NEWSLETTER
September 2016

SCLMA President's Message .....

Dr Roger Faint

Thank you for the great honour of being approached for the role of President of the Sunshine Coast LMA.

It is not often that one is approached to be President from among the masses. I thank Dr Rob Park, Dr Scott Masters, Dr Mark de Wet for their encouragement and support. It was only after a long conversation and reassurance from President, Dr Di Minuskin, that I finally accepted the position of incoming President.

I must say this is an unusual way of being voted President of such a prestigious organisation and has shades of Campbell Newman about it! Thank you for giving me the opportunity.

I thought I would give you some of my background:

Buderim GP for the last 10 yrs.
Solo Medical Superintendent of Mitchell, Qld for almost 9 yrs prior
UK for 2 yrs studying anaesthetics and O & G.
Cairns RFDS 4 yrs servicing the cape and the West
Cairns Base Hospital as intern, PHO

While in Mitchell .....
Rural Doctor Association of QLD president and Mx committee for several years
Rural Doctor Association of Australia management committee
South East Rural Division of GP Mx committee for several years
Pre Hospital Trauma Life Support Course trainer
AMA skin group RDAA representative

In Buderim, my work blend is .....
(Recently ceased working after 9 years as a Caloundra VMO Emergency under Dr Grant Eddie).
My GP work now includes: 30-40% skin cancer management, geriatric medicine , surgical assisting with Dr David College and nursing home visits. I also have interests in palliative care, medical students and pain management.
I recently have begun to locum for 10 days each six months in Western Qld and continue teaching and supporting rural GP registrars through the Rural Vocational Training Scheme as a remote supervisor.

One might ask why I accepted role as President with my relative inexperience.

Up until December last year, I was contracted as a VMO for each Thursday in emergency at Caloundra hospital. Due to the hospital amalgamation, my position was cancelled. This has freed up some time go west and to give back some time for such roles.

I have looked at the website and am very happy with the Aims of the Association and feel I can bring something positive to this Association.

This Association formally began in 1979 with the assistance of Dr Ian Colledge in Nambour. The Management Committee now meets before the clinical meeting each month.

For those of you who aren't familiar with the Aims of the SCLMA, I thought it best to remind you:

- *The promotion of medical education.*
- *To promote social interaction.*
- *To represent the medico -political interests.*
- *To liaise with other medical representative bodies.*
- *To promote quality medical services.*

I would also like to introduce our Committee for 2016-2017:

Vice President: Dr Wayne Herdy; Secretary: Dr Mark de Wet; Treasurer: Dr Peter Ruscoe; Newsletter Editor: Dr Kirsten Hoyle; Meetings Convenor: Dr Scott Masters; Hospital Liaison: Dr Marcel Knesl; Committee: Drs Di Minuskin, Mason Stevenson, John Evans, Tau Boga and Fabio Brecciaroli.

Thank you for reading and I promise to serve our members and the Sunshine Coast as best I can.

Dr Roger K Faint

MBBS, FRACGP, FACRRM, DRCOG.

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Newsletter Editor:	Dr Kirsten Hoyle Ph: 5452 6511
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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

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

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OCTOBER 2016 NEWSLETTER Deadline Date will be FRIDAY 14 OCTOBER 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.

And just when you thought you had heard the last from me……..

Our new and past editors are both overseas at present and I was asked to fill in this month.

The September newsletter is indeed full of news. Of course, front page is the report from our new president, Roger Faint. Roger details his well rounded medical career and journey that led him to accepting the role of president. The "top job" has been placed into very capable hands.

Kevin's article documents the SCHHS focus on patient safety and reports on the recent Patient Safety Day. It is a timely reminder that in this arena, policy must be matched by passionate clinical leadership. His acknowledgement of the wonderful fundraising done by Wishlist, encourages us to remember that everybody has a role to play in the health of our community.

Sandra Peters has some positive news for GPs in regard to bettering communication. Catch up with her article for news on proposed changes streamlining both clinical handover and investigation results. She also introduces some new names working in the GPLO. It is good to see this essential department getting some extra resources.

The AMAQ President's report discusses that looming cloud on the horizon, revalidation. For those of you who are not already feeling like you are walking around with a sign on your back saying "Kick Me", this is a sobering article.

Next newsletter, you will hear from your new editor, Dr Kirsten Hoyle. I am flying to the USA in the next few weeks. The timing of this trip means that I will experience Thanksgiving, Halloween and the American presidential election. I am thinking though, it might be difficult to distinguish the latter two. Trick or treat……..

Best wishes,

Di Minuskin

HIGHLIGHTS in this issue:

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

THURSDAY 27 OCTOBER 2016

Speaker:	Berquin Human, Senior Psychologist and Clinical Lead for our Cooinda Mental Health Service's day programs
Topic	Mental Health Services (inpatient and day programs) at Cooinda Mental Health Unit
Sponsor:	Sunshine Coast Private Hospital
Sponsor:	National Home Doctor Service (TBC)
Venue:	**Ebb Waterfront Restaurant**

THURSDAY 24 NOVEMBER 2016

Speaker:	Dr Tim Nathan, Urologist
Topic:	TBA
Speaker:	Dr David Morgan (short talk)
Sponsor:	Ipsen
Sponsor:	Neotract
Sponsor:	National Home Doctor Service (TBC)
Venue:	**Maroochydore Surf Club**

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

C.A.R.E.

Cancer Rehabilitation Program

Eden's cancer rehabilitation program is the first of its kind on the Sunshine Coast and provides the community with a comprehensive service aimed to build independence, confidence and improve quality of life.

The inpatient cancer rehabilitation program caters for patients who have experienced a sudden decrease in their ability to look after themselves following their cancer diagnosis. Patients may have experienced an acute episode of illness or undergone a surgical procedure, general deconditioning or maybe experiencing balance difficulties.

The cancer rehabilitation day therapy program is offered twice a week and includes one hour of education and support and one hour of physical treatment. The length of the program is relative to the condition.

Eden Rehabilitation Hospital will work with the GP or Medical Specialist to decide which of these rehabilitation programs is most suitable to the patient.

pulsehealth healthcare with a heart | Eden Rehabilitation Hospital

50 Maple Street
Cooroy QLD 4563

T: 07 5472 6472 | **F:** 07 5447 7592
www.edenrehab.com.au

For all referral enquiries please contact us directly.

Health Service Link - September 2016

Patient Safety Day

The 15 September 2016 saw the Sunshine Coast Hospital and Health Service (SCHHS) conduct its third annual Patient Safety Day. This event has grown in importance and substance with this years' event being widely assessed as the most impressive yet.

Presentations included discussion on what the new National Healthcare Standards will mean for health service delivery. This presentation was provided by Ms Bernie Harrison, Director, Improvement Academy, of the Australian Council on Healthcare Standards, who held the attention of all present, when she personalised the presentation based on the experience of her mother as a patient within the NHS.

Of particular importance for our organisation, was a presentation by two representatives from Children's Health Queensland, who shared details on the lessons learnt from the commissioning of the Lady Cilento Children's Hospital. Other topics covered included human factors in health care design and operation, within a Systems Thinking context. That presentation was complemented by an examination of diagnostic error and cognitive bias.

The day concluded with a major presentation by Dr John Wakefield, Deputy Director-General, Clinical Excellence Division, within the Department of Health, on Healthcare Leadership and Patient Safety. John's presentation was thought provoking as he questioned the sustainability of responding to patient safety challenges with increasing processes, policies and standards. John emphasised the importance of engaged committed clinical leadership. For the SCHHS this is a commodity that we are fortunate to have in quantity!

