



SCLMA President's Message

Dr Di Minuskin

Welcome to the first SCLMA Newsletter for 2016. The Christmas holidays are over and the children are back at school. Many of us will now have time to draw breath and look back over several weeks of treating the consequences of brand new bikes, trampolines and many hours in swimming pools with the resultant soggy ears. The battle weary look and eagerness for the first day back at school is a badge worn not only by parents!

It was wonderful to see so many of our colleagues honoured on Australia Day this year. They were all worthy recipients. 2016 will certainly be an exciting year for medical services in the Sunshine Coast region. Of course, the much anticipated opening of the public University Hospital will be the focus point for many of the changes that are in the pipeline. Pleasingly, there is a real effort amongst all stakeholders to support quality community based care, trying to avoid costly hospital admissions. The challenge here remains good communication and access to information and treatment at the right time. This issue has recently received some of the acknowledgement it deserves. Queensland Health has announced an innovative integration fund. There may be opportunity here for streamlining the patient's journey though the various silos of healthcare. We are all busy, and I would like to say a huge thank you to the private specialists and SCHHS staff who are happy to take a call from a GP with a clinical concern or question. For those departments who view communicating with GPs to be a problem, could I ask that they consult with GPs to develop some guidelines or filters to streamline the process rather than placing barriers.

The MBS reform and rebate freezing or in some cases, removal of "bulk billing" incentives continues to be watched by all with a degree of concern. I have spoken to some of our pathology and radiology colleagues who have come under the knife in the first round of announcements.

To date, the changes have done little to reassure them that the process is not a thinly disguised cost saving exercise rather than true reform.

I usually like to report on themes that are common topics of conversation at gatherings. As an aside, I wonder what would be an appropriate name for a gathering of GPs. Along the lines of "a plexus of neurologists" or "a clot of haematologists". Perhaps one of the sponsors of the monthly meetings could come up with a bottle of wine for the most amusing list. Back on track, the My Aged Care changes continue to be a common source of angst for GPs. I recently had a look at a flow chart showing an overview of how a service provider interacts with My Aged Care. Remember those complex organic chemistry equations, beloved by endocrinologists and nephrologists, but despised by the rest of us. Well, this flow chart made those look simple. At present, it's a bit like pushing the patient out of the plane and hoping their parachute works.

At present, I sit typing this report at my desk in Arizona. Mr M and I have made a quick trip across to the USA, but I will be home again by the time this newsletter is published. We are experiencing a cold snap here with morning temperatures down to minus 3.

What is really amusing is to see all the neighbours putting beanies on the cactus plants to protect them against the frost. My beanie is staying firmly on my head!

Di Minuskin



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



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**MARCH 2016
NEWSLETTER
Deadline Date
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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!

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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

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

Directory form available on the website.



*Editor's Column
February 2016*

Welcome to the first SCLMA newsletter of the year.

Yes I know that it is already February and this is only the first newsletter but the Editorial team always takes the month of January off. This allows everyone to refresh and commence the task at hand with new ideas and a breath of fresh air.

The Poole Group lead this month with the new proposed changes in Aged Care, discussing the proposed new asset test thresholds and the aged pension qualifying ages.

Health Service link by Kevin draws our attention to the commissioning of the Sunshine Coast University Hospital (SCUH), please note the word "Public" has been dropped from the name.

Australia day honours celebrated the work done by our colleagues Dr Ted Weaver and Dr Tony Harrington.

AMA President's column welcomes the record number of interns to the profession bringing the total number of doctors in the state of Queensland to 20,000.

Read also about the inaugural Health Hub held at the Eumundi Markets.

Lastly this month's radiology case study discusses Scheurmann's Disease.

*Kind Regards
Marcel Knesl
mknesl@roc.team*



HIGHLIGHTS in this issue:

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

MEETINGS 2016!

THURSDAY 25 FEBRUARY 2016

Speaker:	Dr Russell Bourne, Director of Orthopaedics, NGH/SCHHS
Topic:	(Q&A format) Where are we Now and Where are we Headed?
Speakers:	Dr Siavash Es'haghi & Dr Nigel Sommerfeld, SC Radiology
Topic:	Quiz
Sponsor:	Sunshine Coast Radiology
Venue:	M'dore Surf Club Function Room.

THURSDAY 24 MARCH 2016

Speaker:	Dr Daevyd Rodda, Orthopaedic Surgeon, SCUPH
Topic:	'Anterior Cruciate Ligament Injuries'
Sponsor:	Gary Bailey, Biomet

ENQUIRIES:

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Email: jobo@squirrel.com.au
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Website: www.sclma.com.au

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HEALTH SERVICE LINK February 2016

Kevin Hegarty

Clinical Readiness Advisory Group

As part of our comprehensive preparation for the successful commissioning of the Sunshine Coast University Hospital (SCUH), I have created a Clinical Readiness Advisory Group (CRAG). This Group will, with a high level of independence, assist in advising me on the assessment of our readiness to open the SCUH on the scheduled date in the context of our ability to provide safe and appropriate care at that time.

The CRAG will interrogate the readiness assessment advice provided by the SCUH Program and external sources. This will ensure definitive clinician input and engagement in informing the readiness assessment process. Dr Ratna Aseervatham, Clinical Director, Surgical Services, Sunshine Coast Hospital and Health Service, has accepted appointment to the position of Chair of the CRAG. Other members of the group are being selected in accordance with the Terms of Reference.



This Health Service has a proud and consistent commitment to genuine clinician engagement. It is my expectation that the CRAG will ensure that this is the case as we progress to the opening of SCUH.

