



SCLMA President's Message

Dr Roger Faint

Dear SCLMA GPs and specialist colleagues

I have been president for one month now and this newsletter gives me the first opportunity to update you all regarding current and recent issues.

The most topical issue currently is the AMA/AMAQ stance against the provision of an additional fifteen (yes fifteen) medical school places to allow the establishment of a clinical school at the new Sunshine Coast University Hospital, Birtinya. UQ medical school has transferred thirty-five student places to the Griffith medical school, however, a total of fifty is needed to make the clinical school viable.

I think we can all appreciate the AMA/AMAQ's stance, however it is apparent the benefits to the Sunshine Coast's long term recruitment of medical practitioners far outweigh the concerns of a small increase in medical student numbers. The AMA is very powerful, and in fact, they are the sole reason why the Federal government won't proceed with previously agreed provision of new medical student places.

The Sunshine Coast is the second fastest growing community in Australia and it is nonsense not to have a clinical school. There will likely be a coordinated approach (local health service, clinical school, PHN and SCLMA etc.) to engage with AMAQ in the future to help them understand the needs of the Sunshine Coast Health Service rather than continuing for us to butt heads. I have asked Griffith University, through Professor Scott Kitchener, to provide comment on this issue. Your SCLMA will keep you informed as events unfold.

Dr Di Minuskin, immediate past president, is leading the charge regarding the downgrading of Caloundra Hospital services and how best to utilise a QH owned GP/Nurse practitioner led clinic in its place. Local member Mark McArdle is on side and involved in the process.

I attended the yearly Rural Medicine Australia Conference

in Canberra jointly run by RDAA and ACRRM last weekend. Broad issues were discussed, including the continuing Medicare rebate freeze, myagedcare issues, My Health Record, Health Care Home expectations, and the role of the PHN (we have one of the best run in Australia, through CEO Pattie Hudson). One issue that particularly piqued my interest was the ability for GPs to soon apply for allied health service funding as a provider through myagedcare.



The clunkiness and inefficiency of the myagedcare website is well understood and slowly being resolved. Interestingly about 20% of referrals are done by GP practices and the health department is encouraging doctors/GPs to be more involved. Also my understanding is that the skin item numbers are changing from the first of November to reflect defect size rather than lesion size.

Overall these are significant changes to the way medicine is being managed in Australia, so it is important to stay well informed.

In Di Minuskin style, I will mention my trip to the National Museum of Australia in Canberra to visit "The history of the world in 100 objects" exhibition exhibited by the British Museum. If in Canberra it is essential viewing. Also one of the most moving experiences I have had of recent times was attending a 'Last Post Ceremony' at the Australian War memorial.

Regards

Dr Roger K Faint

MBBS, FACRRM, FRACGP, DRCOG

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



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NOVEMBER 2016 NLETTER Deadline Date will be MONDAY 14 NOVEMBER

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

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

Contact Jo: 5479 3979

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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

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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

A zealous thankyou to Di Minuskin for filling in as Editor last month and a perfervid, if not belated, thankyou for the energy and devotion she committed as President of the LMA over the last 3 years.



I'm sure our association wishes her well as she enjoys some deserved time off over the next year - currently in the USA for two great acts- the US Presidential Election and Halloween. I digress to inform that a US company that sells Halloween masks, tracks their sales across its 1,200 stores and has for the last 20 years, accurately predicted the outcome of the US Elections with their "Presidential Mask Index". The PMI currently predicts a Republican win. Hold on to your hats/masks!

An exuberant welcome to Roger Faint as our new President. He brings a wealth of divergent experience as a doctor and new blood to the Association which augurs well to steer us forward as we deal with a rapidly changing medical landscape.

Sandra Peters asks GPs for their feedback on HealthPathways while the PHN documents latest thoughts on suicide prevention, raised during Mental Health Week in early October.

Kevin Hegarty provides highlights from the Research Day held by SCHHS on 18 October and Wayne Herdy informs us of the proceedings of the AMAQ's Conference in India. He also keeps us abreast on the issue of doctor revalidation, rightly pointing out the lack of evidence that such a process would reduce adverse outcomes for patients yet would no doubt come at a great financial and time cost to implement.

Wayne Herdy has returned jubilant from his Variety Bash in his old Mercedes, resolving to do it all again in 2017. He thanks all who contributed to the worthy cause, achieving just over his goal.

All the best

Kirsten Hoyle

kirsten@hoyleurology.com.au

HIGHLIGHTS in this issue:

- P 5: Kevin Hegarty - Health Service Link
- P 6-7: Dr Wayne Herdy - report on AMAQ Conference, India
- P 9: Dr Sandra Peters - GPLO
- P 10: Pattie Hudson - PHN Country to Coast
- P 13: Poole Group - Planning Aged Care Needs
- P 16: Dr Wayne Herdy - Variety Bash
- P 17: Dr Heather Parker - Aviation Medical Examiner
- P 18-19: Motoring - Holden Commodore SV6
- P 20: Travel - Estonia
- P 25: Advertising Guidelines

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 24 NOVEMBER 2016**FINAL MEETING FOR 2016**

Speaker: Dr Tim Nathan, Urologist

Topics: "Improving outcomes in prostate cancer".

