint.

Shenton's line (S)

Shenton's line is drawn along the inferior border of the superior pubic ramus and should continue laterally along the inferomedial aspect of the proximal femur as a smooth line. If there is superolateral migration of the proximal femur due to DDH then this line will be discontinuous.

Treatment and prognosis

- Pavlik harness - usually for younger patients (< 6 months of age)
- closed reduction - usually for older patients
- open reduction - much older patient or if closed reduction not successful

REFERENCES
http://radiopaedia.org/articles/developmental-dysplasia-of-the-hip

Excellence in Diagnostics

SCLMA CLINICAL MEETING - 24 NOV 2016
Address - Dr Roger Faint, SCLMA President.

There are many members here tonight. For those of you who don't know me, my name is Roger Faint, the new President of the Sunshine Coast LMA. I welcome all of you including Kevin Hegarty CEO, Sunshine Coast Health and Hospital Service, Dr Steven Coverdale, Sunshine Coast Clinical School, Dr Ian Young and Darrell Edwards, CEO, Regional Development Australia.

Dear LMA members, I would particularly like to welcome and introduce Dr Chris Zappala, President, AMA Queensland. Chris has driven 2.5 hours from Hervey Bay to address this meeting. He is keen to give the AMA view regarding the over supply of medical students in Australia and how this impacts on the potential of a Sunshine Coast medical school.

As many of you would know, the SCLMA has lent support to the district and the clinical school, in its bid to establish a Medical School on the Sunshine Coast at the new Sunshine Coast Public hospital. Despite what Dr Zappala and the AMA think, the LMA committee believes it is imperative that a local medical association supports and works with their local health authority, particularly one of the high caliber we currently have, although all the while, maintaining its independence.

Visiting the new public hospital is apparently 'mind blowing' and it is well equipped on many fronts including medical school facilities. I am a little disappointed that Dr Zappala has not been able to commit to a visit and I hope this can be achieved in 2017.

Chris and I have had a couple of robust telephone conversations relating to this issue. He is very disappointed regarding the LMA motion that didn't support the AMA position on medical student numbers. I think he has taken that motion as criticism of the AMA rather than seeing it as passionate support for a world class training facility for medical students on the Sunshine Coast.

This is not the time for complex arguments and I need to let Chris Zappala speak. You know what this committee would like to see? If the AMA can't see their way to supporting 15 more federally funded medical students to complete a local medical school, then we would like to see the AMA support very vocally the concept of a medical school on the Sunshine Coast. Not a wimpy "We have nothing against a medical school" but a loud voice in Canberra, saying to the Federal health minister --- 'Why doesn't the Sunshine Coast have approval for a medical school, and let's find 15 more places to make it viable."

Thank you.

THE JOINT RESPONSIBILITY IN ADDRESSING ANTIBIOTIC RESISTANT BACTERIA ....

Central Queensland, Wide Bay, Sunshine Coast PHN General Practice Liaison Officer, Dr Jon Harper

The World Health Organisation has warned that antibiotic resistant bacteria represent one of the greatest current threats to human health around the world.

A recent UK study has shown that globally this issue could lead to an additional 10 million deaths a year with a worldwide cost to health services of up to USD $100 trillion.

This is an issue which we all contribute to and will affect us here in Australia.

If the current trend of bacteria developing resistance to antibiotics continues we may soon lose our only line of defence against once easily treatable infections.

With around 29 million prescriptions issued annually, Australia represents one of the highest prescription rates in the world.

We need to slow the development of antibiotic resistant bacteria through a reduction in the number of prescriptions and we need a break through in the development of new strains of antibiotic.

Often the overuse of antibiotics in general practice comes down to a cultural belief that a dose of antibiotics when you have a cold or flu will lead to a faster recovery.

This is reinforced by the fact that the patient begins to feel better, when in all likelihood the symptoms would have improved over time anyway.

According to NPS MedicineWise 1 in 5 Australians would expect to be provided antibiotics to treat a viral infection.

