



SCLMA President's Message

Dr Roger Faint

Congratulations to the Sunshine Coast. It has been formally announced that Griffith University will establish a medical school at the SCUH to open in 2019.

The positions for 50 Commonwealth Supported Places (roughly meaning Australian school graduates) have come from a reallocation of other university medical student places. This means that these reallocated Commonwealth Supported Positions (which also meant a very challenging negotiation process) will be replaced by full fee paying positions at the negotiating universities and ultimately the total student number in Australia will increase.

The Sunshine Coast University will soon establish an undergraduate medical science course thus enabling local students to stay on the coast, perhaps at home, and become a doctor. This is exciting stuff and even the AMA have praised the decision.

As there was no clinical meeting this month (due to school holidays), the management committee recently met for a strategic planning meeting led by the very professional Frank Cassells, Chartered Accountant.

The Sunshine Coast is growing quickly and also technology is changing rapidly and thus it is important to keep abreast of such changes so as to keep the SCLMA relevant.

The committee is comprised of very wise and experienced professionals and the final outcome of the meeting will be confirming the SCLMA direction for the next five or so years.

I met with Scot Lisle, acting CE, SCHHS recently to discuss the withdrawal of accreditation for the two Orthopaedic registrar training places at SCUH beginning in early 2018 by the Australian Orthopaedic association (AOA).

Apparently there were deficiencies noted in relation to elective surgery experience, in part due to the contracting out of elective surgery to the private sector. The contracting out of elective surgery to the private sector is now common practice in Queensland and apparently saves a considerable amount of money.

Locally it was necessary to expand such a system to allow the new hospital to be established with the least interruption to medical services.

However this contracting system is apparently now beginning to have detrimental effects on doctor training in some areas and Orthopaedics has been caught in the cross fire.

Scott Lisle reassured me that the contracting out of Orthopaedic elective surgery will cease in June 2018, when the public system will again ramp up, including Nambour Hospital.

I have written a letter of support for our local health service and Scott Lisle to the AOA in the hope that a middle ground can be found. The letter is published in this newsletter and on Facebook and I encourage you to read it.

I also discussed the growing appetite for QH, state wide, to encourage patients to use their private health insurance whilst admitted in a public hospital. This system nets substantial dollars for QH and will continue to be utilised. The Southern states have been utilizing this system for a considerable period of time and Queensland is simply catching up I am told. There is concern regarding the breakdown of patient continuity of care as a result and Scott Lisle was very concerned also. He will monitor any level of disruption to patient care and would appreciate any notification as such.

Yours Sincerely

Dr Roger K Faint.



The SCLMA thanks Sullivan Nicolaides Pathology for the distribution of the monthly newsletter of the Sunshine Coast Local Medical Association.



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

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**OCTOBER 2017
NEWSLETTER
Deadline Date
will be FRIDAY
20 OCTOBER
2017**

DO YOU HAVE SOMETHING TO SAY?

- Perhaps you might like to comment on articles published.
- What would you like to see in the newsletter?
- Do you have some jokes we can publish (and not offend anyone!!).

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

Contact Jo: 5479 3979

Mobile: 0407 037 112

Email: jobo@squirrel.com.au

Fax: 5479 3995

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

ARE YOU A MEMBER?

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

www.sclma.com.au.

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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

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

Directory form available on the website.



Editorial

"Last week President Trump made his inaugural address to the United Nations - a body established to spare humanity the scourge of war - by declaring he was "ready, willing and able" to totally destroy North Korea and its 25 million people.



I am both amazed and perplexed by the silence and absence of opposition by other countries, in the mainstream media and on the streets, as if dissent once tolerated in the mainstream has vanished. There is plenty of sound and fury at Trump the tweeter but none at Trump the exemplar of perpetuating individualism, exceptionalism and supremacy. Where are all the placard bearing demonstrators who once marched in our streets?

It all seems to fail to penetrate the presstitute proselytised brains of identity politics. We are so busy rewriting history - creating a raceless, genderless generation of individuals without roots, a society bereft of historical memory more adept at communicating with robots than each other - that discourse is no longer possible. Commodifying "diversity" means that to speak out one fears being labelled racist, sexist, homophobic, fascist, communist etc.

We are giving up politics and policies where real consequences occur in favour of (imagined) identity. As John Pilger articulated recently, "The revisionism never stops and the blood never dries".

Believe in something and don't be scared to speak out. We must continue the dialogue..."

Regards

Kirsten Hoyle

HIGHLIGHTS in this issue:

- P 5: Scott Lisle, Acting CE, SCHHS
- P 6: AMAQ - "Mandatory Reporting Update"
- P 8: Dr Roger Faint - letter to AOA Qld
- P 9: SCHHS announcement - new CE
- P 10: PHN - 'Men Let's Talk'
- P 13: SC Radiology - Case Study
- P 14: Dr Clive Fraser - Motoring
- P 16: Poole Group - Finance
- P 18: Travel - visit Bhutan
- P 29: Membership Application (**Note all Registrars' mship is free**)
- P 30-31: Classifieds

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

SEPTEMBER - NO MEETING (school holidays)
SCLMA Committee held planning meeting.

THURSDAY 26 OCTOBER 2017

Speaker: Dr Jonathan Robertson
Topic: Clinical trial approved at TSCPH at Buderim for Prostate Artery embolisation (PAE) for benign prostatic hypertrophy

Speaker: Dr Chris Vernon
Topic: Summary of lower urinary tract symptoms (LUTS) in men.

Venue: M'dore Surf Club

Sponsor: TBA

THURSDAY 30 NOVEMBER 2017

Details being finalised.

Dr Peter Georgius and rehab team from Selangor.

NO MEETINGS DECEMBER & JANUARY.

ENQUIRIES: Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Clinical meetings are for current SCLMA members.

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

www.sclma.com.au

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

FACEBOOK: sunshine coast local medical association (Please 'like' and 'share' us!)

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Dr Georgius is also director of Sunshine Coast Clinical Research, and is currently recruiting patients with:

- Low back pain
- CRPS

To discuss your patients' eligibility, please call the Research Coordinator on 5447 4777.

All correspondence to Noosa rooms:

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Health Service Link - September 2017

As many of you would be aware, on 31 August 2017, the Commonwealth Health Minister Greg Hunt visited Sunshine Coast University Hospital (SCUH) to announce the allocation of the final 15 medical school places required for a full medical school for students from years one to four.

Professor Martin Betts, Deputy Vice Chancellor Griffith University, also attended. The Sunshine Coast Health Institute (SCHI) medical school partner is Griffith University who will join the health service, University of the Sunshine Coast and TaFE Queensland East Coast in this unique partnership. It is expected that first year medical students will commence at SCHI at the start of the 2019 academic year.