Launch of our third Quality of Care Report

We recently released our Quality of Care Report 2014-15. With a sub caption of 'In good hands' it presents a snapshot of our initiatives and achievements for that period.

The report offers an insight into the people and programs of our health service, and showcases what we are doing to continuously improve our services. By any assessment, the performance of the health service over the past 12 months has been exceptional, providing an even greater range of health services to our communities.

The Quality of Care Report, In good hands, is available online at

<https://www.health.qld.gov.au/sunshinecoast/docs/14-15-qoc-report.pdf>

Australia Day Honours

This year's Australia Day had an even greater significance for the Health Service. As you may be aware from media coverage, Ted Weaver was the recipient of the Order of Australia Medal (General Division for his service to medicine and to medical education). Ted has had an association with the Health Service since 1987 and is highly respected for his work as a clinician, for his leading role in the Royal Australian College of Obstetricians and Gynaecologists and his passion for medical education.

Dr Tony Harrington, who until his retirement in 2013, also had a long association with Nambour General Hospital, including a period as the Director of the Emergency Department. Tony was also the recipient of the Order of Australia Medal (General Division for his service to medicine and the community of the Sunshine Coast).

Congratulations to both, for this well deserved recognition!

Regards

Kev Hegarty

Health Service Chief Executive

Sunshine Coast Hospital and Health Service

Kevin.Hegarty@health.qld.gov.au

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Chris Zappala



Dear members,

As we did not have a newsletter in January, I would like to take a moment to wish you all a belated happy New Year and thank those of you who worked through the holiday season.

2016 has been instigated with a positive start as we welcome a record number of interns to the medical profession. We now have approximately 20,000 doctors in this state. As we look towards Queensland's changing workforce needs, it is essential doctors in training are provided with the training, skills and guidance necessary to thrive in the profession. I am glad to see the success of programs like the Queensland Rural Generalist Pathway that seek to create a diverse, skilled and able workforce.

Last year, AMA Queensland implemented our *Resilience on the Run* program aimed at supporting the fortitude and wellbeing of junior doctors. The program was positively received at Rockhampton Hospital, where it was piloted, and we hope to expand it to others hospitals around the state.

Programs such as *Resilience on the Run* are just one aspect of building a medical workforce that is skilled, confident and able to handle the stresses of the medical profession. As senior clinicians, I believe we also have a responsibility to support these young doctors through leadership, guidance and mentorship, and I encourage you to keep this in mind in your own hospitals. Positive cultural change is imperative for Queensland Health and we must all do our part.

Beyond *Resilience on the Run*, AMA Queensland has implemented a number of new initiatives to better support members, engage with the community and ensure we are working collaboratively towards a healthier state and more efficient health system. This is a key reason our Association differs from employer groups, unions and pure lobbying organisations.

Our inaugural Health Hub at the Eumundi Markets offered the public an opportunity to engage with doctors in a casual and non-clinical way, and provided access to routine health tests such as BMI and blood pressure checks. In the coming months, we plan to expand the Health Hubs to North Queensland and other community events around the state. It will include spirometry and use of the UV skin damage camera.

As we all know, many patients do not see a doctor unless there is a serious problem, allowing issues to exacerbate and become more difficult to treat. This complacency underpins the importance of outreach initiatives such as the Health Hubs as they provide a unique opportunity to reach patients who may not have seen a GP in years, and reinforce the need for regular health checks and the critical importance of a familiar family doctor. These initiatives are only possible with the support of members. If you are interested in volunteering or learning more about our Health Hubs, I encourage you to do so by contacting the AMA Queensland team on 07 3872 2222 or membership@amaq.com.au.

The development of Health Hubs and *Resilience on the Run* are direct results of member input and feedback. Our members are our best resource to find out what's needed in the health system and our broader communities. I urge you to raise any advocacy concerns, member initiatives or event feedback so we can continue to best represent your interests.

Sincerely,

Dr Chris Zappala

AMA Queensland President

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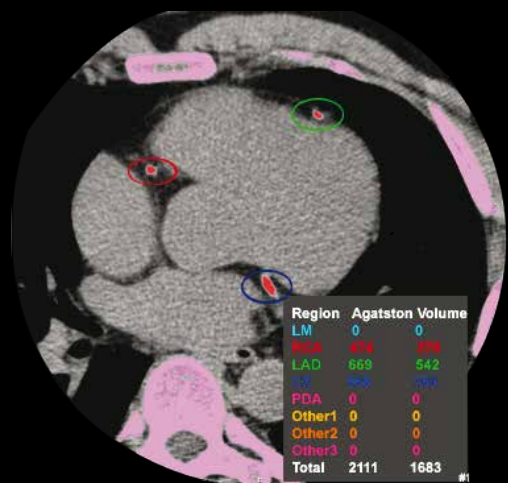

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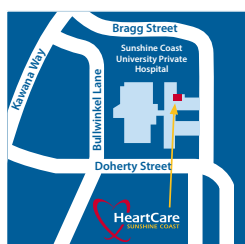
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Barry Rudd
Echocardiographer
Cardiac Technician



Marcus Silbery
Echocardiographer
Cardiac Technician



SCHHS GP LIAISON - February 2016 Update

Dr Sandra Peters

Happy New Year – I'm not late, just getting ready to celebrate the Lunar New Year in Vietnam! Trusting that you all had a happy, healthy start to 2016 and are ready for the challenges of the year ahead.