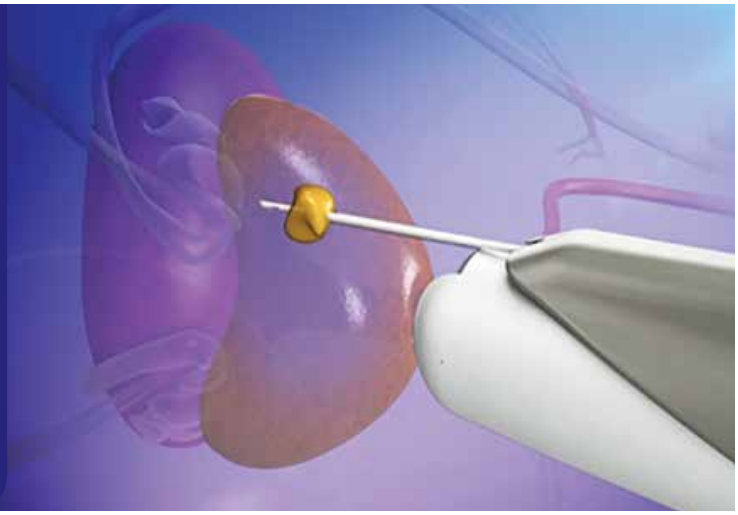
In order to confront this community expectation we need to have an honest discussion between health professionals and the community to raise the awareness of the associated risk presented by the overuse of antibiotics.

Global Antibiotic Resistance Awareness Week runs from the 14th-20th of November this year and NPS MedicineWise has developed some great resources dedicated to raising the visibility of this issue.

As health professionals we need to share this responsibility with our patients and together lead the community in fighting against antibiotic resistance.

THE NEXT GENERATION FOR EXCELLENCE IN PROSTATE CARE

Australia's First UroNav Targeted Prostate Biopsy System



AVAILABLE IN BUDERIM

Dr Tony Gianduzzo has established the Reference Centre for Australia's first UroNav prostate biopsy system - the leading MRI / Ultrasound software-fusion device in USA. This high quality prostate cancer diagnostics service is supported by world-class prostate MRI and internationally recognized uropathology services. The UroNav system has been installed at **The Sunshine Coast Private Hospital** at Buderim.

UroNav brings the power of MRI to the Urology suite as prostate and lesion segmentation data from Radiology are quickly and easily transferred to UroNav for review and target identification. This critical exchange of diagnostic information fosters enhanced collaboration between Radiology and Urology in the assessment and biopsy of suspicious prostate lesions.

Dr Gianduzzo has been a resident on the Sunshine Coast for over 20 years and has held leadership roles in the ongoing development of The Sunshine Coast Private Hospital and the state's Urological Society. Tony also introduced Thulium laser prostatic surgery to Queensland in 2010, and offers UroLift minimally invasive treatment for prostatic obstruction.

The Sunshine Coast Urology Clinic

- **Specialising in Prostate Cancer Advanced Diagnostics**
- **Australia's First UroNav Targeted Prostate Biopsy System**
- **Pioneering Thulium Laser Prostate Surgery**

Consulting rooms at:
Buderim, Caloundra, Coolum, Birtinya.

Operating at: Sunshine Coast Private Buderim (TSCPH) & Sunshine Coast University Private Birtinya (SCUPH).

www.sunshinecoasturology.com.au

For appointments phone 5444 0672

Supported by Sunshine Coast Medical Imaging & Wesley Medical Imaging - providers of world-class Prostate MRI Services.

Sunshine Coast Medical Imaging located at The Sunshine Coast Private Hospital, along with the experienced Radiologists from sister company, Wesley Medical Imaging, are pleased to support the establishment of the first Australian Reference Centre for UroNav in Buderim.

SCMI commenced business at The Sunshine Coast Private Hospital in January 2015, and has one of the most advanced 3T MRI scanners available. Our sister company Wesley Medical Imaging, located at The Wesley Hospital, boasts a highly experienced team of Radiologists involved in a world-first clinical trial for prostate cancer diagnosis. The Wesley Hospital is a recognised Centre of Excellence for prostate imaging and care.

PROSTATE MRI SHOULD BE USED IN CONJUNCTION WITH SPECIALIST UROLOGICAL ASSESSMENT.

Why Prostate MRI?

Prostate cancer is the second most common cancer in men worldwide. Many prostate cancers are low-grade indolent tumours that never develop into clinically significant disease whilst others are aggressive, invasive tumours with the potential to progress to metastatic disease and death. Used in conjunction with serum prostate-specific antigen (PSA) levels, digital rectal examination, and prostate biopsy, prostate MRI has emerged as a means to detect high-grade cancers and to differentiate them from indolent, slow-growing tumours.