This is wonderful news and comes after more than five years of effort from our SCHI partners, the community, government and many staff. It means that residents of the Sunshine Coast, Gympie and other regions will be able to train at SCUH. We know that training locally results in students being more likely to stay or ultimately return to the health service after their medical training is completed. It is an important factor in our aim to "grow our own" health staff.

There are many who worked so hard on achieving this outcome and I would like to acknowledge the support of the SCLMA and particularly that of President Roger in this regard. It shows yet again what can be achieved by working together in a constructive and positive way.

There will be a transition period where we will accommodate students from University of Queensland and Griffith during 2019 and 2020. There will be minimal change during 2018.

On a related note, it is with some sadness to report that Associate Professor Steve Coverdale is standing down as the Head of the Sunshine Coast Clinical School from late November this year after nine years in the role. Aside from his clinical contributions, Steve has been a great leader, statesman and advisor to many of us in the health service as well as the students that have trained at the clinical school. Steve will continue to work part-time next year.

As a number of colleagues may already know, Associate Professor Ted Weaver OAM has accepted appointment as the next Head of the Clinical School. Ted is well known to many, not only as an obstetrician and gynaecologist on the Sunshine Coast since 1987, but for his commitment to medical education.

He was President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists from 2008-2010 and continues to be involved in educational initiatives of the College, including

the Practical Obstetric Multi-Professional Training Programme (PROMPT).

At the local level, Ted is one of our most highly regarded teachers of medical students and in 2012 received the UQ Medical Society and UQ School of Medicine overall award for excellence in clinical teaching. His research reflects his interest in the impact of education, training and simulation on improving clinical outcomes. Ted is also a member of the Sunshine Coast Hospital and Health Board.

I am very confident that Ted will adroitly lead the Clinical School through its transition to a full Medical School with our university partner.

Regards

Scott Lisle

Scott.Lisle@health.qld.gov.au



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AMA QUEENSLAND CEO UPDATE - 'Mandatory Reporting Update'



September saw some further movement on the push to change mandatory reporting laws. Regular readers of my column would know that the Australian Health Ministers Advisory Council (AHMAC) announced in August that they would develop a discussion paper that would

outline possibly recommendations for a nationally consistent approach to mandatory reporting, which would then be considered by the COAG Health Council at their November 2017 meeting.

AHMAC has come up with four options for reform (see Appendix A in **this document**). In September, AHMAC held a stakeholder forum which the AMA attended, represented by our Federal Vice President Tony Bartone. Other health professions, regulators, consumer groups and health departments from across the country were also in attendance. With such a diverse group it was always unlikely that there would be a clear consensus on the day, however there was a mood for change – although what that change may look like is still to be determined. Health Ministers want to finalise changes in time for legislative changes early in 2018, so whatever changes occurs, it is likely to be a relatively quick process. For its part, the AMA has prepared a submission to the AHMAC proposing the adoption of the 'WA model' across Australia, which is listed as Option 2 in the AHMAC paper. Our submission will be submitted by the end of September prior to COAG meeting in November to discuss its options.

AMA Queensland believes it is crucial to have healthy doctors and that this leads to healthier patients. The opportunities to design a system that supports practitioners and the public must not be squandered.

We will continue to press our case for reform and will provide a further update following the release of the discussion paper in November.

If you are a doctor who currently treats other doctors or health practitioners or if you are a health practitioner who would like to seek support, please contact the Doctors Health Advisory Service Queensland on (07) 3833 4352 or AMA Queensland on (07) 3872 2222 for confidential advice.

**Jane Schmitt,
Chief Executive Officer,
AMA Queensland**



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11 September 2017

Dr Gary Neilsen
Orthopaedic Surgeon
Chair, AOA Queensland Branch
Mater Medical Centre
293 Vulture Street
South Brisbane Qld 4101

Dear Dr Nielsen

I am writing regarding the withdrawal of two accredited training positions for Orthopaedic registrars at the Sunshine Coast University Hospital (SCUH) from February 2018. I believe that the decision was a surprise to the administration at SCUH who were expecting a further review by the Australian Orthopaedic Association(AOA) at the end of 2017.

Scott Lisle, Acting Health Service Chief Executive, reliably informs me that at the time of the accreditation visit the new hospital was in transition phase post amalgamation of Caloundra and Nambour Hospitals. However despite this and a long term but temporary contract and outsourcing of elective Orthopaedic surgery to the private sector, namely the Ramsay operated Sunshine Coast University Private Hospital (SCUPH) until June 2018, annual orthopaedic cases provided publicly have remained stable. As a result of temporary lower activity levels at the time of the visit, I believe the AOA is concerned at the lack of elective orthopaedic surgery and orthopaedic beds at SCUH to fulfill training requirements for registrars.

The Sunshine Coast Local Medical Association Inc. (SCLMA) met recently for their monthly management committee meeting. There was widespread discord amongst all members of the committee (the majority are specialists both public and private) regarding the above decision and its effect on Sunshine Coast Health Service delivery.

However it has come to light that General Surgical registrar training positions are not being affected and thus the orthopaedic issue is isolated.

As you would appreciate, the loss of registrar training positions has a profound effect on a public hospital's reputation and its ability to retain/attract Consultant staff. Thus, such a decision will have a detrimental effect on health care provided with in the rapidly growing Sunshine Coast area.

I appreciate that decisions by the AOA such as this are not taken lightly, however the SCLMA would ask that the decision be reviewed particularly in light of the fact that contracts with Ramsay/SCUPH will cease mid year 2018.

Regards

Dr Roger K Faint
President, Sunshine Coast Local Medical Association Inc.

Sunshine Coast

Hospital and Health Service

Media statement

4 October 2017

New Chief Executive for Sunshine Coast Hospital and Health Service appointed

The Minister for Health and the Minister for Ambulance Services, the Hon. Cameron Dick MP has approved the appointment of Adjunct Associate Professor Naomi Dwyer as the new Chief Executive for the Sunshine Coast Hospital and Health Service.

Professor Dwyer has broad experience in health services management including previous appointments as Chief Operating Officer, Executive Director roles and since May 2014 has been the Chief Executive Officer, Women's and Children's Health Network; a statewide service in South Australia that delivers a broad range of tertiary and community health services.

Sunshine Coast Hospital and Health Service (SCHHS) Board Chair, Dr Lorraine Ferguson AM said: "We are very fortunate to attract an experienced health chief executive such a Naomi to the Sunshine Coast".

"She is known as a highly motivated and dynamic leader and is widely regarded as a successful chief executive, having successfully led change and improvement in very challenging times, in health service delivery and as the Chief Operating Officer during the planning and commissioning of the Gold Coast University Hospital".

Regarding her appointment Professor Dwyer said: "I feel very honoured to be appointed to serve the community as the Chief Executive of the Sunshine Coast HHS at such an important time in their journey. My vision is to partner with the talented Board and SCHHS team, our consumers, community and valued partners to deliver exceptional care and a reputation of international standing."