The planning committee is already looking forward to an expanded patient safety day arrangement for next year, which will include the opportunity for health care professionals and consumer representation external to the SCHHS.

Wishlist – an excellent example of community support

The SCHHS benefits enormously through the work of the Sunshine Coast Health Foundation – Wishlist. Wishlist contributes over $100,000 per year to staff education, more than $400,000 to research as well as very significant amounts to enable the purchase of additional equipment and patient comforts that are not part of our operating budget. All this is part of what is usually greater than $1 million that Wishlist provides to enhance public health services on the Sunshine Coast and Gympie.

After only eight years, of what is broadly acknowledged as their 'signature' event, Wishlist has raised just over $1 million from its annual Spring Carnival. This event, like all Wishlist fundraisers receives incredible community support and is testimony to the generosity of our local community.

Congratulations!

On behalf of the SCHHS, I congratulate Roger on assuming the role of SCLMA President and I look forward to working with him and his committee.

Regards

Kev Hegarty

Kevin.Hegarty@health.qld.gov.au

Dr Chris Zappala ..... Re-Validation?

'Bureaucracy gives birth to itself and then expects maternity benefits' ... (Author: Dale Dauten)

Dear Members

AMA Federal Council recently heard a submission from the Medical Board of Australia in regard to re-validation. I think for the first time I finally understand this issue and what is proposed. We have a problem!

The Board's two main aims are to maintain and enhance performance AND prevent harm and reduce risk. One system will apparently not meet both aims. Lifelong learning is a prime aim - which a regulator should strive to support. They also seek to guarantee patient safety from incompetent individuals. The Board feels these two purposes should be separated with different strategies developed for each. Continuing Professional Development is very effective (apparently ample published evidence) but some programs are deficient and do not include measuring outcomes, undertaking educational activities and reviewing performance. Therefore, perhaps the only good thing that might come out of this notion of re-validation i.e. competence to practice medicine (think about that for a second, not just being clinically up-to-date), is to ensure our individual and collection protection afforded through CPD is robust – plus it is more likely to actually help us be better doctors!

So what is driving all of this…….? Actually nothing of substance! There is no evidence misconduct or poor performance is more problematic here or standards of medicine deficient. Moreover, there is no evidence laborious re-validation produces positive outcomes when we look to Northern America and the UK. Re-validation processes, that administrators shrug off as necessary because they are so petrified to apply common sense and be accused of missing even one possible case of negligence/poor performance, generate onerous obligations (often unpaid) to doctors. All without any sense of what the problem actually is and if they are truly improving anything! The office of the health ombudsmen in Queensland comes to mind……

The main evidentiary driver is articles such as the one by Bismark and colleagues published in 2013 in the BMJ Quality and Safety, in which she notes that 3% of the Australian medical workforce accounted for 49% of all complaints and only 1% accounted for a quarter.

It is thought poor performance can be predicted, possible risk factors include –

- ***Age from 35 upwards (more so past age 70)***
- ***Male***
- ***Number of prior complaints***
- ***Time since last complaint***

So, with this data in hand, the medical regulators feel we have a problem (I'm far from convinced). The desire is to root out these nefarious doctors or those about to stray from the path of righteousness, with better review processes, including CPD – but definitely not limited to this. I'm not sure this is what the Medical Board of Australia should be concentrating on when their core business seems yet to achieve an efficiency optimum or professional credibility.

Speaking of medical regulation, it's worth digging out the MJA article by Elkin KJ and colleagues in 2011 – another example of data driving re-validation. An analysis of tribunal (the term used to encompass the body able to strike a doctor off in each state) disciplinary cases between 2000-2009. Male doctors were four times more likely to be disciplined than females, with O&G and psychiatrists coming off worst among the specialties. 81% of cases led to either deregistration or restrictions on practice. The most common offences committed were sexual misconduct (24%), illegal or unethical prescribing (21%) and inappropriate medical care (20%). It is worth noting that in 78% of cases the tribunal made no mention of any patient having experienced physical or mental harm as a result of the misconduct.

Note in this report that only 458 doctors were disciplined over 10 years (the current number of doctors Australia-wide now tops 100,000 and this report also included New Zealand). So, on average less than 50 doctors a year are disciplined across NSW, Qld, WA, VIC & NZ. The discussion of Elkin's article is worth a read. She notes 'Several measures in our study highlight that serious harm to patients is not a prerequisite for serious disciplinary action against doctors. Forty-one per cent of cases involved only upset or risks to patients, 5% had no impact on the patient involved, and 15% involved misconduct unrelated to patients. Yet 43% of these non-injurious cases resulted in removal from or restrictions on practice for the offending doctor (the same as the removal rate for cases associated with patient injuries)'.

Dr Chris Zappala

I therefore remain unconvinced there is an evidence basis for change and that the proposed changes (re-validation) will have any positive effect, other than to increase the costs of registration and crate more relatively useless regulation. There also remains a perpetual failure to attend to frequent complainers (and not just frequent offenders – who fully deserve to be investigated and disciplined if appropriate) and measure outcomes and probity properly.

What particularly worries me is that I feel the Medical Board of Australia has allowed themselves to become blinkered by their rush to protect the public from any real or possible public threat, that they've forgotten to remember their critical role in supporting the profession itself, with a clear aim to re-train and rehabilitate doctors to benchmarked practice, rather than simply punishing. They've forgotten (or minimised) their own aim to support lifelong learning and competence.

The Medical Board has definitely missed an important opportunity to insist on robust, well-trained medical leadership at all levels of the healthcare system, in the public and private sectors – this is where most useful change can occur to improve patient safety and standards of care/professional development. Empowerment of and greater investment in medical leaders will never occur unless they dispense with the misguided belief that we have a terrible problem that more high-level regulation will fix and more importantly, while doctors remained oppressed by non-medical leadership. Truly respected, resourced and appropriately trained medical leaders can optimise performance review and CPD and obviate any need for greater regulation. We just need to step up!

In August the Medical Board of Australia released its interim report into re-validation. They are currently travelling around the country receiving feedback and receiving it online. Hopefully they are hearing a great deal of scepticism and perceive a lack of support for re-validation, especially at a time when we are already struggling with medical regulatory problems in this state.

Please speak up now…….

Sincerely

Dr Chris Zappala

AMA Queensland President

Central Queensland, Wide Bay, Sunshine Coast PHN

Pattie Hudson, CEO

The PHN and Sunshine Coast Hospital and Health Service are proud to be launching the HealthPathways program in the Sunshine Coast and Gympie region. The official launch of HealthPathways on August 16 brought together health professionals from across the region to showcase this exciting program.

The Department of Health has recently announced it has signed a contract on behalf of all Hospital and Health Services and PHNs to support the development of a simplified care pathway for Queenslanders.

HealthPathways is a web-based portal that helps clinicians make assessment, management and specialist request decisions for over 600 conditions. Rather than being traditional guidelines, each pathway is an agreement between local primary and specialist services on how patients with particular conditions will be managed in the local context.

The benefits of HealthPathways include:

a) Patients benefit from general practice and other services being able to access contemporary information on treatment pathways and other locally available care options.

b) Clinicians benefit through relationship building with their primary care and hospital specialist colleagues as they localise Health Pathways, and through increased knowledge of the options available locally when managing their patients.

c) The local 'health system' benefits through supporting efficiencies in the local health economy.