Bookings

Sunshine Coast Medical Imaging
3 Lyrebird Street
Buderim Qld 4556

Monday - Friday: 7.30am - 5pm
Ph: 07 5373 2900
Fax: 07 5373 2999

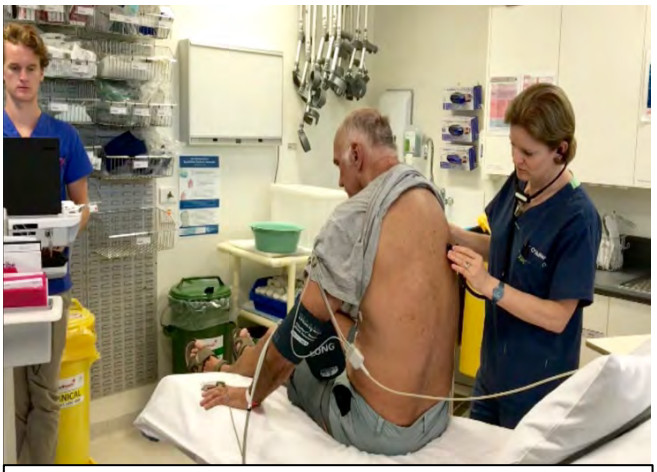
wesley medical imaging
advanced diagnostics, better care

sunshine coast medical imaging
advanced diagnostics, better care

MEDICAL SCRIBES COLLABORATING WITH EMERGENCY DOCTORS AT NOOSA

Pioneered in November of 2015 Noosa Emergency Department began utilizing the innovative and extremely effective position of medical scribes. On a daily basis scribes are working alongside physicians charting, organizing, and enhancing the productivity and thoroughness of medicine. Through the utilization of scribes, doctors are able to spend more time with their patients providing exceptional medical care instead of performing time-intensive clerical duties.

Dr. Phebe O'Mullane of Noosa, the founder of MedScribe, is no stranger to the necessity and benefits of scribes, as she herself worked as a scribe during her 4 year pre-med studies in the United States. Dr. O'Mullane is passionate and versed in the knowledge and benefits scribing will bring to Australia and says "It is all about educating physicians and hospitals that there is a more thorough and efficient way to practise medicine. I believe as doctors we should be focusing on our patients and practising more medicine, while delivering the highest possible quality of care available."



Dr. O'Mullane, Emergency Specialist of Noosa, working alongside lead scribe Max Matheson.

"When my scribe works alongside me, I feel I can be providing this and not distracted by consuming administrative tasks".

Results from the pioneer trial at Noosa in 2015 showed that working with a scribe resulted in a 46% increase in number of patients seen, with a 29% decrease in consult time. This increased efficiency means more productive doctors and shorter waiting time for patients. Dr. John Richards, a Sunshine Coast Emergency Specialist, states "I finished shifts with a scribe far more refreshed than other shifts, despite seeing twice as many patients. Any task that isn't direct clinical contact, procedural, judgmental, or referral can be delegated to the scribe". Clearly scribes help keep the physicians invigorated and prompt.

MedScribe, the first Australian based medical scribing staffing company, is based on the Sunshine Coast and is evolving the enhancements of medicine on a daily basis. For more information, enquire at info@medscribe.com.au

Record Keeping – Are you?

As the years go by the ATO get more and more rigorous with record keeping for all different types of entities. It's alarming the number of people who don't know either the period of time they need to keep records for nor the type of records they should keep.

So one may ask, how long do you need to keep records for? and what are the minimum requirements?

Generally, for tax purposes, you must keep your records in an accessible form (either printed or electronic) for five years from the date you lodge your tax return or if you:

- Have claimed a deduction for decline in value (formerly known as depreciation) - Five years from the date of your last claim for decline in value;
- Acquire or dispose of an asset – for a taxable asset. I.e. real estate or shares.
- Are in dispute with the ATO – the later of five years from the date you lodge your tax return or when the dispute is finalized.

Generally speaking you should keep records in these main categories:

- Payments you have received.
- Expenses/Deductions related to payments you receive.
- When you have acquired or disposed of an asset – such as shares or a rental property.
- Gift, donations and contributions – if they are tax deductible.
- Disability aids, attendant care or aged care expenses.
-

Invoices or receipts obtained should contain the following information to be valid:

- Name of the supplier;
- Australian business number of the supplier (ABN);
- Amount of the expense or purchase (including GST);
- Nature of the goods or services purchased or expense incurred;
- Date the expense was incurred; and
- Date of the document.

If you're not sure whether to keep a record, you should keep it – you can decide whether you need it at tax time.

If you incur expenses for private purposes, you must have records that show how you have worked out the amount of any private use.

There may be times when your records are accidentally lost or destroyed – for example, if your home is burgled, flooded or burnt. In theses instances, the ATO will allow you to claim a deduction for certain expenses if either of the following applies

- You have a complete copy of a lost or destroyed document;
- The ATO are satisfied that you took the reasonable precautions to prevent the loss or destruction and, if the document was written evidence, it is not reasonably possible to obtain a substitution document.