"I look forward to joining with the staff to welcome Naomi to the SCHHS," Dr Ferguson said.

Dr Ferguson said she wanted to thank the health service's acting Chief Executive, Mr Scott Lisle, who will continue in the role until Professor Dwyer takes up the role in December 2017.

Background:

Professor Dwyer also has experience in government and the university sector, is a graduate of the Australian Institute of Company Directors and has undergraduate and postgraduate qualifications in business management and business law and holds academic appointments with the University of Adelaide and Griffiths University.



Men, let's talk: suicide prevention for males in a clinical setting

Kath Thompson, Acting CEO

"In truth, there are a lot of blokes out there doing it tough, but the tragedy is, we don't talk about it".

Sadly, Movember Foundation representative Justin Geange is not alone. Suicide doesn't discriminate. In 2017, mass media campaigns by Mates in Construction and RUOK Day have predominantly focused on a male cohort. The Movember Foundation has reported three quarters of all suicides globally are by men – a staggering half a million men worldwide, every year. National media initiative Mindframe states that suicide is approximately three times higher in males across every state and territory of Australia. It's a timely reminder to clinicians that men are at greatest risk of suicide, and a confidential, casual conversation in a GPs office could be the first step in prevention.

This year, the PHN has proudly collaborated with the Movember Foundation to encourage community members to reach out to co-workers, brothers, fathers, and sons and start a conversation around mental wellbeing. In 2016, the Australian Institute of Health and Welfare's *Healthy Communities 2013-14 Report* highlighted the Central Queensland, Wide Bay, Sunshine Coast PHN catchment as having the highest rates of hospitalisations due to intentional self-harm in the nation. With a large percentage of our catchment based in rural and remote areas, we've harnessed the benefits of social media tools such as Facebook, Twitter and YouTube to pose one simple statement - '*suicide notes talk too late*'. The awareness campaign included billboards in the Wide Bay region, and a social media campaign to target 22-55 year old men. The content has reached over 17,000 Facebook feeds and has generated informal, encouraging conversation on the platform.

Our organisation will continue to support our health workforce in approaching suicide. In September, the PHN-funded 15 psychologists and social workers in the Gympie and Maroochydore region to attend Screening Tool for Assessing Risk of Suicide (STARS) training, delivered by the Australian Institute for Suicide Research and Prevention (AISRAP). The objective of STARS is to guide collaborative enquiry around suicide risk assessment processes, beginning with asking the client about their 'story' and facilitating the uncovering of suicidal intent. Uncovering the client's suicidality (suicide intent) is central to the clinician's own confidence rating in the overall assessment of current suicidal status.

As our Health Pathways tool develops, so too will the clinician's ability to effectively and accurately direct patients who may be experiencing suicidal thoughts to the right treatment. At the time of writing, 237 HealthPathways are live, with a further 81 under development. We're excited to see how the tool continues to simplify referrals for GPs, and encourage specialists across the region to become involved in the project.

We're encouraging our health workforce to jump on board with the Movember campaign and work toward having more conversations about mental wellbeing, more often. Prevention and recovery can begin with asking, listening, encouraging action and checking in. We also welcome input from clinicians on how we can better support suicide prevention in the primary health care setting.

To learn more, visit au.movember.com or contact the PHN directly at communications@ourphn.org.au.

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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.

PHYSIO CAN HELP NECK PAIN



Non-traumatic neck pain (including acute wry neck) when cleared of a medical cause by the Doctor is usually a result of sub-optimal postures or repeated positions, resulting in abnormal or prolonged stresses onto the soft tissue and articular structures. Physiotherapy including manual therapy and acupuncture is effective at reducing the symptoms and restoring normal movement (Trinh K et al 2016; Walker et al 2008, Copurgensli et al 2016).

Traumatic neck pain from mild trauma (can be whiplash or direct trauma/impact from fall) often responds very well to physiotherapy and would not usually require imaging. Some patients however, still fare badly from minor trauma and experience problems returning to work in a fully functional capacity.

If imaging is not required and/or there is no radiographic evidence of injury, then physiotherapy treatment with a focus on normal movement patterns would be appropriate. Early physiotherapy in the emergency department has been associated with lower pain and disability levels. (Sohil et al 2017)



Julie Gear



Briony McSwan



Dave Stevens



Jordan Vanderkelen

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Dysphagia Lusoria

Clinical History:

A 53 years old female presented with a difficulty swallowing solids. She had obstruction twice over the last 16 years. She also has had dysphagia to solids on weekly basis.

Findings:

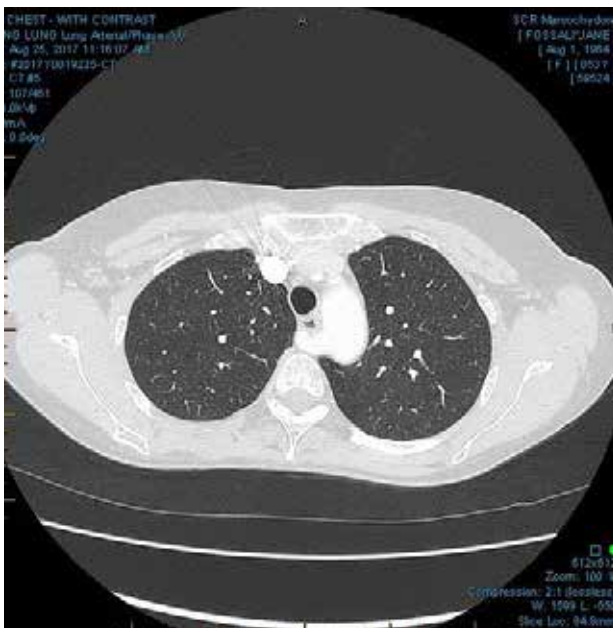
An aberrant right subclavian artery is noted, raising the possibility of dysphagia lusoria in this clinical setting.

Diagnosis:

Dysphagia Lusoria

Discussion:

Dysphagia lusoria is an impairment of swallowing due to compression from an aberrant right subclavian artery (arteria lusoria).



Clinical presentation:

Most patients with aberrant right subclavian arteries do not have symptoms. Some present with mild dysphagia, while a small minority have a severe enough disturbance in swallowing that leads to inability to swallow and severe nutritional problems.

In children, the most common presentations are stridor and recurrent chest infections, may be due to their tracheal softening comparing to adult population.

The diagnosis of dysphagia lusoria is always difficult and late as the symptoms are often nonspecific and in the same time, diagnostic endoscopy is negative in more than 50% cases, and manometry has no diagnostic role.

Compression of the oesophagus by the aberrant right subclavian artery can be exacerbated by atherosclerosis or aneurysmal dilatation.

Radiographic features

Plain radiograph

Chest radiographs can demonstrate enlargement of the superior mediastinum.