There are a few updates from the GP liaison desk this month, the first is a reminder that the process for referring to the Emergency Departments has changed slightly:

For a referral where the GP has made the clinical decision that input from the Emergency clinicians is required the GP is requested to provide a referral letter detailing their clinical concerns, any treatments trialed and a summary of relevant past history to the patient or QAS officer for delivery to the destination emergency department. No telephone call is required unless the GP has emergent clinical concerns when the clinical coordinator will be available in the emergency department to discuss as always. Where sub specialty clinical advice is required we are requested to contact the consultant or advanced trainee on call via switchboard to discuss management options for our patient. By sending the clinical handover document with the patient we are ensuring that the treating Emergency Clinician is in receipt of the relevant clinical information for that patient always. Telephone transfer of care will often be to a clinician who will not be attending our particular patient, with the attendant risk of valuable clinical and /or psychosocial information being lost to the treating clinician. Obviously if there is information which a GP feels is best not written in the referral that GP will as usual exercise their discretion and make verbal contact with the clinical coordinator who will be responsible for passing that additional information on to the treating clinician.

The board of Focus Health Network are generously sponsoring GPs to attend a "Meet and Greet" with SCHHS specialists at the Prototype Suites, Sunshine Coast University Hospital, Kawana. The proposed date is 29th February 6pm to 8pm. Invitations will be sent via email to all general practices for internal distribution. Please check with your practice manager and if you haven't received the invitation by 22nd February give me a call or send me an email and I will forward to you.

It is important that we have the most current preferred contact details for your practice and so I would encourage you to contact us at GP liaison when contact details change. Recently we have been asking GPs to confirm their correct electronic address for transfer of clinical information via Medical Objects or similar. We know GPs do move between practices and in and out of the Sunshine Coast, so are trying to build a database which is accurate as possible to encourage our hospital based clinicians to have confidence in this method of communication. This is all part of a huge body of work being undertaken at SCHHS hospitals in an effort to streamline communication from hospital clinicians to GP colleagues to ensure GPs have the relevant information to safely manage their patients ongoing care after a hospital in or outpatient visit.

Last but not least a reminder about upcoming GP education at Nambour Hospital:

- 22nd February Women's and Children's update 6:30pm in the auditorium.
- 5th March Paediatric's Masterclass full day workshop, 40 CPD points – registration via Eventbrite for further information contact SC-GPLO-Communication@health.qld.gov.au or myself
- 12th March Preferred Provider AnteNatal Shared Care Workshop 1, full day, 40 CPD points- – registration via Eventbrite for further information contact SC-GPLO-Communication@health.qld.gov.au or myself
- 2nd July Preferred Provider AnteNatal Shared Care Workshop 2 date claimer, for GPs who have attended workshop 1, full day, 40 points, registration not yet open.

That's all for this month,

Best wishes

Sandra Peters

Sandra.peters@health.qld.gov.au

Mob: 0427 625 607

AMAQ COUNCILLOR REPORT

Dr Wayne Herdy

EPIDEMIC OF BLACK LUNG DISEASE.

The ABC has broadcast a series of articles about an apparent increase in the number of cases of “Black lung” (anthracosis, miner’s lung) in Australia. This is troubling – for two reasons.

Firstly, if the admittedly small number of cases (I think 5 new cases this year nationwide) is statistically significant, there has been a lapse in OHS standards. OK, that is a problem for coal mine operators. More broadly, it is a wake-up call for Aussie GPs. We know that Australians have almost the highest life expectancy in the world, and mostly because of good population health measures by a now-retired cohort of GPs and public health physicians. But does it mean that occupational health physicians have dropped the ball?

Secondly, the ABC has cited cases where the diagnosis was missed by the mine operator’s doctors but subsequently diagnosed by another doctor in the USA who examined digitally enhanced radiographs. The “missed diagnosis” allusion is a thinly veiled slur against the integrity of one occupational physician, and potentially against all occupational physicians. But the most unkindest cut of all (yes, Shakespeare was guilty of the double superlative) is the clear statement that Australian radiographers can’t read X-rays.

For this article, I did some Internet research on anthracosis and it is really quite difficult to pin down that this is a significant public health disaster. I could speculate on why the CFMEU is shouting about this one disease. I could speculate even more about why the ABC chose to put so much effort into their story. Maybe they are all just trying to be eco-vigilantes and reminding us that our reliance on coal exports is not merely an environmental hazard. Maybe. I am reminded that this is the same ABC that last year ran high-profile but unbalanced stories about statins and Seroquel prescribing in Australia (with no Australian doctors prepared to support their storyline).

At this point, I will leave it to my readers to envisage the steam coming from my ears –as it should be from yours. Australian doctors, whether GPs or radiographers or any other speciality, are among the world’s best. It is scandalous that our publicly funded broadcaster should cast spurious and unfounded aspersions like this before their audiences who, if they read the story as it has unfolded before my eyes, are being asked to question the quality of their health carers. And all just to get a story that really has no factual basis. Notch up another case of irresponsible journalism to the ABC.

WEEKEND PENALTY RATES.

The Productivity Commission (a body which actually holds my well-earned respect) has published research which recommends a brake on penalty rates for weekend and after-hours work in some sectors.

The recent enquiry into the Workplace Relations Framework states in part:

“Penalty rates have a legitimate role in compensating employees for working long hours or at asocial times. However, Sunday penalty rates for hospitality, entertainment, retailing, restaurants and cafes are inconsistent across similar work, anachronistic in the context of changing consumer preferences, and frustrate the job aspirations of the unemployed and those who are only available for work on Sunday. Rates should be aligned with those on Saturday, creating a weekend rate for each of the relevant industries.”