If you make paper or electronic copies they must be a true and clear reproduction of the original. We recommend that if you store your records electronically you make a backup copy to ensure the evidence is easily accessible if the original becomes inaccessible or unreadable – for example, where a hard drive is corrupted.

We strongly encourage everyone to keep adequate records for the required timeframe. An audit picked at random can become a costly nightmare (potential penalties & interest charges) if the parties involved are unable to provide the ATO with the adequate documents.

For more information on record keeping or if you have any concerns with your current records please do not hesitate to contact one of our tax specialists on **(07) 5437 9900.** *Written by Adam Niemiec – Poole Group*

Kyoto- the Bed of Cherry Blossoms

Kyoto is where you can celebrate the breath-taking symbol of spring – "*sakura*" or cherry blossoms. Fall in love with this season like the Japanese by enjoying the stunning view of the city of Kyoto coyly blushing as it gets hugged by a blanket of rosy cherry blossoms. You could partake in tea ceremonies at cherry blossom locations, or head to the countryside or the city and pick your own picnic spot under a cherry tree surrounded by beautiful pinkish-white blossoms. Whatever your style of enjoying this nature's wonder is, you will never forget your first cherry blossom viewing season.

Kyoto's Rosy Charm

Kyoto offers plenty of daytime as well as night-time *"Hanami"* or cherry blossom viewing locations.

- **Nijo Castle:** this historical castle looks all the more mesmerizing with 430 cherry trees decked up with pretty pinkish blossoms in the stunningly lit backdrop. Shopping for traditional Japanese apparel is also arranged for at the Nijo Castle area.
- **Sagano and Arashiyama Area:** The Nakanoshima Park in this area at the foot of Kyoto's western mountains is flocked by tourists and locals alike for hanami. Many blossoming cherry trees hang low along the river and the nearby area which is lit up in the evenings during the hanami season. Head to the Togetsukyo Bridge for a great view.
- **Shirakawa Stream:** this beautiful stream provides magical scenery with a splash of what looks like pink candy floss everywhere and, you might even catch a glimpse of geiko or maiko shuffling along the cobbled lanes. Visit the stream at night to witness its beauty amidst beautiful lighting.
- **Ohara Village:** the beautiful valley where the historically rich village of Ohara is located, with its attractive gardens, temples and scenic countryside walking trails is a delightful way to spend your day. Gaze at the magnificence of nature and take in the sheer splendour of the sakura season to your heart's content.
- The enchanting **Higashiyama area** is home to the **Zen temple Kodai-ji** which was the first temple to have after-dusk illumination to let the sakura viewers enjoy the beauty of the season even at night.
- **Ginkaku-ji temple area** is located away from the crowd and noise of the other cherry blossom sites and is ideal for serene long walks and mindful exploration.

What have we planned for you?

A comprehensive itinerary has been prepared to seize all the opportunities to cherish the splendid cherry blossoms in Kyoto.

- *Tea ceremony at Kan-o-chakai, the exquisite garden teahouse of Heian Shrine, along with enchanting performances and elegant ikebana on display*
- *Trip to the old village of Ohara which is renowned for its ancient temples and beautiful gardens with many old cherry trees. Overnight stay at Ohara no Sato, a traditional Japanese-style ryokan, on special demand*
- *Visit to the splendid Shoren-in Temple along with its 800-year old majestic cryptomeria trees and light-up display*
- *Trip to the Nijo Castle and the Castle-area shopping*
- *Trip to the Arashiyama Area for hanami*

www.123Travelconferences.com.au

Diabetes Preconception Counselling Service SCHHS

The SCHHS Diabetes Centre is expanding our service to include a preconception counselling clinic for women with Type 1 and 2 diabetes.

Our multidisciplinary team meet most women with pre-existing diabetes at some point in their pregnancy but are looking to engage these women prior, to help optimise their medical conditions in the periconception period.

The women to consider for referral are:

- Type 1 or 2 diabetes with plans to try for pregnancy in the next year

Our service will aim to assess/optimise:

- Diabetes control
- Treatment regimen
  - Intensify as needed to achieve target preconception HbA1c
  - Ensure safety of medications in pregnancy
- Complication profile
- Risk of hypertensive disorders of pregnancy and start prophylaxis if high risk
- Prenatal nutrition/weight

Referrals can be made to the **Diabetes in Pregnancy Clinic** at the Diabetes and Endocrinology Centre at NGH.