Fluoroscopy

Barium study of the oesophagus may show the indentation on the posterior esophageal wall by the artery.

CT/MRI

CT angiography and MRI thorax are the best diagnostic modalities that could identify the arteria lusoria.

History and etymology

The word lusoria comes from the Latin phrase *lusus naturae*, meaning "freak of nature", which refers to the anomalous course of the artery.

Differential Diagnosis

As adult onset of dysphagia lusoria is rare, it should prompt evaluation for other reasons such as malignancy, vascular disease or gastro-oesophageal reflux disease (GORD).

"The end of the road?"

1990 Subaru Brumby



In Human years 27 is rather youthful and still regarded as a young adult.

But in the motoring world 27 years old is geriatric and well past your automotive use-by-date.

The average age of our Australian automotive fleet is 10.1 years.

Our Tasmanian cousins obviously take better care of their cars with their fleet averaging 12.6 years.

The rougher roads and longer distances of the Northern Territory shorten the life of their vehicles which on average last only 9.1 years.

So what was I doing driving another ageing Subaru that left the Ōta Japanese production line in 1990.

Well a hint of what was happening was contained in my recent column about the iconic Subaru Brumby.

Readers may remember that the collectability of this model was 'on trend' following my last column.

A colleague has just snapped up another Brumby (his third) and it was my pleasure to drive it to its final resting place on a remote Central Queensland cattle property.

As it was unregistered and 400 kilometres away from its new home there was that small problem of, "How do you get it there?"

Transporting it on the back of a flat-bed truck would have cost more than my colleague had paid for the car.

But with an \$85 Queensland Transport 'Permit to Move' certificate we were off and running.

One of the conditions of that permit is that the car must travel directly to the new address and I was just a bit worried when I over-shot a rendezvous with the support vehicle and briefly headed back a kilometre or so towards where I had just come from.

I've got to say that driving 400 kilometres without number plates was a very un-nerving experience.

I expected to be stopped by every police officer who passed, but they all seemed glued to their Automatic Number Plate Recognition (ANPR) screens which meant that without registration plates my vehicle glided past like a ghost in the night.

ANPR is designed to detect licence plates that have been cancelled, reported as stolen, or whose owners are wanted in connection with a crime or have a history of drink or drug-driving.

Without any number plates I could apparently rest assured that I would remain anonymous and go unnoticed.

Spending six hours in the Subaru's cabin did give me plenty of time for reflection and exploration.

I noticed that there were quite a few knobs missing from the dashboard, but I found every one of them conveniently rolling past my feet on the floor or under the seat.

The only thing that didn't work in the Subaru was the air conditioning which would never be used on the farm anyway.

The old Subaru could still comfortably cruise at 110 km/h and still returned 7.6 l/100km, or 37 mpg in the old money.

Not bad for a motor that had done 282,000 kilometres.

As I drove off the tarmac for the very last time it was just a little like saying goodbye to a child leaving home.

From now on there would be no more road rules, RACQ or road-side assistance.

But once I was through the farm gate I felt the little Subaru surging ahead as if it had found a new lease on life.

It was, after all, not really the end of the road.

But just the start of another journey.

Safe motoring,

Doctor Clive Fraser



Dr Petra Ladwig

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Key Super Deductible contribution considerations



Salary sacrificing into super is a popular strategy for clients looking to maximise their retirement savings tax effectively. Since 1 July 2017, many individuals now have the additional option of making personal deductible super contributions.

While deductible contributions are not new, they were generally not available to the majority of employees before 1 July 2017 due to the operation of the 10% rule (which required less than 10% of income to be attributed to employment activities). The removal of this rule on 1 July 2017 means employees now have greater flexibility around how they make tax effective contributions for retirement.

Some clients may decide to take advantage of this flexibility while others will simply cease their existing salary sacrifice arrangement in favour of deductible contributions to overcome some of its drawbacks (e.g. potential reduction in Superannuation Guarantee (SG) or other employer benefits).

For these clients, it is important they meet the other rules associated with deducting personal contributions to ensure a deduction is not denied.

To recap on these rules as well as other important tips and traps when helping clients implement personal deductible superannuation contributions, particularly as part of their retirement income strategy.

Cash flow differential and the need for a 'top-up' contribution

The ability to replace an existing salary sacrifice arrangement with personal deductible contributions can provide a number of benefits to clients.

For example, clients who are currently salary sacrificing into super and are also repaying a mortgage could consider making a single deductible contribution close to the end of the year. This provides higher regular cash flow that can be used during the year to make additional repayments to an offset account that can be withdrawn near the end of the year to make the contribution.

Also, making a contribution closer to year end can help with managing contribution caps especially with a lower \$25,000 concessional contributions cap from 1 July 2017. For example, Super Guarantee is payable on employee bonuses which is usually not known in advance. This means it is often difficult to ascertain the maximum amount that can be salary sacrificed in the beginning of the year, leading to the need to adjust or cease salary sacrifice contributions near the end of the year.

However, it is important to weigh these benefits with the benefits of regular salary sacrifice contributions – dollar cost averaging, positive market returns and encouraging disciplined savings – before deciding to switch.

Reminder

Contributions in excess of the concessional contributions cap from 2013-14 are no longer subject to excess concessional contributions tax. Instead, excess contributions are included in assessable income and taxed at marginal tax rates (with tax reduced by a non-refundable 15% tax offset).

An excess concessional contributions charge is also payable to recognise that the tax on excess concessional contributions is collected later than normal income tax. Excess concessional contributions (up to 85%) can be withdrawn to pay the tax liability. Excess amounts not withdrawn will count towards a person's non-concessional contributions cap.

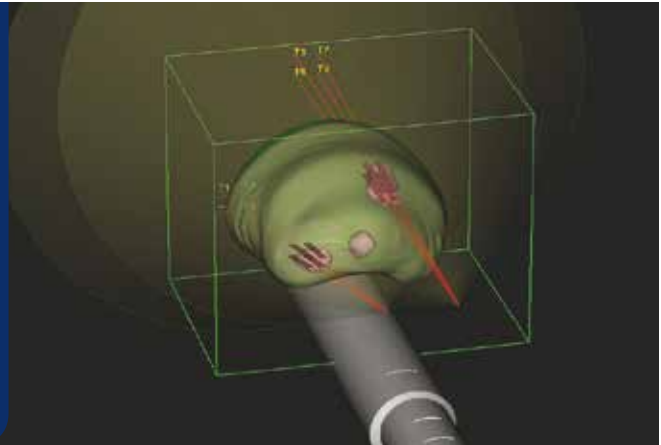
Everyone's position is different so if you have any further questions please feel free to call me **07 54379900**.