Hang on. Where is the health sector? Australians have become accustomed to 24-hour petrol stations, extended-hours supermarkets and restaurants, but if there is one sector where Australians have come to assume that a service will be available to them 24/7, it is in delivery of health services. Extended-hour clinics are the norm, 24/7 care is demanded in emergency services and expected in other health services.

AMAQ COUNCILLOR REPORT / cont:

Dr Wayne Herdy

If it is the norm for a sector to be expected by society to be available to them at least on weekends and late into the evenings, why are we not included among the hospitality providers as a service which has normal hours well outside the normal hours of the public service? If the government policy-makers are being asked to trim the penalty rates for some industries, why are we still expected to pay our clinic and hospital staff high rates of pay for working hours that are now just part of what our community assumes that we will do?

A small personal aside on this, if any reader is interested. A GP can charge a relatively small premium of MBS-based fees for working outside sociable hours, but the business case is simply that any higher fees are more than consumed by the higher rates of pay awarded to receptionists and practice nurses. There is no nett moiety for the owner-operator GP unless fees are charged which bear no relation to the MBS rebate.

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

Wayne HERDY,

North Coast Branch Councillor, AMAQ.

Variety Bash

Dr Wayne Herdy has registered to take part in the Variety Bash next September. This is a charity event, raising funds for Variety Queensland, a long-established children's charity. Check out their website to get a taste of the wide variety of activities that they fund for Queensland kids.

You are being asked to make a donation to the charity. All of your donation goes direct to the charity – none of it goes to the participants. **The deduction is fully tax deductible.**

The donation can be made by getting on to the website and using the user-friendly link. Just go to :

<https://2016varietybash.everydayhero.com/au/wayne>

and follow the links.

You will be getting updates on the car and its painful progress. Did I forget to mention – the qualifying criterion is that the car must be at least 30 years old. I have bought a 1986 Mercedes-Benz 280S. Cost me \$800! And then I needed a supply of spare parts, so I bought another car, this time a 1987 Mercedes-Benz 300SEL. That one cost me \$300!

**Dr
Wayne
Herdy,
Car 55!!**



CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN REGION

Pattie Hudson, CEO

The new year is off to a busy start for Central Queensland, Wide Bay, Sunshine Coast PHN! With the December announcements outlining the Department's plans to integrate new mental health, drug and alcohol funding programs into our work (including the Ice Taskforce plan), we are harnessing our staff in each of our five offices across the region for a productive, busy and innovative year in primary health care.

Amongst the new initiatives, the PHN continues to recognise the importance in continuing programs which have seen success and solution across our region. Our Aboriginal and Torres Strait Islander health programs continue to reduce Indigenous disadvantage and promote affordable and culturally appropriate health care in both urban and remote areas. This year marks the tenth anniversary of the Closing the Gap campaign and, along with our partners across the region, the PHN looks forward to hosting a range of awareness and celebratory functions to promote National Closing the Gap Day on 17 March. The PHN has expressed interest in hosting a travelling exhibition of Indigenous art works and artefacts in our Sunshine Coast office and look forward to sharing the expo with members of the community should we be successful.



The Closing the Gap team kicked off 2016 with an extremely successful Cultural Awareness training in Bundaberg, with a record number of GPs in attendance. Our Cultural Awareness training aims to educate GPs, practice staff and allied health practitioners in understanding the cultural and health needs of Aboriginal and Torres Strait Islander patients and have been extremely popular throughout the region. We are currently finalising our calendar of events for the Closing the Gap program, with a schedule of Cultural Awareness training planned for the North Burnett and Fraser Coast regions from February through till April, as well as extra trainings booked in the Hervey Bay area at the request of locals GPs and their staff.

The PHN continues to encourage all local practices to engage with the program. The national standards for practices registered for the Practice Incentive Payment (PIP) require two staff within general practice to undergo Cultural Awareness training, one of which must be a GP. The team's training sessions aim to be educational, engaging and most of all enjoyable for those who attend.

The focus of the Closing the Gap program in 2016 is to continue to strengthen the relationship between primary health care, Indigenous health organisations and Aboriginal and Torres Strait Islander culture, and promote self-identification in patients wherever possible. We are proud to partner with North Coast Aboriginal Corporation for Community Health (NCACCH) on many of our Aboriginal and Torres Strait Islander health activities.

The NCACCH nominated Chairperson Tom Cleary says, "North Coast Aboriginal Corporation for Community Health (NCACCH) is extremely pleased that Aboriginal and Torres Strait Islander Health has remained a priority as we approach the ten year anniversary of the National Indigenous Health Equality Campaign, "Close the Gap". The unique NCACCH Brokerage Model, developed in 2001, has been providing easy and appropriate access to culturally safe services in our region since that time. The Sunshine Coast & Gympie Aboriginal & Torres Strait Islander Health Planning and Co-ordination Committee is a tripartite arrangement which includes NCACCH, the Sunshine Coast Hospital & Health Service and the new PHN.



CENTRAL QUEENSLAND, WIDE BAY, SUNSHINE COAST PHN REGION /cont:

Pattie Hudson, CEO

This Committee's vision is 'A healthy Aboriginal and Torres Strait Islander community achieved through coordinated, high quality services delivered through a focused and effective partnership'. NCACCH looks forward to working with the PHN in this collaborative arrangement committed to improving the health and well-being of the community in achieving measurable outcomes for our people".