For women with medical conditions other than Diabetes who may benefit from preconception counselling, please refer to the **Obstetric Medical Clinic** at the Antenatal Clinic at NGH.

Contact person: Dr Sophie Poulter

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:	
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:	Fax:
ALTERNATE ADDRESS: (if practice address not applicable)		
	Street:	
	Suburb:	Postcode:
	Phone:	
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:	***Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.***	
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for ***new*** membership. Members ***renewing*** their membership do not need proposers).		
1. NAME:	**Signature:**	
2. NAME:	**Signature:**	

ANNUAL SUBSCRIPTION (GST included):	**(Please tick)**		**DELIVERY OPTIONS?**	
Full-time ordinary members - GP and Specialist	**$ 77**		**Your Monthly Invitation?**	
Doctor spouse of full-time ordinary member	**$ 33**		By Email?	
Absentee or non-resident doctors	**$ 33**		By Courier?	
Part-time ordinary members (less than 10 hours per week)	**$ 33**		By Post?	
Non-practising ordinary members, under 60 years old	**$ 33**		**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 the *SCLMA Westpac Account.* BSB: 034-243 ACCOUNT NUMBER: 11-9298
A TAX RECEIPT WILL BE SENT FOR YOUR RECORDS.

Please return this form with your cheque OR details of your E.F.T. to:
SCLMA PO BOX 549 COTTON TREE 4558
OR: FAX TO 5479 3995 PLEASE NOTE HALF PRICE MSHIP CONTINUING THIS YEAR!

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

The Sunshine Coast Local Medical Association has Public Liability Insurance

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : http://www.ama.com.au/

AMA RELEASES PLAN TO ERADICATE RHEUMATIC HEART DISEASE (RHD) BY 2031

AMA Indigenous Health Report Card 2016: A call to action to prevent new cases of Rheumatic Heart Disease in Indigenous Australia by 2031

The AMA today called on all Australian governments and other stakeholders to work together to eradicate Rheumatic Heart Disease (RHD) – an entirely preventable but devastating disease that kills and disables hundreds of Indigenous Australians every year – by 2031.

AMA President, Dr Michael Gannon, said today that RHD, which starts out with seemingly innocuous symptoms such as a sore throat or a skin infection, but leads to heart damage, stroke, disability, and premature death, could be eradicated in Australia within 15 years if all governments adopted the recommendations of the latest AMA Indigenous Health Report Card.

The 2016 Report Card - ***A call to action to prevent new cases of Rheumatic Heart Disease in Indigenous Australia by 2031*** - was launched this morning in Darwin.

Dr Gannon said the lack of effective action on RHD to date was a national failure, and an urgent coordinated approach was needed.

"RHD once thrived in inner-city slums, but had been consigned to history for most Australians," Dr Gannon said.

"RHD is a disease of poverty, and it is preventable, yet it is still devastating lives and killing many people here in Australia – one of the world's wealthiest countries.

"In fact, Australia has one of the highest rates of RHD in the world, almost exclusively localised to Indigenous communities.

"Indigenous Australians are 20 times more likely to die from RHD than their non-Indigenous peers – and, in some areas, such as in the Northern Territory, this rate rises to 55 times higher.

"These high rates speak volumes about the fundamental underlying causes of RHD, particularly in remote areas – poverty, housing, education, and inadequate primary health care.

"The necessary knowledge to address RHD has been around for many decades, but action to date has been totally inadequate.

"The lack of action on an appropriate scale is symptomatic of a national failure. With this Report Card, the AMA calls on all Australian governments to stop new cases of RHD from occurring."

RHD begins with infection by Group A Streptococcal (Strep A) bacteria, which is often associated with overcrowded and unhygienic housing.

It often shows up as a sore throat or impetigo (school sores). But as the immune system responds to the Strep A infection, people develop Acute Rheumatic Fever (ARF), which can result in damage to the heart valves – RHD – particularly when a person is reinfected multiple times.

RHD causes strokes in teenagers, and leads to children needing open heart surgery, and lifelong medication.

In 2015, almost 6,000 Australians – the vast majority Indigenous – were known to have experienced ARF or have RHD.

From 2010-2013, there were 743 new or recurrent cases of RHD nationwide, of which 94 per cent were in Indigenous Australians. More than half (52 per cent) were in Indigenous children aged 5-14 years, and 27 per cent were among those aged 15-24 years.

"We know the conditions that give rise to RHD, and we know how to address it," Dr Gannon said.