Good investing

Kirk Jarrott

ROBOTIC PROSTATIC BIOPSY

Introducing the Mona Lisa BioBot robotically targeted transperineal prostatic biopsy system



AVAILABLE IN BUDERIM



Dr. Tony Gianduzzo is proud to introduce **Queensland's first robotic transperineal prostatic biopsy system** – the Mona Lisa BioBot. The service is provided in conjunction with The Sunshine Coast Private Hospital, Buderim.

Robotic targeting provides unsurpassed accuracy during transperineal biopsy of MRI identified prostatic lesions, with extremely low infection risk. The Mona Lisa BioBot imports CAD segmented MRI images and targets, then fuses these with real-time 3-D ultrasound to give accurate lesion positioning. After biopsy planning, the robotic system then gives precise control of the direction and depth of each biopsy core. Biopsies are taken through only two transperineal puncture sites, dramatically reducing the incidence of infective complications compared to classical transrectal biopsy.

MRI-informed robotic targeted transperineal biopsy provides an optimised diagnostic pathway, with more accurate diagnosis and patient risk-stratification. Better diagnosis, grading and staging allows for better treatment choices for patients with clinically significant prostate cancer, while reducing overdiagnosis and overtreatment of insignificant disease.

What about MRI Prostate? The prostate cancer diagnostics service is supported by world-class Radiology. Sunshine Coast Medical Imaging works in conjunction with Wesley Medical Imaging - one of the highest volume units in the world. The group boasts a highly experienced team of radiologists that introduced prostatic MRI to Australia, and were involved in a world-first clinical trial for prostate cancer diagnosis. This published trial has become one of the highest cited papers in all urological literature in the last 2 years.

Specialising in Prostate Cancer Advanced Diagnostics

Queensland's First Robotic Transperineal Prostatic Biopsy System

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MRI is a game-changer in prostate cancer diagnostics, with better detection of significant cancers. When combined with alterations in biopsy techniques, it may also reduce identification of insignificant cancers. Multi-parametric MRI of the prostate (mpMRI) is very difficult to perform and interpret correctly. It requires specialised MRI techniques, specific radiologist training, and urologist clinical input. Even in the best of hands, 10-20% of significant prostate cancers are still MRI invisible. Given the potential for misinterpretation and misunderstanding of this important diagnostic aid, the general radiological and urological view is to refer any patient of concern to a Urologist before performing prostate MRI.

Why Offer PSA Testing? Level 1 evidence shows PSA testing saves lives for men 50-69 (Consensus statement, Prostate Cancer World Congress, Melbourne, 2013), with numbers needed to screen per life saved better than for breast cancer. The main concerns with PSA testing relate to potential downsides of overdiagnosis and overtreatment of insignificant cancer. Recent advances in MRI and biopsy diagnostics, improvements in radical therapies, and surveillance of low-risk cases are working to mitigate these issues. It is important to discuss the pros and cons of reduced death rates and rates of presentations with metastatic disease vs. potential overdiagnosis and overtreatment with patients before embarking on PSA testing.

When to start? 50 years of age. High-risk patients 40-45yo. Men up to 70 years of age are those most likely to benefit from early detection.

HIGH RISK - Family history prostate cancer (especially if <60yo), BRACA or Lynch Syndrome, African ancestry.

When to refer? **PSA >3 (PSA >2 in 40's)** (NCCN Guidelines Version 1.2014 Prostate Cancer Early Detection). Given the complexities and the pros and cons of prostate cancer diagnostics, Urologists are then best placed to further assess and advise patients whether further evaluation is indicated.

Look for Dr Tony Gianduzzo in your Medical Director "Refer" Widget



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Bhutan: Small Group Tour

Popularly known as the land of the Thunder Dragons, this beautiful country offers some of the most alluring mountain sites. Located amidst Himalayan mountainous landscape, Bhutan is a holiday retreat to serenity. The small group tours in Bhutan cover the stunning valleys of Thimphu, Trongsa, Paro, Gangtey Phobjikha, Punakha, Wangduephodrang, Trashigang and Bumthang. You can experience the real spirit of the Bhutanese in these townships.

A country with extravaganza of natural beauty

Set on the lap of the enchanting Himalayas, Bhutan boasts of some of the exotic and rare flora and fauna. Toorsa Nature Reserve, the Kulong Chhu Wildlife Sanctuary and Phipsoo wildlife Sanctuary are some of the must-visit tourist attractions of the country. This Himalayan nation is truly steeped in majestic mountain vistas and ancient mysticism. Visit the monasteries in the country and the Monastery of Punakha offering breathtaking views. The 13th century Tango Monastery in Bhutan is built over a cave, making it a must-visit attraction.

What have we planned for you?

A complete itinerary includes all the religious, cultural and historical attractions of the country.

- *Visit some of the sacred temples and Buddhist monasteries in the Himalaya.*
- *Explore several cultural attractions in the country including markets, museums and medieval fortresses.*
- *Hike up to the well known Taktsang Monastery, located around 900 meters above the valley level on a cliff.*
- *Enjoy the ancient and elaborate carvings and wall paintings in Dzongs and temples.*
- *Explore the beautiful landscapes of Bhutan from rich valleys to thick forests.*
- *Village excursions and farmhouse visits to experience the exotic culture of this country up-close.*



Be prepared to experience the rich culture and ancient way of life in Bhutan! Join me on a small group Tour March 2018.

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Peta Boyce – The Master Gardener and his apprentices.

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Dr Irene Krajewska FRCPA FIAC

E: irene_krajewska@snp.com.au

T: (07) 5459 1400

Dr Irene Krajewska graduated from Manchester University in 1978. After five years of FRCS surgical training in the UK and South Australia, she undertook training in anatomical pathology at the IMVS in Adelaide, where she developed an interest in GIT, gynaepathology and cytology under Prof. Svante Orell. She was awarded the RCPA Fellowship in 1990 and the Fellowship of the International Academy of Cytology in 1991. Irene has been an examiner for the RCPA and Australian Society of Cytology. She joined Sullivan Nicolaides Pathology in 2003 and is based on the Sunshine Coast. Her interests are FNA cytology, breast pathology, dermatopathology, gastrointestinal pathology and gynaepathology.

Dr Jerome Lai FRCPA

E: jerome_lai@snp.com.au

T: (07) 5459 1400

Dr Lai graduated from the University of Queensland in 1984 and undertook further training in pathology at the Princess Alexandra Hospital and the Mater Misericordiae Hospital in Brisbane. He was awarded the RCPA Fellowship in 1991. Before joining Sullivan Nicolaides Pathology, Dr Lai was Pathology Queensland's Director of Pathology for the Sunshine Coast region.