HealthPathways are developed by local GPs, clinicians and private allied health providers from the Sunshine Coast and Gympie region and will be accessible to all health professionals from October 2016. The portal will also serve as a platform for the implementation of the Clinical Prioritisation Criteria.

As a PHN, we're proud to support health professionals in painting a picture of opportunities the HealthPathways portal will provide.

For general enquires about HealthPathways and how you can get involved, contact HealthPathways Coordinator Clinton Bazley on 5456 8100 or cbazley@ourphn.org.au

To find out more about the current progress of the program please visit http://professionals.ourphn.org.au/

SCLMA ANNUAL GENERAL MEETING - 25th August 2016

Dr Di Minuskin (2013 - 2016)

I would like to acknowledge our Patron, Dr Ian Colledge and life member, Dr Clem Nommensen. I would also like to welcome Kevin Hegarty, Chief Executive from the hospital service.

It is hard to believe it is 12 months since I last stood here, delivering the outgoing President's report. I have been honoured that you have allowed me to represent the SCLMA and I truly have enjoyed the experience. After 3 years in the role, it's time for a changing of the guard.

It seems that over the past few years, the medical profession has been transported on to the set of the television series "Survivor". We are being asked to provide increased level of services with less resources. Innovation and integration, once the domain of academics, have become an essential component of health delivery as funding streams slow in the shadow of the budget deficit. The Sunshine Coast region faces the additional challenge of playing "catch up". Our long overdue new hospital, research and academic facilities are promising a future where the region is recognised for excellence, not only in the provision of medical care but also teaching. This vision is being driven by so many inspirational people, many of whom are in this room tonight. The SCLMA is a vibrant and relevant group. It is the largest LMA in Australia and the breadth and experience of its members gives it a voice in discussions regarding the regions health services.

But we should also be proud of the SCLMA for other reasons. We continue to support education with the bursary to a student producing excellent research and academic achievements within the health faculty at the University of the Sunshine Coast. We have also made donations to support services for the homeless and purchased equipment for Cittimani who provide in home palliative care. We continue to provide monthly meetings with educational content and the opportunity to network with colleagues.

The SCLMA is its members. They are what makes it so special. I would like to thank each and every one of them for contributing to the success of this association. But if you would just indulge me for a minute, I would like to say a special thanks to my committee.

Unfortunately, our vice president Wayne Herdy is unable to be here tonight. Wayne has a long association with the LMA and his contributions are recognised.

Jenny Grew, our secretary. I know there are a few people in the room who call me the voice of reason. I think this title should really go to Jenny. I think she is the voice of reason and research. She seems to be able to respond to an email with perfect logic supported by the appropriate references.

Peter Ruscoe, Treasurer, who manages to keep the books balanced and for another year has resisted the temptation to skip the country with the money. I did notice a brochure for the Bahamas on his desk at work the other day though.

Jeremy Long, Hospital Rep who climbs down from his lofty position on the Clinical Senate to keep us abreast of developments at the hospital. Jeremy is a driving force for excellence in the region.

Marcel Knesl, Newsletter Editor. I think last year I described him as the eternal optimist, full of the joy of life. I am happy to report, that suit still fits. I challenge anyone to walk away from a discussion with Marcel without a smile on their face.

Nigel Sommerfeld, his experience bridging both the public and private sector has been invaluable. He often runs a little late to the committee meetings but I have a theory that he waits until sunset to leave the office. Radiologists just spend too much time in the dark.

Kirsten Hoyle, What I really admire about Kirsten is her ability to take a complex issue and with surgical precision pare it down to the bones with one or two sentences. I waffle, she whittles. We must get some more surgeons onto the committee and we might run on time.

Mason Stevenson. Mason's experience and service to the SCLMA is surpassed by none. His position on the hospital board brings a unique perspective to the committee. In view of the fact that Kev Hegarty is our guest tonight, I'll resist the urge to call Mason our mole on the inside, but instead say he gives us a kalaidoscope view into the workings of the executive at the HHS. It's fascinating but kind of difficult to know what you are really looking at.

Mark de Wet. Mark has just served his first year on the committee and confessed to me that he was not sure if he had contributed much. Mark, can I just say that I don't think I spoke two words the first year I joined the committee. Your thoughtful and measured input is an asset to the association.

Scotty Masters, our meeting convenor. Scott, your running of the monthly meetings is most appreciated. Your dry sense of humour and obsession with all things sport certainly keep us entertained.

Jon Harper attends the meetings as an appointed representative of the PHN. I would like to thank him very much for providing such an opportunity for discussion between associations.

Lastly, Jo Bourke and Carol Hawkins. Jo has been the backbone of the SCLMA for as long as I can remember. She is like the Queen of England with a revolving door of Prime Ministers over the years. She knows everything about everybody. Carol has also been doing an enormous amount of work behind the scenes. Thank you so much for all your efforts.

On a personal note, I do feel sad to be stepping down after 3 years. However, I will be spending a lot more time in the USA. I hope whoever takes over the role enjoys it as much as I have done. Thank you to everyone.

Di Minuskin.

SCHHS GPLO – SEPTEMBER 2016 UPDATE
Dr Sandra Peters

Greetings from the GP liaison desk and apologies for my silence in August, it has been unusually busy on the personal front with the purchase and sale of two houses but we are now settled in our new home and I am back with an update for you!

New SCHHS GPLO team members:

Welcome to the team Drs Lauren Shorthouse (Monday), Michelle Johnston (Tuesday), Marlene Pearce (Wednesday) contactable on (07) 5470 6541 and our clinical support Merrin Godwin 0418 658 469 (Mon to Thurs) all working with GP liaison to the end of the year.

Feel free to contact any of us on the phone number above or via email SCHHS-GPLO-Communication@health.qld.gov.au if you would like assistance; would like to make any comments or have any queries.

Clinical Prioritisation Criteria (CPC) and HealthPathways:

The Sunshine Coast symposium for HealthPathways was held in August and was a positive experience for the stakeholders who attended. Work has commenced on drafting the 30 first localised pathways for our region and the team at Streamliners NZ are busy formatting the CPC referral criteria into the request pages.

GPs interested in reviewing first drafts of localised pathways could please forward their best email contact details to Clinton at the PHN for inclusion in the consultation distribution list (cbazley@ourphn.org.au)

Discharge Summaries:

Largely in response to GP concerns the senior clinicians at SCHHS have formed a working group to identify ways of improving not only the timeliness but also the clinical relevance of the information shared at transfer of care back to general practice following an inpatient admission. With support from the executive leadership team it is likely a no 'transfer of care" documentation completed, no discharge policy will be implemented in the near future for Nambour Hospital. Watch this space for more information.
The existing template has been modified to allow for pathology results rather than a list of investigations to be included – hallelujah! Please be advised your practice will need to register to enable this feature, contact GP liaison for the fact sheet to be forwarded to you.

Queensland Health Viewer:

Legislation to allow external clinicians to access The Viewer containing pathology, radiology emergency department notes and discharge information has been approved by a parliamentary commission and will be table in parliament. GPs are expected to have access early in 2017.

BPAC SeNT (smart referral):

Many thanks to the GPs who participated in the proof of concept for the smart referral.
I would particularly like to thank Dr Zoltan Bourne of Maleny for his work with the BPAC team to smooth out the wrinkles in the installation process for Best Practice users and Dr Edwin Kruys Chair of the Queensland Faculty RACGP for his advocacy.
The evaluation has been completed and is available for distribution if you would like to review the findings.

There are some very neat interoperability functions within HealthPathways, which will make this complete package a seamless product for GPs to use!