"What we need now is the political will to prevent it – to improve the overcrowded and unhygienic conditions in which Strep A thrives and spreads; to educate Indigenous communities about these bacterial infections; to train doctors to rapidly and accurately detect Strep A, ARF, and RHD; and to provide culturally safe primary health care to communities."

The AMA Report Card on Indigenous Health 2016 calls on Australian governments to:

- commit to a target to prevent new cases of RHD among Indigenous Australians by 2031, with a sub-target that, by 2025, no child in Australia dies of ARF or its complications; and
- work in partnership with Indigenous health bodies, experts, and key stakeholders to develop, fully fund, and implement a strategy to end RHD as a public health problem in Australia by 2031.

"The End Rheumatic Heart Disease Centre of Research Excellence (END RHD CRC) is due to report in 2020 with the basis for a comprehensive strategy to end RHD as a public health problem in Australia," Dr Gannon said.

"We need an interim strategy in place from now until 2021, followed by a comprehensive 10-year strategy to implement the END RHD CRC's plan from 2021 to 2031.

"We urge our political leaders at all levels of government to take note of this Report Card, and to be motivated to act to solve this problem."

The AMA Indigenous Health Report Card 2016 is available at https://ama.com.au/article/2016-ama-report-card-indigenous-health-call-action-prevent-new-cases-rheumatic-heart-disease

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25 November 2016

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Kirsty Waterford 02 6270 5464 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media
Follow the AMA President on Twitter: http://twitter.com/amapresident
Follow *Australian Medicine* on Twitter: https://twitter.com/amaausmed
Like the AMA on Facebook https://www.facebook.com/AustralianMedicalAssociation

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 15 SEPTEMBER 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 27 October 2016

Attendance: Drs Roger Faint, Di Minuskin, Peter Ruscoe, Scott Masters, Mark de Wet, Marcel Knesl, Mason Stevenson, John Evans, (Observer Jo Bourke).

Apologies: Dr Wayne Herdy, Kirsten Hoyle, Jon Harper, Tau Boga, Fabio Brecciaroli.

Minutes of last meeting: *25 August 2016 (To be accepted).*
Moved: Peter Ruscoe. Seconded: Di Minuskin. Accepted.

Business arising from Minutes: NIL

President's Report: *Dr Roger Faint, President Elect (In abeyance).*

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

Secretary's Report: *Dr Mark de Wet*
Correspondence In:
- S Coverdale - thanks for support re Medical student places Sunshine Coast
- K Hegarty – thanks for copy letter sent to S Coverdale and E Weaver
- Melissa Creed USC – re selection for Student Bursary and Invitation to Presentation

Correspondence Out:
- S Coverdale and E Weaver re Medical Student places on the Sunshine Coast (copy to M Gannon, AMA President, C Zappala, AMAQ President & K Hegarty, CEO, SCHHS.

Business arising from Correspondence:
- Discusssion re two students suggested by USC to receive SCLMA Bursary for 2016. Vote resulted in Benjamin Hawthorne selected: 7:1 in favour.
- Jo to inform Melissa Creed following day.

Treasurer's Report : *Dr Peter Ruscoe*
(a) Accounts to be paid:
- Australia Post – August Account
- Jo Bourke – Secretariat August 2016
- Jo Bourke – Adobe CC subscription August 2016
- Snap Printing – Newsletter September 2016
- Jo Bourke – Newsletter September 2016
- M'dore Surf Club – Changeover dinner
- C Hawkins – Assist Sec August 2016

Moved: Peter Ruscoe …… that the accounts as tabled be approved for payment.
Seconded: Di Minuskin. Carried.

(b) Membership Report:
- Dr Kavita Nathan (General Practice)
- Dr David Bertholini (Anaesthetics)

Moved: Peter Ruscoe …… that the Applications as tabled be accepted.
Seconded: Mark de Wet. Carried.

AMAQ Councillor's Report: *Dr Wayne Herdy - Apology*

Meetings Convenor Report: *Dr Scott Masters*
- Discussed SCLMA monthly presentations – a panel of GPs to be elected to ask questions of the speakers;
- Christmas function 2017 – venue and date need to be decided before the end of the year (Jo)
- Current venues for monthly meetings – Maroochy Surf Club, Ebb, Brightwater – will look at options of Mantra and Alex Surf Club

Hospital Liaison Report: *Dr Marcel Knesl.*
- Oncology may be shifted from Nambour to SCUH
- SCUH still on track to open in April 2017. Mason added that it will be a gradual transition occurring with the opening of SCUH.

PHN Country to Coast Report: *Dr Jon Harper - Apology.*

General Business:
- Photos of Committee to be taken and uploaded to SCLMA website;
- Discussed encouraging membership – either with personal visits or letter from President.