The PHN continues to promote the 715 health check for those who identify as Aboriginal and/or Torres Strait Islander to ensure all patients are comprehensively assessed to increase preventative health opportunities, detect chronic disease factors, better manage existing chronic disease and reduce inequities in access to primary care for Aboriginal and Torres Strait Islander people.

If you are not currently signed up to the Closing the Gap program and would like to discuss the benefits or sign up process, please feel free to contact the PHN's friendly Closing the Gap team on 5456 8100 or NCACCH on 5443 3599

The Sunshine Coast region has wholly embraced the Closing the Gap program, with the majority of local general practice already engaging with our staff to commit to closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

Pattie Hudson

CEO

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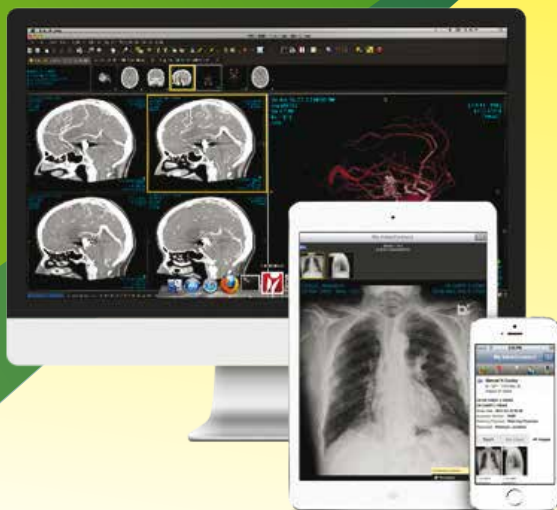


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Scheuermann Disease

Clinical history: 2 months right mid back pain in a 35 yr old male.



Findings

Significant anterior wedging of T7, T8 and T9 (greater than 50%) with Schmorl's nodes, endplate irregularity and mild scoliosis. Lesser degree of wedging of the subjacent craniocaudal vertebral bodies. Kyphotic deformity of thoracic spine with mild scoliosis is also seen.



Diagnosis

SCHEUERMANN DISEASE (involvement of three or more vertebral bodies with greater than 40% kyphotic deformity).

Discussion

Epidemiology

Typically affecting adolescent males. There is no recognised gender predilection, however there is a strong hereditary predisposition (perhaps autosomal dominant).



Location

It typically affects the thoracic spine with changes dominating at the T10-L4 level.

Treatment and prognosis

Treatment is largely dependent on the degree of kyphosis

- < 50 % - conservative, stretching, postural changes.
- 50-75% - brace
- > 75% - surgery



Dr Janusz Bonkowski

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- Skull base surgery
- Spinal surgery
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Birtinya QLD 4575

Noosa Clinic

Ochre Health Medical Centre
24 Sunshine Beach Road
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STUDY: Feasibility and acceptability of a standardised shoulder exercise program for supraspinatus full thickness tears.

Thank you for your assistance last year. The pilot study was promising & we are calling again for patients for the extended study in conjunction with Doctorate student Eva Lim.

To be eligible the patients **must** have an **MRI diagnosed full thickness supraspinatus tear** and **not** be complicated by: *Severe osteoarthritis, significant labral tear, uncontrolled systemic inflammatory condition, severe biceps injury, or other confounding factors – specifically, patients you would like to trial with Physiotherapy conservative management.*

To refer: the patient can be referred to one of the Physios below through our normal referral pad or medical objects.

Sports & Spinal Treating Physios: Simon Burley (Maroochydore/Buderim), Louise Meek (Coolum) and Joakim Wisting (Kawana). *If you would like a copy of the final manuscript of phase one please contact: Simon@sportsandspinalphysio.com.au*



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Questions?

Please contact Maroochydore Sports & Spinal

07 5479 1777

MEDICAL MOTORING

with Dr Clive Fraser

My Aged Care -

“Wouldn’t be without them”



After 19 years on the road it was inevitable that my beloved Volvo V70 wagon would catch a cold and break down some time.

As these things happen it halted right at the entry to the carpark for my rooms.

Unable to get it going again, for the first time ever, I called my Auto Club’s breakdown service for help.

Their motto is, “Wouldn’t be without them”, and true to their word within 15 minutes their mechanic arrived.

He took a brief history, turned the ignition on a couple of times, primed the fuel pump, and then presto I was back on the road.

It’s very comforting to know that for \$86 per year wherever you are, help is always at hand.

I’d estimate that a 19 year old car is pushing the equivalent of 95 human years, so I treat the old girl with a lot of respect and tender loving care.

Just the way you might support an elderly member of the family still living at home.

But with health problems surfacing for an elderly relative I have some concerns about the complexity of accessing help for your beloved

For starters there’s a thing called ***My Aged Care***.

I understand that by the time you read this article it will have replaced ACAT which I had no previous complaints about.

There was a 45 minute phone call to take the details and a faxed copy of an Enduring Power of Attorney verified that I was authorized to act on behalf of the relative.

All’s well and good, so far.

Then there was an appointment for an assessment lined up.

But the assessor was a no-show and it took 4 days to track her down upon which she advised that the assessment was next week and not last week, even though that wasn’t what she had said and verified in her text message.

Not wanting to bite the hand that feeds you we met subsequently and from then on things went further astray.

There was a text message from her on a Saturday afternoon and a phone call on a Sunday morning.

Unfortunately, the assessor by this point had said she’d assessed the husband, when it was actually the wife.

Oh, by the way, she also failed to identify that there were cognitive problems which were the original reason for the referral in the first place.

Easily sorted, but then you are asked to wait for a call from a care provider.