You will be very happy to know that these functions enhance the referral process, rather than make it difficult.

We are now ready to expand to a wider project and are looking for more practices to have the referral installed. Please contact the GPLO team to arrange for further information and a demonstration/installation.

Until next month,

Cheers, Sandra

sandra.peters@health.qld.gov.au **Mobile 0427 625 607**

SUNSHINE COAST RADIOLOGY®

Pseudomyxoma

Background

A 66 year old female presented to her general practitioner with recurrent right upper quadrant pain and GORD like symptoms. Clinical examination revealed right upper quadrant tenderness and fullness but no Murphy's sign. She was referred for an ultrasound abdomen to CQR Rockhampton.

Ultrasound demonstrated a normal appearance of the gallbladder and liver. However, moderately large intra-abdominal ascites with internal echogenic features was discovered in keeping with complex fluid. This appeared most prominently in the right iliac fossa.

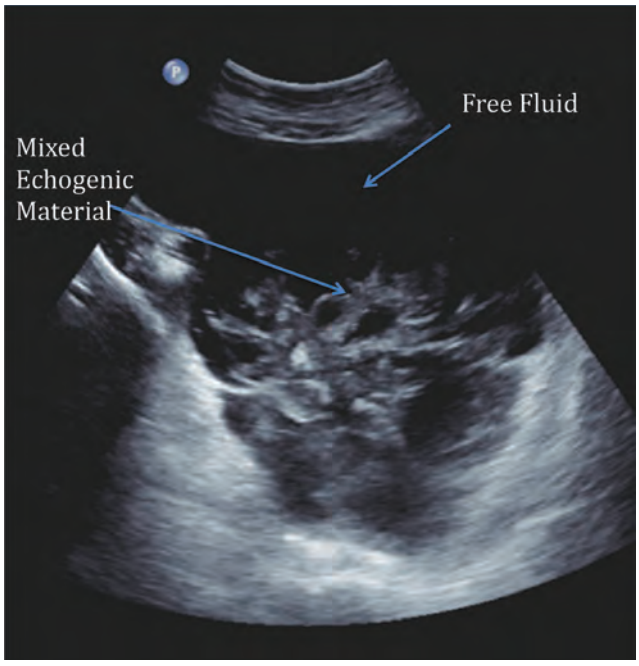


Figure 1: Sonographic image of the right iliac fossa demonstrating intra-abdominal free fluid and mixed echogenic material.

These findings were discussed with the referring doctor and it was decided to proceed to CT.

CT imaging revealed abdundant ascites and an ovoid focus with wall calcification in the right iliac fossa suggestive of an appendiceal mucocele. In addition there were focal areas of omental thickening. Findings were suspicious for mucinous adenocarcinoma of the appendix with associated pseudomyxoma peritonei. No extra peritoneal metastatic disease was detected.

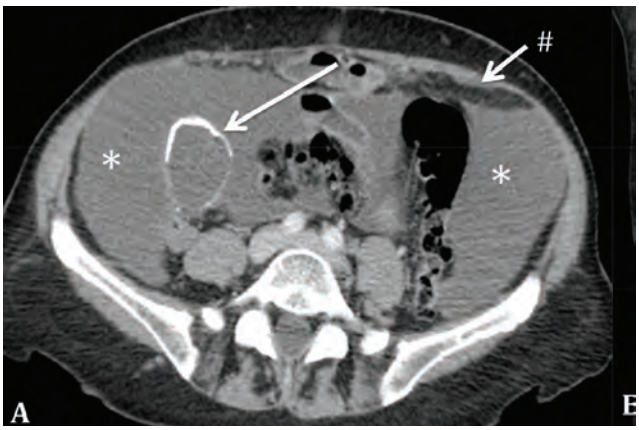


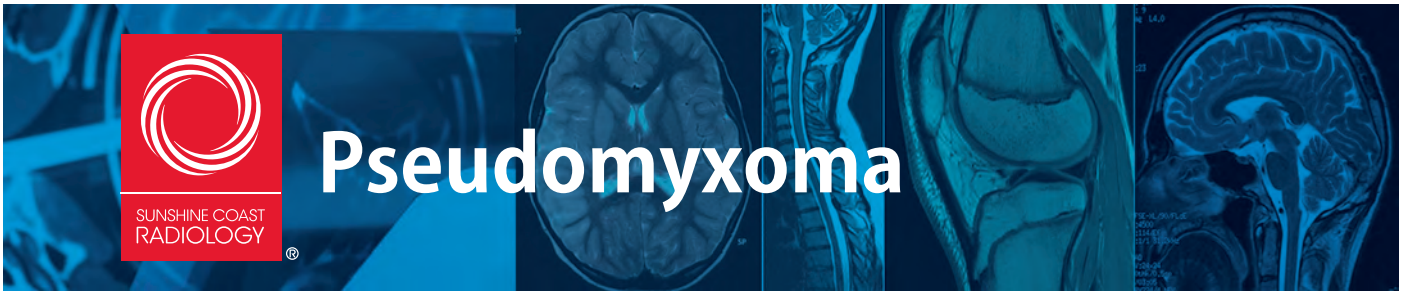
Figure 2: CT Examination. **A** Axial image with 53 x 39 x 37mm ovoid lesion with irregular calcified wall in the RIF (arrow) and abdundant ascites (*) with focal areas of omental caking (#). **B** Coronal image of ovoid lesion (arrow) and ascites.

Pseudomyxoma Peritonei

Definition and Pathology

- Pseudomyxoma peritonei is the result of a diffuse intraperitoneal accumulation of gelatinous ascites due to rupture of a well-differentiated mucinous adenocarcinoma of the appendix. The intraperitoneal dissemination of appendiceal mucinous adenocarcinoma progressively fills the abdominal cavity with tumour and mucus and is ultimately fatal.
- It can rarely be due to rupture of other mucinous tumors of colon, stomach, pancreas, gallbladder, or fallopian tube. The ovary was previously thought to be primary site, but ovarian lesions are now thought to be metastatic from an appendiceal primary.

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



SUNSHINE COAST RADIOLOGY®

Pseudomyxoma

Demographics

- Age: mean = 53 years old
- Gender: M < F
- Ethnicity: No known association

Natural History & Prognosis

- Slowly progressive disease with multiple bowel obstructions.
- 20% 5-year survival rate for very well-differentiated adenocarcinoma,
- 80% for well-differentiated adenocarcinoma
- Ultimately all patients die from this disease

Clinical Presentation

- Examination
  - Abdominal pain
  - Abdominal distension
  - Weight loss
  - New onset of hernia
- Bloods
  - Normal
- Radiography
  - Evidence of ascites
  - Lateral displacement of liver margin, Lateral displacement of cecum
  - Lobulated fluid collections in pelvis on either side of urinary bladder
  - Displacement of bowel loops centrally within abdomen
- CT
  - Low-attenuation masses < 20 Hounsfield units (HU), mass effect on liver and spleen (scalloping), centrally displaced bowel loops
  - Appendiceal primary tumor, calcified metastases, synchronous ovarian tumors in 44% of cases

Treatment

- Cytoreductive surgery with extensive debulking of all intraperitoneal involvement (Sugarbaker procedure)
- Surgical treatment followed by infusion of heated intraperitoneal chemotherapy

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

Excellence in Diagnostics

AMAQ COUNCILLOR REPORT

Dr Wayne Herdy

William Shakespeare in *'As You Like It'* wrote "there's no news at the Court sir, except the old news"….which pretty well sums up the hoary old debates recently re-surfacing like unwanted old friends from the slime of medical politics that breeds the discontent triggering yet new (or old) ways of keeping doctors under control. I smugly add that over the years I have predicted that every one of the new (or old) manipulative tools were going to come along to bite us all sooner or later.