Dr Karien Treurnicht FRCPA FIAC

E: karien_treurnicht@snp.com.au

T: (07) 5459 1400

Dr Karien Treurnicht graduated cum laude from the School of Medicine at the University of Pretoria, South Africa, in 1995. Karien moved to the UK in 1999 and undertook specialist training in histopathology at a number of London hospitals. She gained a Fellowship from the Royal College of Pathologists (FRCPath UK) in 2003 and in the following year went on to a Urological Pathology Fellowship at Bostwick Laboratories in Richmond, Virginia, USA. In 2005, Karien became Medical Director of Bostwick Laboratories, London, a full-service independent medical laboratory specialising in the interpretation of prostate and urological biopsies. She joined Sullivan Nicolaides Pathology in 2015 and is based at the Buderim laboratory. Karien is widely published and has presented at conferences internationally.



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INVITATION

Cardiac Surgery and Cardiac Rehabilitation

It is with pleasure we invite you to an informative and interactive education evening for General Practitioners and Physicians to discuss the latest innovation in cardiac surgery and cardiac rehabilitation. Enjoy presentations and open discussion with experts in the field of cardiac surgery and rehabilitation:

- Dr Trevor Fayers – Cardiac Surgeon
- Dr Phoebe Slape – Rehabilitation Consultant
- John Turnbull – Exercise Physiologist.

LEARNING OUTCOMES:

- Discuss the latest innovation in cardiac surgery
- Interpret long term outcomes of coronary surgery and minimally invasive surgery
- Explain the role of the GP in post operative cardiac care
- Recognise the GP role in improving cardiac rehabilitation uptake
- Outline the eligibility criteria and patient suitability for cardiac rehabilitation.

RACGP QI&CPD Activity Approved 4 Category 2 QI&CPD points in the RACGP 2017-2019 triennium.

EVENT DETAILS

Date	Tuesday October 17, 2017	
Venue	Softel Noosa Pacific Resort - Hastings Street, Noosa Heads	
Time	6.00pm	Registration and Pre Dinner Drinks
	6.30pm	Speakers and Dinner Commence
	9.00pm	Event Concludes
Contact	Ainsley O'Keefe, Business Development and Marketing Coordinator E: ainsley.okeefe@pulsehealth.net.au P: 5472 6490	

RSVP Please complete and fax 07 5447 7592

Please register me for the Cardiac Surgery and Cardiac Rehabilitation education evening on Tuesday October 17, 2017

Name: _____ RACGP Number: _____

Address: _____

E: _____

P: _____ F: _____

Special Dietary Requirements: _____

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Wednesday 1 November, 2017
From 6:00pm

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Earn 4
Category 2
points with
RACGP

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www.regonline.com/scdinner

Join us for dinner and discussion on some of the common issues that crop up in General Practice. This will be a Q&A session so please bring any questions to the session.

Dr Janusz Bonkowski, Neurosurgeon
Dr Stephen Byrne, Neurosurgeon
Dr Hazem Akil, Neurosurgeon

Find out more about this event and
our surgeons at
www.scbrainandspine.com.au

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What we offer you:

- An opportunity to live your dream of work-life balance on the beautiful Sunshine Coast in Queensland
- Competitive Salary
- **A full time position Monday to Friday, Day Work Only, 76 hour fortnight** under the clinics monthly rotating roster. Hours of work will be Monday to Friday with shifts spanning the hours of 07.00 – 1730 hours. You will also be required to participate in a weekend on call phone roster. Part-Time will be considered for the right applicant.
- A friendly team who are passionate about our work
- Professional development opportunities including membership to FNA
- Free car parking
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All application will be treated with complete confidentiality. Please send expressions of interest and applications regarding this position to hr@fssc.com.au. Or for a confidential conversation call **07 5478 2482**.

For more information on our clinics refer to www.fertilitysolutions.com.au and <https://www.youtube.com/watch?v=NZV4nHcdzsk>



Take Heart GP Cardiology

Sunshine Coast University Private Hospital is very pleased to invite you to an evening of education featuring Cardiologists **Dr Peter Larsen, Dr Stuart Butterly, Dr Mark Johnson** and Cardiac Surgeon **Dr Douglas Wall**. Please join us for an evening of interactive discussion.

LEARNING OUTCOMES:

- Accurately assess and manage aortic stenosis using a care path
- Discuss current and new options for patients with severe inoperable aortic stenosis.
- Describe the Heart team approach to patients with severe aortic stenosis.
- Participate in multimodal workup for patients suitable to undergo transcatheter aortic valve replacement.
- Describe how is aortic valve pathology identified and followed up.

PROGRAM:

6.30pm Registration and dinner
 7.00 - 9.00pm Presentations and case discussions in:
**Transcatheter Aortic Valve Replacement (TAVR) –
 Sunshine Coast Heart Valve Clinic
 Clinical Assessment and Investigation – Valve Disease
 Surgical aortic valve replacement (AVR)**
 9.00pm Evaluation and close

WHEN

Wednesday, 18 October, 2017

WHERE

The Lakehouse Sunshine Coast
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RSVP

Monday, 16 October, 2017

4 Category 2 points

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SUNSHINE COAST LOCAL MEDICAL ASSOCIATION Inc.

MANAGEMENT COMMITTEE MEETING

THURSDAY 27 JULY 2017

Maroochydore Surf Club Function Room, Maroochydore

Accepted at Committee Meeting 24 August 2017)

Attendance: Drs Roger Faint, Wayne Herdy, Mark de Wet, Peter Ruscoe, Kirsten Hoyle, Alicia Lorenz, Fabio Brecciaroli, Di Minuskin, Mason Stevenson, Scott Masters, John Evans and Marcel Knesl.

Apology: Dr Jon Harper.

Minutes of last meeting: 22 June 2017 (*To be accepted*).

Moved: Roger Faint. Seconded: Mark de Wet.
Accepted.

Business arising from Minutes: Nil.

President's Report: *Dr Roger Faint*

1. No update relating to Medical School;
2. Attended media training at Primary Health Network (PHN) – radio/television training;
3. Brainstorming, planning meeting to determine direction of SCLMA over the next five years. To be scheduled for September this year;
4. Nomination forms for 2017-2018 Management Committee handed out, more available at sign-in table;
5. No Social Function this year – difficulty in finding consensus for date and availability of preferred venue;
6. SCLMA June newsletter has AMA Queensland article on Mandatory Reporting. To be circulated and repeated in July newsletter;
7. Donations: Roger suggested the SCLMA donate to The Against Malaria Foundation. A group of medical students from JCU are raising money for this worthy cause. Discussion followed re donations in general with opinions that money be donated locally. Roger suggested that recipients of donations should attend a meeting and give short update on their charity e.g. Cittamani, The Shack.

Motion: Roger moved, seconded Mason that ...' the following donations be approved.

- The Shack, Nambour \$1,000 for swags;
- Variety Bash (Wayne Herdy) \$1,000
- Against Malaria Foundation \$100.

The Motion was carried.