Days turned into weeks and eventually a call back to My Aged Care shed more light on the lack of progress as the assessor had not “issued” the request to any care providers.

All sorted again and copious apologies from the call centre.

On track at last, but then another phone call from someone else at My Aged Care offering to assess the applicant.

I’m always happy to accept help, but hadn’t that already happened.

MEDICAL MOTORING / cont:

Dr Clive Fraser

Finally, after 8 weeks of frustration the care providers started to call.

But the advice was, "You'd be better off with a package".

Against the odds I called ACAT directly, explained the situation and asked for help.

No hold-ups this time and everything about their recommendations was put in writing.

Throughout all of this my elderly relative kept asking, "How do people cope who don't have any friends or family to help them?"

I would ask exactly the same question.

Friends and family, "Wouldn't be without them".

Safe motoring,

Doctor Clive Fraser

Email: doctorclivefraser@hotmail.com



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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"

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

AGED CARE CONVERSATIONS



With about 75% of people over 65 on some kind of government pension, the Age/Service Pension provides 'bedrock' income for many retirees. As such, a high priority for many retirees will be discussions around changes to the Age Pension rules and recent changes to Australia's Aged Care system. Like the changes that commenced on 1 July 2014, the Aged Care changes are likely to increase the contribution an aged care recipient makes towards the cost of their care.

From 1st January 2016, "new Aged Care residents" will have the rent they receive from their former home assessed under the Income Test for aged care purposes regardless of whether they are paying a Daily Accommodation Contribution (DAC) or a Daily Accommodation Payment (DAP). A "new Aged Care resident" is defined as one whom enters residential aged care on or after 1st January 2016. If they change their facility it will not affect the resident's ability to claim the exemption where they were not out of residential care for more than 28 days during the transfer.

So whilst this rule surrounding the former home changes for Aged Care services, both the rental income and the value of the home will continue to be exempt when determining Aged Pension entitlements. However, if a pensioner leaves their principal home and enters a care situation, their home may be exempt from the assets test for up to 2 years.

Changes are aplenty for Pensioners, the Assets Test threshold and Aged Pension qualifying ages taper will commence on 1st January 2017. The table below illustrates these changes and most pensioners will be affected in some way.

Age Pension Asset Test threshold	Legislated threshold for full Age Pension	Estimated cut-off threshold
Single, homeowner	\$250,000	\$547,000
Single, non-homeowner	\$450,000	\$747,000
Couple, homeowner	\$375,000	\$823,000
Couple, non-homeowner	\$575,000	\$1,023,000
Couple, illness homeowner	\$375,000	\$969,000
Couple, illness non-homeowner	\$575,000	\$1,169,000

Source: <https://www.liberal.org.au/latest-news/2015/05/07/fairer-access-more-sustainable-pension>. Estimated amounts are based on projected rates and thresholds as at 1 January 2017.

The complexity of all these rules and regulations are forced upon them when all of a sudden for many reasons, an older Australian needs an ACAT assessment. The ACAT assessment will help to determine the range of care options that they have available to them being, independent living, serviced units or an Aged Care facility.

This can be a point for family stress to really bite, as a Means Tested Amount (MTA) needs to be calculated to determine the client's affordability for accommodation payments and daily care fees at Aged Care facilities. The MTA also determines how much the government pays for the older Australian.

Both Don Poole and Kirk Jarrott are Accredited Aged Care Professionals who can help create family solutions and help families make informed decisions during difficult times.

If you would like to discuss this article please give either Don or Kirk a call on **07 54379900**.

The Gardens of London – A Floral Bliss

London certainly ensures that every tourist is spoilt for choice when it comes to its tourist hotspots. Major sights like the Buckingham Palace, National Gallery, Tower of London, Big Ben, Tate Modern- the national gallery of modern art are sure to make it to every tourist's must-visit checklist. However, the true taste of late summer or autumn glory can be experienced in the months of August, September, and October when the flowers bloom into stunning beauties in blasts of vibrant colours.

Horticultural extravaganza

- The **RHS Chelsea Flower Show** or the Great Spring Show spans over five days and is held at Chelsea in London. Perhaps the most popular garden show in the whole of UK, it features many natural as well as avant-garde artistic gardens with floral marquee as the centrepiece. Smaller gardens like the Artisan and Urban Gardens are also a visual treat. Many events other than the welcome stroll among the floral bliss are organized at the Show.
- The **RHS Hyde Hall Flower Show** and **RHS Wisley Flower Show** are top-class garden shows featuring stunning floral displays, fun entertainment stalls and much more – an amazing opportunity to spend the day exploring the painstakingly pruned and decorated gardens at their vibrant best.
- The **RHS Hampton Court Palace Flower Show** is another one of a kind Show held at the majestic palace of King Henry VIII. Visitors can wander about amid stunning beauty of the flora while also browsing through, buying and picking up some expert horticultural advice from the garden trade stalls and specialist nurseries.

What have we planned for you?

A comprehensive itinerary has been developed to let you enjoy the exciting, internationally renowned flower power of Chelsea.

- *A trip to the royal botanic Kew Gardens- houses a herbarium, museums, libraries, extensive gardens, as well as glasshouses and conservatories shall be arranged.*
- *Trip to the flower shows organised at RHS garden Hyde Hall and RHS Wisley.*
- *We shall also organize a tour to the famous Flower District of Chelsea for the ultimate horticultural shopping spree.*

Get ready to enjoy the beauty of the glorious, vivid, blooming flora of the unusual as well as fascinating gardens of Chelsea and maybe even let some of the striking plants find themselves a place in your home. You might even see the Queen!!