REVALIDATION.

Reaccreditation, or a rose by any other name, is a tool to ensure that we are all keeping up to date and maintaining our knowledge, if not our skills. Once again, this beast has been re-cloaked as a possible pre-requisite to periodic re-registration.

Nurses are already familiar with the need to prove currency of experience before they can register with AHPRA every year. So far, doctors have escaped this indignity in the winter of our discontent. Nurses are different from doctors, not only in what they do, but in their lifestyle choices. While trying to avoid being accused of gender bias, we have to admit that historically nursing is a female-dominated profession, it is relatively low-paid, and in the past has been characterised by women leaving the profession to raise families and returning to the profession years later sadly deskilled. Hence nurses were expected to prove currency of practice before re-registering. Doctors don't behave like that, our ladies have babies and return to their high-paying jobs fairly promptly.

Doctors are already subjected to periodic review by their colleges, and AHPRA only requires college approval for continuing registration. What is new (or old, and new again) is the proposal to have doctors prove recency of practice before AHPRA re-registration.

One take on re-credentialling is that examinations might measure the wrong thing. The difference between a good GP and a great GP is not how much they know but how well they handle people. As the bard wrote, "all the world's a stage".

GP ADMINISTRATIVE CONSULTATIONS.

The Minister for Health is casting a razor's eye on GP consults that do not (arguably) produce a contribution to patients' health, viz and to wit sire, repeat prescriptions and writing medical certificates. Such stuff as dreams are made on."

The AMA's first response GP consults account for only 6% of the total health budget, and knocking a few of these consults off the Medicare budget is going to have no effect.

In practical terms, most medical certificates are written as part of a more complex consultation, and most repeat scripts are issued only with at least passing thought to the reasons why the patient is taking this particular witch's brew, e.g. when did the patient last have a BP check or a lipid profile or whatever is relevant to this script. And does the patient still need this potion at all?

Writing scripts and certificates still requires some exercise of clinical and professional discretion. Something will indeed be rotten in the state of Denmark the day we hand over this responsibility to nurse practitioners. What a piece of work is a man, how noble in reason, how infinite in faculties, according to Hamlet. And those cerebral faculties get applied to the most menial of administrative consultations, no matter how Minister Ley believes otherwise.

Less superficially, prescriptions and work certificates have legal ramifications, and I wonder how many script-writers will hand the keys of their legal insurers over to nurses.

Back to practical issues - handling telephone requests takes time and incurs a measurable practice cost. Lawyers do absolutely nothing unless it is being billed to somebody, and as long as medical practices are also businesses, we cannot be expected to put personal time and receptionist time into managing administrative consultations at nil cost. Most GPs charge a nominal fee for work done without face-to-face contact (and without Medicare rebate claimable), and most patients accept this small burden. All that glistens is not gold, but with Medicare rebates frozen we still have to pay our staff and operating costs.

CHAPERONS.

Although there has been a recent flurry of debate in the medical media about whether chaperons are desirable, as an ageing male my viewpoint is that this debate is a classic no-brainer.

A male doctor alone in a closed room with an incompletely-clad female faces a risk of unimagineable proportions. Even if Hamlet's queen believed "the lady doth protest too much, methinks", a Court or Ombusdman or professional registration board will usually take the lady's side. A vindictive complaint can ruin not only a professional career but leave the saddened doctor bereft for life. "Done to death by slanderous tongue was the Hero that here lies". Having a chaperon present takes little extra time, costs little if the doctor is already paying a staff member, and offers enormous protection for the doctor, if not reassurance for the patient.

Sorry folks, I just can't see why the debate has been raised at all. "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."

Ah well, parting is such sweet sorrow, until we meet again in my monthly column, a fond adieu from your correspondent. A closing word from Macbeth: "I go, and it is done; the bell invites me."

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

Wayne Herdy

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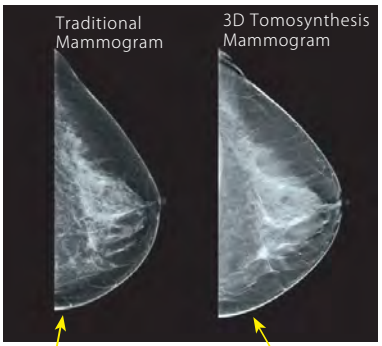

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1- JAMA. 2014;311(24):2499-2507

2- Radiology: Volume 269: Number 1-October 2013

Excellence in Diagnostics

Do you have your fixed business costs covered?

The majority of medical professionals are aware of the importance of Income Protection (IP) and have the relevant policy in force, however; there is only a small portion that have their fixed business costs covered.

Business Expense Insurance (BEX) is a policy designed to replace up to 100% of eligible fixed business expenses such as rent, medical leasing equipment, interest on business loans, administration staff, medical professional fees etc.

The policy works similar to IP in that it provides a monthly benefit to cover ongoing costs, however with IP you are insuring up to 75% of your gross income and with BEX you are insuring up to 100% of eligible fixed costs. You are able to have both polices and in the event of a claim they do not offset each other.

BEX policies are generally a lot cheaper compared to IP policies but that is because the benefit period is shorter and there is generally less bells and whistles in the policy. The waiting periods are similar in that you can have 14, 30, 60 and sometimes 90 day waiting period options but with all BEX policies they will only pay for up to 12 months benefit for any one ongoing claim. This is opposed to IP policies where you can have up to "age 70" benefit periods. The theory behind only being covered for 12 months is due to the fact that from a practical sense after 12 months you would either be well enough to go back to work or you would sell/exit the business as an ongoing concern. Also, a lot of fixed business expenses are worked on a 12 month basis hence the policy is designed to cover them for this period.

If you are self-employed or in an arrangement where you are responsible for a percentage of fixed ongoing service fees, it is important to consider BEX so that in the event of a claim you are not using your IP benefit to try and cover your personal living needs in addition to ongoing business needs.

The majority of retail insurers offer BEX cover but not all of them meet our recommendations from a product, definition and features perspective. One of the biggest issues with some BEX policies is that some insurers include a sneaky clause which offsets any ongoing profit to the monthly benefit. Hence, if you have a practice with other doctors and there is an ongoing profit, this profit can reduce your monthly benefit. These policies do not meet our recommended list and being a medical professional you also need a flexible policy that covers both total and partial disability along with specific wording relating to blood borne diseases.

BEX policies are tax deductible like IP but they should generally be paid and claimed by the operating business entity. From a structuring perspective BEX cannot be held or paid from a superannuation environment.

If you would like any further information or would like to arrange a quote please contact Hayden White at Poole Group Accountants & Investment Advisers:

Ph: 07 5437 9900 or hwhite@poolegroup.com.au

Sunshine Coast Orthopaedic Clinic

The Acute Knee Clinic

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

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

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

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

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

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

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

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

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

For appointments contact

Dr Steven Lawrie
Suite 17, Kawana Private Hospital
5 Innovation Parkway, Birtinya QLD 4575
p: 07 5493 3994
f: 07 5493 3897
e: sunshineortho@bigpond.com.au
www.sunshineortho.com.au

Examples of these injuries include:

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

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

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

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

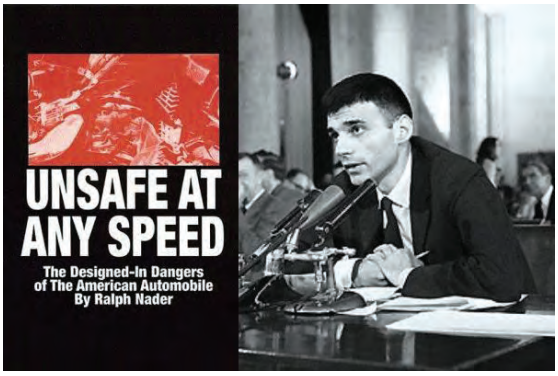
Early ACL surgery in the young active patient/sportsman.