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

Secretary's Report: *Dr Mark de Wet*

Correspondence In:

- Greg Bradley (USC) Invoice for Bursary for student
- Mark Needham – invitation to opening of QDI and Healthcare Imaging Services,

Correspondence Out: Nil.

- Prof Scott Kitchener – Invitation to attend the SCLMA Meeting 24 August 2017

Business arising from Correspondence:

- USC Bursary: Jo to reply to Greg Bradley requesting details of students before choice and payment is made.
- Prof Scott Kitchener, Clinical Sub-Dean for Griffith Health will speak on 'Griffith Rural Program'.

Treasurer's Report : *Dr Peter Ruscoe*

(a) Accounts to be paid:

- Australia Post – Account June 2017
- Jo Bourke – Secretariat June 2017
- Jo Bourke – Adobe CC subscription June 2017
- Office National – Account June 2017
- C Hawkins – Assist Secretariat June 2017
- J Bourke –website tuition (Chris Bourke – bottle of vodka)
- ATO – BAS – April to June 2017
- Snap Printing – Newsletter June 2017
- Jo Bourke – Newsletter June 2017

Moved: *Peter Ruscoe 'that the accounts as tabled be approved for payment'* – Seconded: *Roger Faint.*
Carried.

- Roger proposed increasing fees next year to \$100 per year (plus gst) Seconded Mason.
- Information packs to be delivered later this year to practices promoting the SCLMA.

(b) Membership Report: Nil.

AMAA Councillor's Report: *Dr Wayne Herdy*
Re-accreditation

- Government – American model;
- End of medical school exam every 3 years;
- Some kind of re-examination within 2 years
- The medical profession needs to drive it.

Meetings Convenor Report: *Dr Scott Masters.*

- As announced, no Christmas function this year, hoping for July 2018. Suggestion to have Headland Park Golf Club as the venue.

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
Inc.****MANAGEMENT COMMITTEE MEETING****THURSDAY 27 JULY 2017****Maroochydore Surf Club Function Room,****Maroochydore****MINUTES****(Accepted at Committee Meeting 24 Aug 2017) /Cont:**

- No clinical meeting in September, due to school holidays (management committee planning meeting instead)
- October 26 and November 30 clinical meetings are in progress.

Hospital Liaison Report: Dr Marcel Knesl

- Griffith medical students – 25 at Gympie on a rotation (Oncology 1 student 2 days a week)
- Hospital (SCUH) transition has been fairly easy with happy staff
- Sunshine Coast naming of hospitals is causing confusion.

PHN Country to Coast Report: *Dr Jon Harper – Apology.***General Business:**

From Mason:

- Opening of paediatric intensive care unit next month at SCUH

- Budgeting for cardiac surgery in 2018

- Neuro surgery in 2 years time

There followed discussion around mixing of private and public patients treated at SCUH

Meeting Close: 7.10pm

Next meeting: Thursday 24 August 2017.

Maroochydore Surf Club.

Dr Mark de Wet, Honorary Secretary.**REMINDERS:*****SCLMA Membership is FREE for doctors in training.******Full membership: \$77******Partner Mship: \$33******Retired Mship: Free******Are you listed on the SCLMA DIRECTORY?******Are your details correct on the SCLMA Directory?******www.sclma.com.au******Fax Directory Form with information to: 5479 3995******Have you checked out our Facebook page?******sunshine coast local medical association inc******PLEASE 'LIKE' OUR FACEBOOK PAGE!*****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.*

When vision loss affects her daily life, it's time to refer to Vision Australia.

People experiencing vision loss are three times more likely to suffer depression and twice as likely to experience a decrease in social independence.¹

The allied health team at Vision Australia complement the work of eye care professionals. Our vision loss experts help patients use their remaining vision to navigate their environment safely, prevent falls and get back to social activities.

We also have NDIS and My Aged Care funding experts who can make it easy for patients to navigate these schemes and get the most out of their packages.

When to refer

- Upon diagnosis of a permanent, non-correctable or progressive eye condition
- Vision loss starts to impact everyday activities
- Glasses no longer correct vision, or your patient needs support adjusting to vision loss.

To refer online or download free vision loss resources go to visionaustralia.org/SCLMA or call 1300 84 74 66

19 George Street,
Maroochydore QLD 4558



¹ CERA, Clear Insight: The Economic Impact and Cost of Vision Loss in Australia, Aug 2004



Sarah, Vision Australia client

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: <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
PROPOSERS: (to comply with the Queensland Associations Incorporation Act, two financial members of the Association are required to nominate each applicant for <i>new</i> membership. Members <i>renewing</i> their membership do not need proposers).				
1. NAME:		Signature:		
2. NAME:		Signature:		
ANNUAL SUBSCRIPTION (GST included):		(Please tick)		DELIVERY OPTIONS?
Full-time ordinary members - GP and Specialist		\$ 77	<input type="checkbox"/>	Your Monthly Invitation?
Doctor spouse of full-time ordinary member		\$ 33	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Absentee or non-resident doctors		\$ 33	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Part-time ordinary members (less than 10 hours per week)		\$ 33	<input type="checkbox"/>	By Post? <input type="checkbox"/>
Non-practising ordinary members, under 60 years old		\$ 33	<input type="checkbox"/>	Your Monthly Newsletter?
Residents & Doctors in Training		Free	<input type="checkbox"/>	By Email? <input type="checkbox"/>
Non-practising ordinary members, over 60 years old		Free	<input type="checkbox"/>	By Courier? <input type="checkbox"/>
Patron and honorary members		Free	<input type="checkbox"/>	By Post? <input type="checkbox"/>
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

HEADSPACE MAROOCHYDORE – VR GP WITH SPECIAL INTEREST IN YOUTH MENTAL HEALTH

Headspace Maroochydore seeks a GP to join our team at our centrally located service in Maroochydore.

- We require a commitment of one session per week to complement and enhance the provision of early intervention mental health treatment for 12-25 year olds.
- Our Centre offers you the opportunity to improve the lives of young people with flexible working hours, full administration support and an on-site clinical team.

For further information or to register your interest, please contact Karen Glover, Practice Manager.

Email: kglover@unitedsynergies.com.au
August 2017

DOCTOR OPPORTUNITIES AVAILABLE AT KON-TIKI MEDICAL CENTRE - MAROOCHYDORE

"KON-TIKI MEDICAL CENTRE" has officially opened its doors with a passionate team of medical staff and specialists already onboard.

We have further opportunities for high quality VR GPs to join our team and be part of something truly amazing!

- Up to 70% of billings, plus initial retainer
- Full-time, Part-time and Locum opportunities available – flexible and supportive environment
- Bonus incentives for education and investment to develop your special interests
- All EPC Plans, Health Assessments and Medication Reviews are organised by Registered Nurse
- Assistance of management with your patients to ensure a high value service is offered to your patients
- Acute treatment room, Medical Emergency attendance facility and state-of-the-art Fracture Clinic
- Onsite pathology, imaging and pharmacy
- Coastal lifestyle with proximity to beachside living and reputable schools and University
- Located in a thriving and accessible business centre in the heart of the Maroochydore CBD
- Join something special and Live the Lifestyle!