Tour Dates: 20 May – 26 May 2016
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GP Education



Mental State

Mental health in families, ECT and dissociative disorders

Caloundra Private Clinic proudly presents a symposium featuring psychiatrists Caz Gauvin, Marion Drennan and Peter Clark.

Please join us for a night of interactive discussion.

Flag a topic – it's your night, so if you have a topic that you would like addressed please email it through.



Program

- 6.00pm Registration
 6.30pm Dinner
 7.00pm Presentations and small group discussion
 Welcome and introduction
 Dr Jon Steinberg, Director Psychiatry
Families and mental health
 Dr Caz Gauvin, *Psychiatrist*
ECT
 Dr Marion Drennan, *Psychiatrist*
Dissociative disorders in clinical practice – the full spectrum including multiple personality disorder
 Dr Peter Clark, *Psychiatrist*
 9.00pm Evaluation & close

When:
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Topics I would like discussed:

.....

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IS YOUR PRACTICE READY FOR THE FAIR WORK OMBUDSMAN AUDITS?

Private practitioners should be aware that the Fair Work Ombudsman (FWO) has started a new education and compliance campaign in the health care and social assistance industries, which commenced in December 2015. The campaign has been developed in consultation with key stakeholders including the AMA, and focuses on raising industry awareness of Australian workplace laws, providing education on these obligations where needed and improving compliance within the industry.

In the last three financial years, the FWO has taken the following actions against employers in the health care and social assistance industries:

- 43 formal letters of caution regarding workplace practices were issued to employers;
- Seven matters were taken to court for prosecution; and
- Eight employers received on-the-spot fines for infringements.

The FWO has indicated that the focus of the campaign is to ensure employers of reception and administrative staff in general practice and specialist practices are meeting their wage rate and record keeping obligations. It is estimated that around 200 medical practices will be assessed by FWO inspectors.

Practices that are selected by the FWO to participate in the campaign will be directed to provide employee time and wages records for a recent pay period. Where an employer has more than 25 employees, they will be requested to provide a representative sample of no fewer than 10 employees. This sample should include (where applicable to the practice) a range of different employee classifications and employment types (full-time, part-time and casual) and must include all 457 visa employees.

The time and wages records for the selected recent pay period will need to specifically include the following information:

- Payroll advice records or pay slips which clearly state amounts paid to employees, including base hourly rates of pay (or salary), loadings, penalties and allowances;
- A sample payslip, which the FWO will assess against the payslip requirements prescribed in the Fair Work Regulations 2009. Compliance with payslip requirements will be one of the main areas of focus during the campaign, and FWO inspectors will have the discretion to issue on-the-spot fines for breaches;
- Attendance records (i.e. time sheets and rosters) showing hours worked by employees, including any overtime;
- Records of any hours where employees attended training sessions or staff meetings (*note: inspectors will be looking to see that employees are being paid for these meetings if they are held outside an employee's ordinary working hours*);
- Copies of any Individual Flexibility Arrangements (IFAs) made with employees; and
- Copies of any apprenticeship or traineeship agreements.

Did you know - AMA Queensland members receive complimentary advice and support regarding the FWO audits. Should any members be contacted by the FWO regarding the campaign and require assistance from AMA Queensland, they can contact the Workplace Relations Department Ph: (07) 3872 2222.

Not a member of AMA Queensland?

Join now to access our free support workplace relations services and ensure your practice is compliant with the Fair Work Regulations: <https://ama.com.au/join-renew>

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

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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>				
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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"/>
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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.				



Take Five

EXPLANATION

Upon arriving home, a husband was met at the door by his sobbing wife. Tearfully she explained "It's the pharmacist. He insulted me horribly this morning on the phone".

Immediately the husband drove to confront the pharmacist and demand an apology. Before he could say more than a few words, the pharmacist interjected, "Now, just a minute, please listen to my side of it".

"This morning the alarm failed to go off, so I was late getting up. I went without breakfast and hurried out to the car, just to realise that I locked the house with both house and car keys inside. I had to break a window to get my keys. Then, driving a little too fast, I got a speeding ticket.

"Later, about three blocks from the pharmacy, I had a flat tyre. When I got to the store there was a bunch of people waiting for me to open up. I opened and started serving these people, and all the time the darn phone was ringing off the hook.

"Then I had to break a roll of 20 cent pieces against the cash register drawer to make change and they spilled all over the floor. I got down on my hands and knees to pick up the coins; the phone was still ringing. When I came up I cracked my head on the open cash drawer, which made me stagger back against a showcase with bunch of perfume bottles on it. All of them hit the floor and broke.

"Meanwhile, the phone is still ringing non-stop and I finally got to answer it. It was your wife. She wanted to know how to use a rectal thermometer.

... And, honestly mate, all I did was tell her!"

A WOMAN was flying from Melbourne to Brisbane ...

Unexpectedly, the plane was diverted to Sydney.

The flight attendant explained that there would be a delay, and if the passengers wanted to get off the aircraft the plane would re-board in 50 minutes..

Everybody got off the plane except one lady who was blind.

A man had noticed her as he walked by and could tell the lady was blind because her Seeing Eye Dog lay quietly underneath the seats in front of her throughout the entire flight.

He could also tell she had flown this very flight before because the pilot approached her, and calling her by name, said, 'Kathy, we are in Sydney for almost an hour. Would you like to get off and stretch your legs?'

The blind lady replied, 'No thanks, but maybe Max would like to stretch his legs.'