MEDICAL MOTORING

with Dr Clive Fraser

"Whistle-blowers are 'unreasonable' people!

"Unsafe At Any Speed!"



It's been just over 50 years since a young lawyer from Connecticut named Ralph Nader published a book about the American automotive industry titled, "Unsafe At Any Speed : The Designed-In Dangers of the American Automobile".

Nader was the son of Lebanese immigrants and at the time was working (un-paid) for a Democratic Senator named Abe Ribicoff.

As a whistle-blower Nader should have been prepared for the retaliatory backlash from the politically conservative automotive giants because they would not be pleased by what he had to say in his book.

In shades of Julian Assange and Wikileaks Nader was put under surveillance, his phone was tapped and prostitutes were hired by General Motors in an attempt to entrap the young man, apparently to no avail.

At my age I have always thought that any young woman who showed an interest in me must be on someone else's payroll.

So why did General Motors go to such great lengths to discredit Nader?

One would only have to start by reading the first chapter in his book which was titled, "The Sporty Corvair – The One-Car Accident".

This chapter featured a discussion of the safety and handling characteristics of the 1960 to 1963 rear-engined Chevrolet Corvair.

It seems that the car was prone to dangerous over-steer because of its swing-axle configuration and the absence of $6 per car anti-sway stabilizers which were left out due to cost-cutting.

General Motors had even ignored the advice of its own engineer (George Caramagna) that the anti-sway bars should come as standard, but they were offered as an option.

Chevrolet also recommended tyre pressures that were outside of the tyre manufacturer's specification meaning that the tyres were over-loaded.

A subsequent 1972 review by the National Highway Safety and Traffic Administration did eventually find that the 1963 Corvair was "no less safe" than its contemporary rivals, the Ford Falcon and Plymouth Valiant.

But the rest of Nader's book was still on fire about hood ornaments which might seem to be designed to impale unsuspecting pedestrians, non-standardized gear shift selectors which could inadvertently send the car backwards, shiny chrome-plated and non-padded dashboards that dazzled drivers' eyes, and sharp knobs and switches that speared passengers.

And that's not to mention warranties that weren't honoured by manufacturers and the growing problem of automotive air pollution.

Manufacturers were obsessed with styling and horsepower and didn't think that safety would sell.

They believed that crashes were caused by bad drivers and bad driving.

The United States was falling way behind European manufacturers who were fitting radial-ply tyres and disc brakes which were actually saving people's lives.

Nader pointed out that Volvo could make a profit and sell cars with 3-point seatbelts.

It really looked like Nader's book was going to be bad for business with the final chapter suggesting that, "the automotive industry should be forced by government to pay greater attention to safety in the face of mounting evidence about preventable death and injury".

At the time about 1,000 people per week were being killed in US traffic crashes.

The US Government did eventually take notice and on 9th September 1966 The National Traffic and Motor Vehicle Safety Act was enacted to empower the federal government to set and administer new safety standards for motor vehicles and road traffic safety.

MEDICAL MOTORING / cont:

In the 50 years since the US legislated safety standards automotive fatalities have reduced from 5.50 deaths per 100 million vehicle miles travelled to 1.07 fatalities per hundred million vehicle miles travelled.

"Unsafe At Any Speed" would undoubtedly become a public health success story.

So whatever happened to Ralph Nader?

His continued political activism has produced more legislation including the Freedom of Information Act, Foreign Corrupt Practices Act, Clean Water Act, Consumer Product Safety Act, and the Whistle-blower Protection Act

He has run for US president many times since 1972.

His presidential candidacy in 2000 may have unwittingly granted George W Bush the top job when Al Gore fell 537 votes short in Florida on a split liberal/democrat vote.

Nader has been affectionately described as "An Unreasonable Man".

According to George Bernard Shaw, "The reasonable man adapts himself to the world; the unreasonable one insists on trying to adapt the world to himself. Therefore all progress depends on the unreasonable man".

Safe motoring,

Doctor Clive Fraser

PS Ralph Nader catches public transport and does not own a car.

BATHURST HERE WE COME!

Wayne Herdy with Co-driver Bernard Ballantyne

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Passengers organised!

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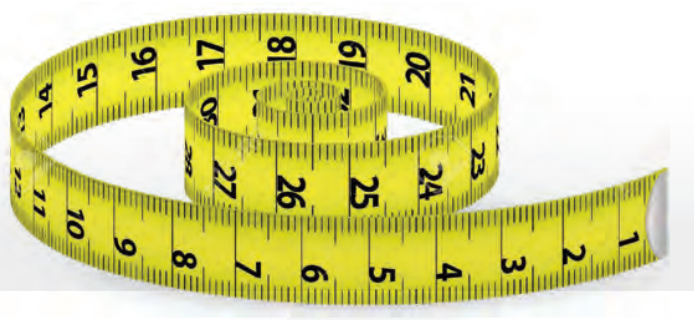
GP Education

BIG problems

Obesity and health related conditions

Noosa and Sunshine Coast University Private Hospitals proudly present a symposium featuring General and Bariatric Surgeons **Drs James Askew** and **Garth McLeod** and the Weight Loss Solutions Sunshine Coast Health team Dietitian **Kate Stoker** and Exercise Physiologist **Vanessa Coman**.

Looking at the growing obesity epidemic and the associated health issues for individuals. Join us for an opportunity to engage in interactive discussion with our team of specialists.



PROGRAM:

6.00pm Registration and dinner

6.30pm Welcome and presentations / workshops

What you and your patients need to know about weight loss surgery in 2016 with General and Bariatric Surgeons Dr James Askew & Dr Garth McLeod

followed by

Rotating Discussion groups – your opportunity to get answers about anything you want to know about weight loss management.

9.00pm Evaluation and close

4 Category 2 points

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BRENNAN WINES

From a New York state of Mind

dr. plonk

Family enterprises always ooze passion with artistic flare, dutiful care of the end product and boundless enthusiasm. The Brennans have excelled in these areas of winemaking since Murray Brennan, the Father, purchased land holding in 1994. Originally from "foreign lands' of Auckland, and an Oncologist, Murray had been smitten by the Central Otago rugged beauty. In particular the wine potential of Gibston .

The high quality fruit from the hand planted, handpicked vineyards was sold to another high quality producer, Peregrine wines. Murray travelled to the USA to expand his training in Oncology and married a New Yorker. Sean Brennan,one of the sons, was raised in the USA. He returned from his overseas sojourns to take up the position of winemaker in 2006.

He gained his vinous University degree from Roseworthy in Adelaide. 2 years of working in a relatively cool climate with grape diversity stood him in good stead for his Otago return.

The Vineyard is surrounded by some iconic yet collegiate neighbors. Vali and Peregrine Wines are a stone's throw. The soils in the region are alluvial with glacial schist. These features can add minerality to already complex desirable flavors.

Pinot Noir is dominant taking up 8 of the 10 hectares of planting. Other varieties include Pinot Grigio/Gris, Chardonnay, Riesling, Muscat, Gewürztraminer and Otago's only Tempranillo.