Meeting Close: 7.00pm

Dr Mark de Wet
Honorary Secretary.

SCLMA Management Committee Meeting
24 November 2016.

Applications were accepted from:

Dr Christina Sander (Dermatology)
Dr Ian Young (Oral & Maxillofacial Surgery)
Dr Deborah Wiens (Headspace - Addictions)

Pending for 2017:
Dr Vanessa O'Rourke (Resident in Training)
Dr Max Matheson (Resident in Training)

HAVE YOU CLICKED ON THE SCLMA WEBSITE RECENTLY?? ***www.sclma.com.au***

- ***Are your Directory details up to date?***
- ***(perhaps you may have moved??)***
- ***If you are a new member, would you like to be listed?***

Membership application form and Directory form also available on the website. Click on the links.

Fax: **5479 3995 Email jobo@squirrel.com.au**

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

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

ADVERTISING GUIDELINES:

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

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

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

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

PLEASE NOTE THE FOLLOWING:

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

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

vision australia

blindness and low vision services

Specialised vision loss support on the Sunshine Coast

Vision impairment can affect people of all ages. Major causes of vision impairment include stroke, diabetic retinopathy, glaucoma and age-related macular degeneration. Approximately two thirds of people who are vision impaired are over the age of 65.

Vision impairment can dramatically impact a person's life. But with the right support and advice people can continue to do the things they enjoy and remain independent.

We have a local support centre in **Maroochydore** with expert staff to support people living on the Sunshine Coast.

Vision Australia is a for-purpose organisation. We take a person-centred approach to the delivery of disability services for people with vision impairment to help them participate in all aspects of life.

A range of specialised vision loss services are available, including:

- Early childhood intervention
- Assisting school aged children to access the curriculum
- Falls prevention
- Home safety and independence
- Assistive technology training and equipment
- Vision loss support for people with chronic disease such as diabetes
- Neuro-mobility, including post acquired brain injury, stroke or multiple sclerosis.
- Expert advice and support to navigate the NDIS and My Aged Care funding systems.

"I have bilateral macular dystrophy, a degenerative condition of the retina. So I only have patches of vision."

"I would recommend that anyone who has a patient with vision loss sends them Vision Australia's way to get the support they need to live well with vision loss. The team at Vision Australia are always extremely friendly and helpful. With their advice on magnifiers I will soon be back reading the books I love."

Lionel, aged 64, Sunshine Coast resident.

Come and meet the local team

Visit us at 19 George Street, Maroochydore, to discover all that we have to offer.

How to refer your patients to Vision Australia

Phone: 5409 2200
Fax: 1300 84 73 29
Email: referrals@visionaustralia.org
Online: www.visionaustralia.org

CLASSIFIEDS

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

Level 1, 11-55 Maroochy Boulevard, Maroochydore QLD 4558
Ph: 07 5345 5150 Fax: 07 5345 5140
Email: reception@centraldermatologyclinic.com.au
Web: www.centraldermatologyclinic.com.au
November 2016

NEW OBSTETRICIAN/GYNAECOLOGIST – COASTAL IVF
- Dr Anders Faber-Swensson FRANZCOG is joining the Coastal IVF practice from December 1, 2016. He will be providing obstetric management with deliveries at the Sunshine Coast Private Hospital, general gynaecological care and infertility assessment and treatment in association with Dr Stokes and the Coastal IVF team.
- **All appointments Ph: 5443 4301 or fax 5443 4352.**

November 2016

CONSULTING ROOM 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
November 2016

NOOSA. FULL TIME VRGP POSITION
- Busy established practice.
- Accredited; Nursing support, with pathology and radiology onsite
- Good surgical facilities and special interests encouraged.
- Modern doctor owned clinic, mixed billing and NO after hours.

Visit our website, www.noosaclinic.com
Contact Kate: info@noosaclinic.com.au Ph: 07 5449 7600
November 2016

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

Please contact Practice Manager on 07 5491 2911
Email: practicemanager@medicaltrust.com.au
November 2016

CHILD PSYCHIATRIST - OPEN TO REFERRALS
SHORT WAITING LIST
- Dr Brenda Heyworth now consults 5 days/week from Nucleus Medical Suites, Buderim.
- Please fax specialist doctor referral
- (No Mental Health Plan needed)

Ph. 5444 5022 Fax. 5444 5033"
September 2016

GP WANTED TO JOIN FRIENDLY TEAM - BUDERIM
- This is a full time position
- Full nursing support with a CDM nurse and a fully equipped treatment room
- Our practice is accredited and fully computerised using Best Practice and is mixed billing.