Picture this:

All the people in the gate area came to a complete standstill when they looked up and saw the pilot walk off the plane with a Seeing Eye dog!

The pilot was even wearing sunglasses.

People scattered.

They not only tried to change planes, but they were trying to change airlines!

True story...

TREAT ...

A lady decided to give herself a big treat for her 90th birthday by staying overnight in a really nice luxurious hotel..

When she checked out the next morning, the desk clerk handed her a bill for \$250.00.

She demanded to know why the charge was so high "I agree it's a nice hotel, but the rooms aren't worth \$250.00 for just an overnight stay - I didn't even have breakfast!"

The clerk told her that \$250.00 is the 'standard rate,' and breakfast had been included had she wanted it.

She insisted on speaking to the Manager.

The Manager appeared and, forewarned by the desk clerk, announced: "This hotel has an Olympic-sized pool and a huge conference center which are available for use." "But I didn't use them." "Well, they are here, and you could have."

He went on to explain that she could also have seen one of the in-hotel shows for which they were so famous. "We have the best entertainers from all over the world performing here." "But I didn't go to any of those shows.." She pleaded. "Well, we have them, and you could have." was the reply.

No matter what amenity the Manager mentioned, she replied, "But I didn't use it!" and the Manager countered with his standard response.

After several minutes discussion, and with the Manager still unmoved, she decided to pay, wrote a check and gave it to him.

The Manager was surprised when he looked at the check. "But Madam, this check is for only \$50.00"

"That's correct" she replied "I charged you \$200.00 for sleeping with me." "But I didn't sleep with you madam!" said the manager "Well, too bad, I was here, and you could have."!!

GOOD FAIRY ...

A man and his wife, now in their 60s, were celebrating their 40th wedding anniversary. On their special day, a good fairy came to them and said that because they had been such a devoted couple, she would grant each of them a very special wish.

The wife wished for a trip around the world with her husband. Whoosh! Immediately she had airline and cruise tickets in her hand.

The man wished for a female companion 30 years younger ... Whoosh! Immediately he turned ninety.

Gotta love that fairy!!

CARDIOLOGIST'S FUNERAL

A very prestigious cardiologist died, and was given a very elaborate funeral by the hospital he worked for most of his life..

A huge heart... covered in flowers stood behind the casket during the service as all the doctors from the hospital sat in awe. Following the eulogy, the heart opened, and the casket rolled inside. The heart then closed, sealing the doctor in the beautiful heart forever.

At that point, one of the mourners just burst into laughter. When all eyes stared at him, he said,

'I'm so sorry... I was just thinking of my own funeral... I'm a gynaecologist!'

The minister fainted!

CLASSIFIEDS

NOTICE FROM DR FABIO BRECCIAROLI

This is to inform you that after 40 years I have retired from my full time hospital position. This will occur from the 19 Feb 2016.

- I will continue to be available for my private practice as a Palliative Care consultant.
- I look forward to helping you with your Palliative Care patients when needed.

Contact Details: Dr Fabio Brecciaroli
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Email: fabiopallcare@bigpond.com
December 2015

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or visit Suite 9B Nucleus Medical Suites.

Sunshine Coast Private Hospital

November 2016

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- Included in the lease are electricity and cleaning. We are able to offer full secretarial services if required.

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or email: reception@scgensurg.com.au

November 2016

SPECIAL OPPORTUNITY - MAROOCHYDORE

- Special opportunity for a VR GP who is seeking to take up an existing patient load of a departing colleague at our busy, well established non-corporate Family Practice.
- We are a fully accredited, fully computerised, mixed billing practice with a friendly and happy professional team including nursing support and a fully equipped treatment room.

Please contact the Practice Manager:
pm.wrmc@yahoo.com.au or 0409 447 096
November 2016

GP OPPORTUNITY

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

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

For further information please call Nicola:

Ph: (07) 5456 1600

Email pm@betterhealthonbuderim.com.au

July 2015

MEDICAL EQUIPMENT FOR SALE

- CoaguChek XS Plus INR DEVICE (complete with case) (used twice) \$500
- Welch Allyn Vital Signs BP Monitor with Pulse Ox (mobile stand/ large cuff included) \$1500
- Niki T 34 Syringe pump (key/carry bag included) \$1200

Ph: 0400 646 027 Denise Simmons NP

December 2015

FEMALE GP REQUIRED IN O&G PRACTICE - BUDERIM

This is an excellent opportunity for a female GP to join our Menopause and Weight Management Clinic located in Buderim on the beautiful Sunshine Coast Queensland. We are looking for a full time or part time VR or Non VR female GP to join our well established all female practice.

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

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

February 2016

CHILD PSYCHIATRIST, OPEN TO REFERRAL, 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

February 2016

FEMALE GP -WOMEN'S HEALTH

- We are seeking a female GP specializing in Women's Health.
- Position is flexible
- Remuneration is percentage on based earnings.
- Equipped with Admin and Nursing Staff,

Call Tracey 07 5476 3700

February 2016

**Classifieds remain FREE
for current SCLMA members.**

\$110 for non-members

Ph: 5479 3979. Mobile: 0407 037 112.

Email: jobo@squirrel.com.au

Classifieds remain on the list for 3 months unless otherwise requested.

There were no SCLMA clinical meetings in December and January so instead here's some memories from our very successful Social Function at Peppers, Noosa in August 2015

It's time to plan this year's event. Meetings Convenor, Dr Scott Masters is planning for the central coast (2014 was Pelican Waters Golf Resort). Email your suggestions (needs to have accommodation)