Expressions of interest to Kimberley Richards:

Email: kimberley@krsolutions.com.au

Ph: 0414 889 079.

August 2017

**DR DRAGO POPOVIC HAS MOVED TO:
COTTON TREE GASTROENTEROLOGY GROUP
Level 2, Cnr Esplanade & Second Avenue
Cotton Tree 4558**

Contact details:

Mobile: 0468 488 444 **Work:** 07 5443 6011

Fax: 07 5302 0703

Email: reception@coastalgeneralsurgeons.com.au

August 2017

GP WITH EXPERIENCE AND INTEREST IN COSMETIC MEDICINE

We are looking to expand our cosmetic services in a thriving and modern Dermatology practice on the Sunshine Coast.

- A special opportunity exists for a GP with experience in Botox, Peels and Laser treatments with a keen interest to learn new techniques.
- Flexible sessions for cosmetic consultations and treatments are available.
- We offer state of the art rooms and equipment, a large patient base and a very friendly team to support you.
- Hands on training and ongoing professional dermatological support will be provided. Does this interest you?

Please send any enquiries to:

cosmetic4558@gmail.com

September 2017

NEW PRIVATE PSYCHIATRIST PRACTICE – SUNSHINE COAST

Dr Joanne Boynton B.Biomed Sci MBBS UQ (Hons)
FRANZCP Consultant Psychiatrist

- Experience as both a GP and an embedded GP Consultation-Liaison Psychiatrist
- Prompt assessments and management advice now available for adults 18-65yo
- Focus on prompt feedback and multi-disciplinary liaison with other providers
- For more information regarding special interests, exclusions et al please phone or email:

Ph: (07) 5493 5859 Fax: (07) 5390 9671

E: reception@asielhouse.com.au

Referrals via Medical Objects or Fax accepted.

Level 5 Suite 602 Pulse Oceanside Medical Cnr
Eccles and Florey Boulevards Birtinya Q. 4575

August 2017

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

SCLMA website: www.sclma.com.au

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

*You are not automatically entered on the website.
It is necessary for you to complete a Directory form and sign and date it. Thanks. Jo.*

CLASSIFIEDS

GYMPIE PRIVATE HOSPITAL

Gympie Private Hospital has space available in their co-located Gympie Specialist and Diagnostic Centre.

- Utilisation of area either for formal lease or individual agreement
- 79.2 square meterage available
- Reception support if required
- Past utilisation by a nuclear medicine provider
- Onsite VMOs (surg/med), pathology, allied health professionals and breast screen QLD
- Close proximity to diagnostic and interventional radiology provider
- Accessible onsite parking for patients
- Permanent undercover parking for lease holder
- Onsite kiosk for light refreshments.

Contact Helen Chalmers, GM/DON - Gympie Private Hospital. Phone **07 5483 0500** or email Helen.chalmers@pulsehealth.net.au for further information or onsite viewing.

DR SHAUN RUDD MB BCH BAO FAMA (VR GP)

- Relocating from Hervey Bay to the northern end of the Sunshine Coast on 1st July.
- Hoping to find ongoing part time work ideally 3 days a week.
- Otherwise available for Locum work from that date

Please phone 0418 341 055

June 2017

CONSULTATION ROOM AVAILABLE AT SPECIALIST SUITE - BUDERIM

- Prime location at Sunshine Coast Private Hospital, with leafy outlook and natural lighting
- Modern, well equipped rooms
- Close to pathology and radiology facilities
- Convenient patient parking
- Suited for Allied, Specialist or GP
- Sessional basis with different levels of services offered - From Meet and greet only to full reception service with our friendly experienced staff

For further information please contact the Practice Manager or Dr Dana Moisuc on 5478 3533 or reception@danamoisuc.com.au

June 2017

GP REQUIRED FOR BUDERIM PRACTICE

- We require a dedicated and caring GP who believes in the best of patient care.
- Our privately-owned practice is an extended hours clinic, in exquisite Buderim, a premium suburb of the Sunshine Coast.
- Enjoy our long-time, newly refurbished premises with spacious rooms (yes, we have windows!), 5 current GPs and excellent nursing and admin support.
- After hours shifts are available as an option, giving opportunity for increased income. Non-VR GPs are welcome to apply for the after-hours shifts. If you really want to make a difference in medicine, then call us.

Shanti Herbert 0418 714 864 June 2017

VR GP REQUIRED – SUNSHINE COAST HINTERLAND

NAMBOUR MEDICAL CENTRE is a busy, long established, highly respected & privately owned Medical Centre situated midway between our stunning Sunshine Coast beaches & the beautiful hinterland towns of Maleny & Montville

We are seeking an additional VR GP Full Time or Part-Time to join our team of 9 Doctors

- Fully computerised (Best Practice) - Accredited - Modern, fully equipped treatment rooms with full time nurse support; professional and friendly administration staff
- Pathology & Allied Health facility next door Emphasis on quality care and teaching
- Great working environment and family friendly Mixed billing with No On Call
- DWS not available

Website: www.nambourmedical.com.au

Please direct all CVs or enquiries to - practicemanager@nambourmedical.com.au or Ph 07 5441 4033

It will be a pleasure to hear from you

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)

CHANGE OF POSTAL ADDRESS

Please be advised that Dr Heyworth's postal address has changed to: PO Box 4961

Sunshine Coast MC QLD 4560

Phone 5444 5022 and fax 5444 5033 are still the same.

Referrals can be sent by mail or fax".

Ph. 5444 5022 Fax. 5444 5033

July 2017

NAMBOUR CLINIC FAMILY MEDICINE – SEEKING GENERAL PRACTITIONER

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

For further information contact Rowena on 07 5441 1455, 0412 292 666 or email admin@nambourclinic.com.au

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.

SCLMA CLINICAL MEETING - 24 AUGUST 2017

Maroochydore Surf Club Function Room

Speaker: Dr Marcel Knesl, Radiation Oncologist : Topic: *Radiation Therapy in 2017 - Beyond.*

Also Prof Scott Kitchener Topic: *Griffith Rural Program.*

Sponsor: ROC (Radiation Oncology Centres)



Joanne Blake, Meeting Sponsor.



Dr Colin Dicks with Presenter, Dr Marcel Knesl



Prof Scott Kitchener, Drs Scott Masters, Trevor Beall & George Parker..



Prof Scott Kitchener with Dr Roger Faint. SCLMA President



Left:
Dr Michael Donovan

Right:
Pending members
Dr Prathmesh
Contractor and Dr
Dhara Contractor with
Kimberley Richards
from Kontiki Medical
Centre. .