Please contact Nicola on (07) 5456 1600
Email: pm@betterhealthonbuderim.com.au
September 2016

CONSULTING ROOM AVAILABLE FOR LEASE
- Located in central Cotton Tree
- Modern Specialist Room with a well-recognised name and reputation
- Available Long-term or sessional basis
- Included in lease is electricity and cleaning. We are able to offer full secretarial services if required
- Private location with ocean views and waiting area

Ph: 07 5479 2922 Email: info@plasticsurgeon.net.au
September 2016

GPs REQUIRED FOR BUSY BUDERIM PRACTICE
- Vacancies exist for GPs to join us in-hours, or after-hours, in our busy 24 hour, 7 day medical practice in Buderim.
- GPs urgently required to join our long-established staff, who serve the Sunshine Coast community with quality healthcare in a newly refurbished and spacious practice.
- We are fully accredited with RN nursing support and pathology on-site, great diagnostic tools including Molemax HD Pro.
- Visit our website on www.scchealthcentre.com.au.
- Situated centrally on Buderim, you can enjoy both lifestyle and purpose in a caring environment.

Email shanti@scchealthcentre.com.au
Ph; 0418 714 864.
September 2016

VRGP or ADVANCED REGISTRAR
Interested in Practice ownership in Peregian Beach
Part time or full time GP who wishes to transition to full practice ownership
- Modern busy mixed billing practice
- Thirty-seven years established, fully accredited
- Medical Director software,
- Family practice
- Friendly supportive staff

Contact GP owner 0407 137 070
September 2016

SPECIAL OPPORTUNITY -MAROOCHYDORE
Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.
We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room. Please contact the Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096
Continuing as per request.

VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS
VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.
Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support. Visiting Allied Health Professionals and pathology on site. Mixed billing and flexible working hours available. For further information please contact Practice Manager: **Karen Clarke on 07 5492 1044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)**
Continuing as per request.

Classifieds remain FREE for current SCLMA members, $110 for non-members.
Ph Jo: 0407 037 112 Email: jobo@squirrel.com.au

SCLMA CLINICAL MEETING - 27 OCTOBER 2016

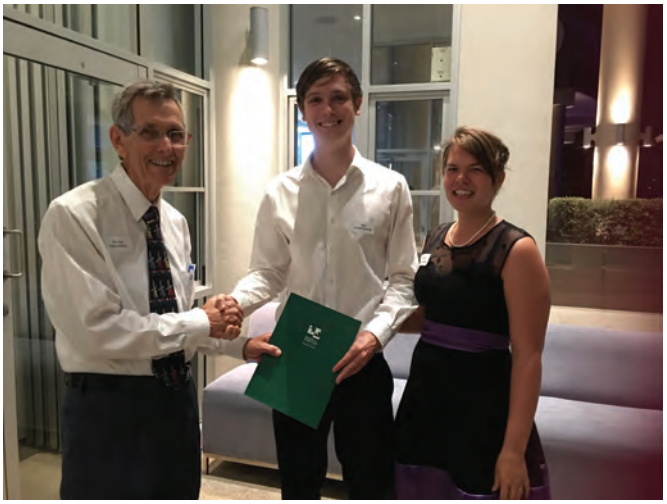
Ebb Waterfront Restaurant, Maroochydore

Berquin Human, Senior Psychologist & Clinical Lead for Cooinda Mental Health Services Day Programs

SCLMA Patron, Dr Ian Colledge - Introduction of Benjamin Hawthorne, USC Bursary Student

Thank you to our Sponsor: The Sunshine Coast Private Hospital

Presenter: Berquin Human with Adriana Leonardi, Director of Support Services and Wallis Westbrook, CEO, The Sunshine Private Hospital.



SCLMA Patron, Dr Ian Colledge with Benjamin Hawthorne, SCLMA/USC Bursary Student for 2016/17 with Nicole Hawthorne.

SCLMA members Dr John Blenkin and Dr Moses Mutiah.

SCLMA members Dr Kamal Singh and past SCLMA president, Dr Rob Ingham.

Benjamin Hawthorne, Bachelor of Science, (Honours) SCLMA/USC Bursary Student for 2016-2017 with Nicole Hawthorne.
Title of Ben's project: Molecular Characterisation of SIC, an antimicrobial peptide binding protein of group A Streptococcus.
Ben will address an SCLMA meeting as his study progresses.

PLEASE NOTE: NO January clinical meeting and no January newsletter!