Sean is a fanatic in the vineyard. The "off season" is still a busy time with attention to detail and maintenance that will give next vintage its best chance to shine. All grapes are handpicked and the sorting process begins in the vineyard as individual bunches are directed into different pathways that will ultimately result in a wine of high quality,

Having had a predominately New York upbringing, I sense the American influence. New York itself is about being big, not gross, individual but not gaudy and full of confidence. In general the wines have great fullness of fruit, rich flavors and robust structure.

The philosophy of slow but deliberate growth will steer Brennan wines into a sound future. The first USA exports have begun. A standalone Riesling will be released. Zinfandel is being planted. All from inspiration from that Hudson River line.

Wines tasted-

2015 Brennan B2 Trio Gibston - Light green to yellow colour. White peach, some rose petals, grassy notes with hints of Chinese 5 spice. Fresh fruit flavor on the anterior plate with mid palate acid. Plush aromatic wine to have with white Castella.

2015 Brennan B2 Pinot Noir Rose (70% pinot noir, 30%Tempranillo) Spicy cherry notes with a hint of bramble. Fresh smooth fruit flavors, that ebb and flow, are supported by subtle tannins that allows the wine to pair with a range of foods e.g. Chicken mushroom voul a vent.

2015 Brennan Tempranillo – dusky red in color. Youthful flirtatious nose of dark cherry fruits, spicy plums and hints of earthy florals. Ample fruit flavors with white pepper spices. Medium tannin structure. Have with some mild sopressa.

2015 Brennan B2 Pinot Noir- Dark red in color. Powerful bouquet of dark berry fruits, spicy savory notes, with secondary floral herbal nuances. Powerful fruit ascends on the palate and is sustained by masculine grippy tannins. An excellent wine with duck and abalone risotto.

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An update on urogynaecology	**Dr Peta Higgs** *Consultant Urogynaecologist*
Mental illness and menopause	**Dr Fionnuala Dunne** *Consultant Psychiatrist*
Management options for the women with atrial fibrillation	**Dr Alana Harris** *Consultant Cardiologist*
Controversies in breast screening	**Dr Emma Secomb** *Consultant General Surgeon*
Infectious diseases in pregnancy	**Dr Nerida Flannery** *Consultant Obstetrician & Gynaecologist*

40 Category 1 QI&CPD points approved

Online registrations can be completed by visiting sunshinecoasthospital.com.au/gpeducation or emailing raelene.davies@uchealth.com.au

UnitingCare Health

CRUISING IN EUROPE

The slow chug of cruises along the rivers while you relax on the top deck of the ship, under the blue sky is an ideal way to enjoy the mesmerizing landscape of Europe. The breathtaking views offered by these cruises – which are nothing but floating hotels, that journey between destinations – over the ripples of its gorgeous waterways can be topped by few things in life. It comes with all modern amenities of a hotel like restaurants, fitness facilities, bars, spas, lounges, internet access, and comfy staterooms. European cruises will satisfy everyone – from first-time vacationers to experienced cruisers.

Cruising along the enchanting Europe beyond the coastlines

The fabled backdrop of Europe speckled with castles, villages and vineyards, along its famous rivers– Rhine and Danube, has been an artistic inspiration to many. Thanks to the large ground that needs to be covered, plenty of cruises sail across the region with stops at various ports for you to enjoy your personal sightseeing. The season beginning March through December is best for exploring the splendid towns of Europe, learning about the contemporary culture, history as well as the Continent's best rivers.

1. Western Mediterranean Cruise: It takes you along Italy's west coast with pit-stops at Rome and Florence, the wine countries of France and Spain, and Lisbon in Portugal. Hold your breath for Europe's finest landmarks, churches, museums, and cathedrals.

2. Eastern Mediterranean Cruise: You will get to cherish the culture, beauty, history as well as adventure of the Greek Isles, the Turkish ports like Istanbul, Kusadasi and Izmir, Venice in Italy and Croatia's Hvar and Dubrovnik.

3. **British Isles and Western Europe:** Sail to the beautiful Belgium, Dublin, Amsterdam, Hamburg, Edinburgh and Normandy/ Paris on these cruises. They embark from London (Harwich, Southampton, Dover and Tower Bridge). They also call on ports from other regions, like the Northern Europe and the Western Mediterranean. So unpack once, and let it take you from one exotic destination to the other.

4. Baltic & Northern Europe Cruise: This includes two markedly different types of itineraries in Northern Europe. The first is Viking exploration with trips to Norway's west coast, the gateway to the Norwegian fjords and ports in Greenland, Iceland and the Faroes. The second is art, culture and history connoisseurs' delight with trips to the Baltic area including, ports of Copenhagen, Stockholm, St. Petersburg and Oslo.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions on cruises in Europe.

- A Western Mediterranean cruise, which includes stops in Spain, Barcelona and Monaco, as well as Italy
- An Eastern Mediterranean cruise which includes Italy, Croatia and Greece, Turkey and Israel
- A Baltic Sea voyage will take you to Scandinavian countries, the gateway to the Norwegian fjords, and Russia
- The British Isles Cruise will take you to the castles of London, Scotland and England. A trip to the Canary Islands will also be arranged.

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AMA QUEENSLAND

40 CONTINUING PROFESSIONAL DEVELOPMENT POINTS
*Subject to approval

Private Practice and Medico-Legal Conference

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Friday 28 - Saturday 29 October 2016

Brisbane Convention and Exhibition Centre, South Bank

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Conference topics include:

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- Exploring practice funding and Medicare compliance
- Understanding the life cycle of a medical complaint
- Driving patient bookings in your practice
- The Fair Work system and your private practice

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Dr John **SMITH**				
Dr Tom **BROWN** *Interventional*				
GENERAL PRACTICE				
Dr Penny **SMITH** *Women's health*				
Dr Betty **BROWN**				

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(Title) *(First Name)* *(Surname)*

Name of Practice_____

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Suburb: _____ P/C_____

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Email: _____

Website: _____

Specify category for your listing*: (e.g. General Practice, Gynaecology, Cardiology, Anaesthetics)*

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Special Interests: _____

Signed: _____ Date: _____

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- ***Do you want to be listed?***

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SCLMA NEWSLETTER !!

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Our new members so far for 2016 .....

FEBRUARY:
- *Dr Ethan Oost (Anatomical Pathology)*
- *Dr Kate Gazzard (Sports Medicine)*
- *Dr Tevita Taka (Radiology)*

MARCH:
- *Dr Garth McLeod (General Surgery, Bariatic Surgery)*
- *Dr Ali Sharafi (Endocrinologist, Diabetes Specialist)*
- *Dr Peter Stickler (General Practice)*
- *Dr Peter de Wet (General Practice)*
- *Dr Dion Noovao (Orthopaedics)*
- *Dr Stefan Buchholz (Cardiology)*
- *Dr Paul Hlincik (General Practice)*

APRIL:
- *Dr Johan van den Bogaerde (Gastroenterology)*
- *Dr Chris Vernon (Urology)*

MAY:
- *Dr Peter Brookfield (Radiology)*
- *Dr Andrew Dettrick (Pathology)*
- *Dr Dal Goodman (General Practice)*
- *Dr Drago Popovic (General Surgery)*
- *Dr Andrew Robertson (Radiology/Nuclear Medicine)*
- *Dr Marlene Pearce (General Practice)*

JUNE:
- *Dr Rachelle Smyth (General Practice)*

JULY:
- *Dr Stephanie Wallace (General Practice)*
- *Dr Bernard Tamba-Lebbie (Orthopaedics)*
- *Dr Danielle Williams (RACP Trainee)*
- *Dr Rachel Gedge (RMO)*

AUGUST:
- *Dr Peter Fuller (Sports and Exercise Medicine)*
- *Dr Trevor Shar (Urology)*
- *Dr Felicity Adams (General Surgery)*
- *Dr Christopher Price (Gynaecology)*
- *Dr Mark Brown (re-join, General Practice)*

SEPTEMBER:
- *Dr Kavita Nathan (General Practice)*
- *Dr David Bertholini (Anaesthetics)*

PENDING FOR OCT MEETING
- *Dr Alicia Lorenz (General Practice)*
- *Dr Chris Lawson (General Practice)*
- *Dr Kirsten Price (Breast Surgeon)*
- *Dr Anita Ponniah (General Practice)*
- *Dr Michael Naue (General Practice)*

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 JULY 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 25 August 2016

Attendance: Drs Di Minuskin, Scott Masters, Jenny Grew, Peter Ruscoe, Marcel Knesl, Kirsten Hoyle, Mark de Wet, Jon Harper, Mason Stevenson, Jeremy Long.

Apologies: Drs Wayne Herdy, Nigel Sommerfeld.

Minutes of last meeting: *23 June 2016*

The Minutes were accepted as a true and accurate record. Moved: Di Minuskin Seconded: Peter Ruscoe

Business arising from Minutes. Nil.

President's Report: *Dr Di Minuskin.*

- Tele-link up with other LMAs around Qld. Interesting to hear the conversations from other areas. Concerns in common include the Rebate Freeze and delays in communication with hospitals. Models of maternity care in QH and health ombudsman processes also discussed.
- Urgent Care for Caloundra. Well-attended meeting with many practices, after hour providers, SCHHS and current DEM staff in attendance. Proposal that GPs staff the facility did not receive a favourable response from the attending GPs, few details on funding, remuneration, training etc. SCHHS to review and advise.

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

Secretary's Report: *Dr Jenny Grew:*

Correspondence In:

- Greg Bradley, USC – re 2016 SCLMA Bursary

Correspondence Out: Nil

Business arising from Correspondence:

- All agreed to continue with the USC Bursary.

Treasurer's Report : *Dr Peter Ruscoe*

Accounts to be paid:

- Australia Post – Account June 2016
- Jo Bourke – Secretariat June 2016
- Office National – Account June 2016
- Jo Bourke – Adobe CC subscription June 2016
- Snap Printing – July 2016 newsletter
- Jo Bourke – July 2016 newsletter
- ATO- BAS April-June 2016
- Web hosting
- Annual Return

Peter Ruscoe moved that the accounts as presented be approved for payment:
Seconded: Di Minuskin. Carried.

(b) Membership Report.

- Dr Stephanie Wallace (General Practice)
- Dr Bernard Tamba-Lebbie (Orthopaedics)
- Dr Danielle Williams (RACP Trainee)
- Dr Rachel Gedge (RMO**)**

Peter Ruscoe moved that the membership application be approved.
Seconded: Mason Stevenson. Carried

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

Meetings Convenor Report: *Dr Scott Masters*

- Christmas in August at the Surf Air is almost upon us and expecting a great evening.
- Meetings for the remainder of the year filled; topics and sponsors already lining up for 2017.

Hospital Liaison Report: *Dr Jeremy Long*

- The process of working toward the April 2017 move into the new hospital is well underway and on track, including the HR recruitment process which has seen a lot of interest in the 90 specialist positions. The credentials of the candidates mean that research and education will be strong.
- The next submission submitted by SCHHS to the Integrated Care Innovation Fund will be less rushed to maximise chances of success in the subsequent rounds.

SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 28 JULY 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:
(Accepted at Committee Meeting 25 August 2016

PHN Country to Coast Report: *Dr Jon Harper*

- The PHN is involved with the Integrated Care Alliance, together with Commonwealth and State governments and HHS. Uses a healthcare home model.
- Healthpathways is due to launch in a few weeks. It will be compatible with Queensland Health's Clinical Guidelines.

General Business:

- Renewal of Agreements – J Bourke and C Hawkins
- Renewal of USC Bursary – all in agreement, as above.
- SCLMA "screensaver" suggested as a backdrop for meetings prior to the commencement of programmed speakers to showcase LMA events and notices.

Meeting Close: 1857

Next meeting: Thursday 25 August 2016

Maroochydore Surf Club

Dr Jenny Grew
Honorary 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"

PLEASE NOTE THE FOLLOWING:

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

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

SUNSHINE COAST 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

CLASSIFIEDS

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 MOOLOOLABA
Busy, not for profit clinic is seeking a VR GP to work with a supportive and relaxed team of GPs and nurses offering family planning services

- In Mooloolaba. Hourly rate, work at your own pace with no particular number of clients to be seen per hour. Fully computerised using Best Practice software.
- Work as many or as few hours as you like. Would suit a semi-retired GP or a GP with young children who would appreciate flexibility.
- No after hours or weekend work (unless you want to). The opportunity also exists to be involved in decision making and goal setting for the clinic.

Please contact Wendy Stephenson on 5444 8077 or 0416 938 040 or E: womenshealthcare@bigpond.com
August 2016

GP REQUIRED - O&G PRACTICE - BUDERIM
Excellent opportunity for a GP to join our Integrated Women's Health Practice located in Buderim on the beautiful Sunshine Coast Queensland.
We are looking for a full time or part time VR or Non VR GP to join our well established practice.

- Private Billing
- No weekends
- No after hours
- Remuneration negotiable

For further information please contact Dr Dana Moisuc or Danielle Evans,Practice Manager **Ph: 07 5478 3533**
Email: reception@danamoisuc.com.au
July 2016

POSITION VACANT - CALOUNDRA SKIN CLINIC
Non-corporate practice established in 2003

- Private billing
- Remuneration by negotiation
- Full time or part time
- Friendly supportive team including nursing support
- Modern premises with three consultation rooms, treatment room and OT
- We are in an area of Work Force Shortage
- You will need to be experienced in Skin Cancer Medicine and preferably be Skin Cancer College accredited or studying towards same. Mentorship towards Diploma and fellowship is available.
- Principal is a Fellow of the Skin Cancer College Australasia

Dr Alex Morgan 075492 6333(W) 075443 2610(H) after hours Email : tk1doc@gmail.com
July 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: 5479 3979 or 0407 037 112
Email: jobo@squirrel.com.au

SCLMA ANNUAL GENERAL MEETING & CLINICAL MEETING - 25 AUGUST 2016

Maroochydore Surf Club Function Room, Maroochydore

Speaker: Dr David McIntosh, Paediatric ENT Specialist

Topic: 'Acute otitis media and the role of antibiotics in 2016'

Outgoing SCLMA President Dr Di Minuskin with Meetings Convenor, Dr Scott Masters

Sponsors: Kim Caffery (Meda) and Jennifer Yeowart (Attune) with Dr David McIntosh, Presenter.

Incoming SCLMA Secretary, Dr Mark de Wet with Dr Mark Coghlan and Kevin Hegarty, CEO, SCHHS

Dr Piotr Swierkowski, Dr Steven Coverdale and Dr Ted Weaver

Left:
Dr Chris Lonergan, Dr Marlene Clout, Dr Trish Pease with Dr Robyn Hewland.

Right:
New SCLMA member Dr David Bertholini with Dr Damien O'Brien.