"Urodynamics - more precise diagnosis of urinary symptoms"

Speaker: Assoc Prof David Morgan QBMBA (short talk)

Sponsors: Ipsen and Neotract

Venue: Maroochydore Surf Club

ENQUIRIES: Jo Bourke

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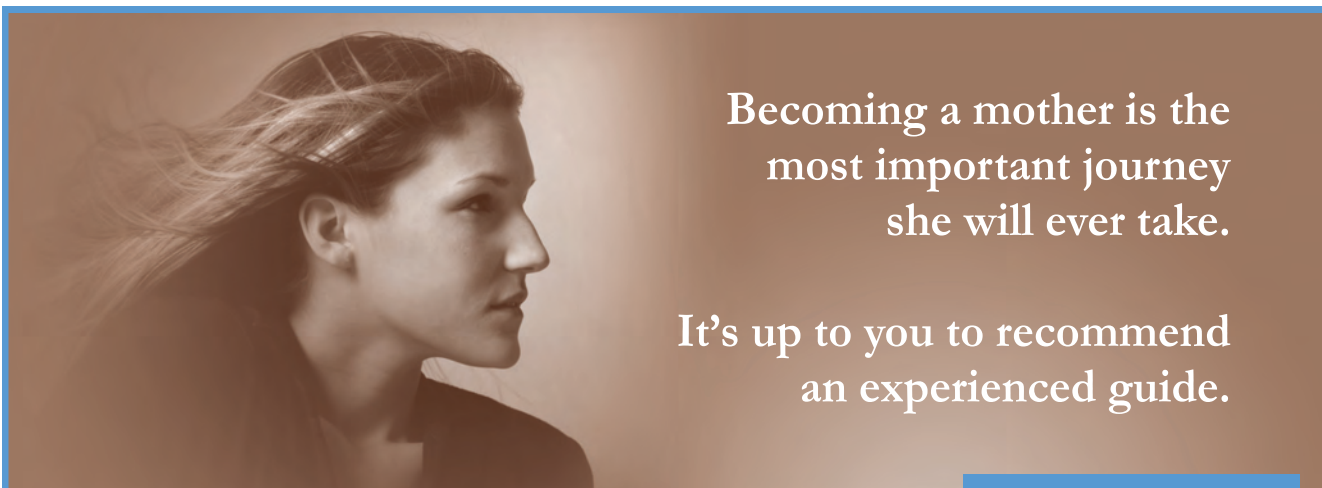
Email: jobo@squirrel.com.au

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

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

Website: www.sclma.com.au

WE ARE TAKING BOOKINGS FOR MONTHLY CLINICAL MEETINGS FOR 2017. Please contact Jo Bourke (as above) or Meetings Convenor, Dr Scott Masters.



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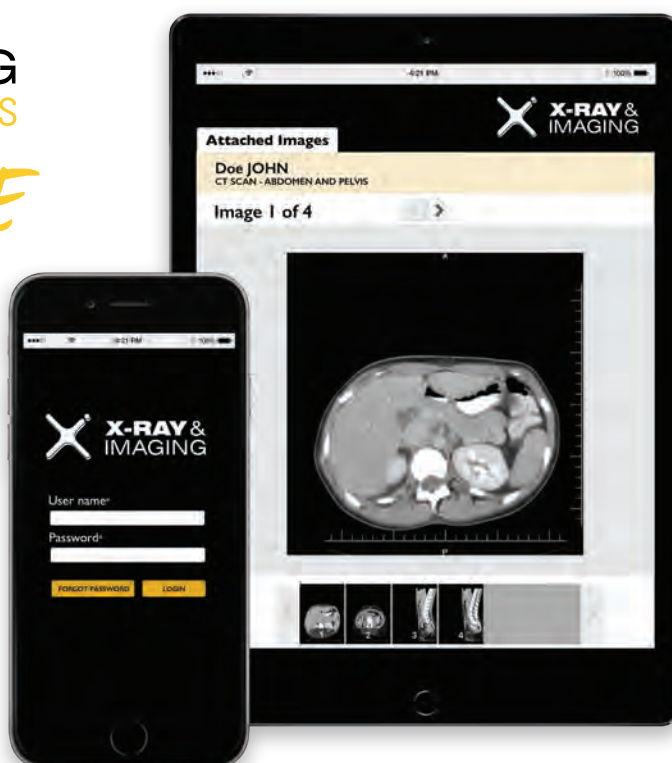
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Health Service Link - October 2016

Research Day

Attendance was high at the Sunshine Coast Hospital and Health Service (SCHHS) annual research day, held 18 October.

The Research Day provides a great opportunity for staff to showcase their medical research as the 2016 Wishlist (the Health Service's Foundation) Research Grants recipients were announced. This in total represented almost \$425,000 for researchers in four categories which ensured opportunities for novice, through to experienced researchers. The support of Wishlist has really enabled the Health Service to advance its research agenda and has also seen Wishlist move from a focus of supporting the acquisition of additional equipment for patient care, through to now with an equal focus on supporting research and education.

The day provided an excellent show-case of the research undertaken by our staff. Rather than major presentations, the day featured the presentation of abstracts by 15 presenters. This approach was well received by all in attendance.

We were also fortunate to have two leading health researchers present: Professor Jonathon Karnon, Health Economics, School of Public Health, University of Adelaide, on 'Screening for variation in clinical practice: how far can the data take us?' and Dr David Hansen, CEO Australian e-Health Research Centre, on 'Integrating Digital Technologies into Medicine: Improving patient outcomes and driving efficiency'.

The Research Day is evidence of the growth of research within the SCHHS and our determination to ensure its rapid development. None of this would have occurred without the visible and passionate leadership of Associate Professor Nicholas Gray, Chair Research Committee, SCHHS. Nick has fulfilled this role for six years and has ensured that

the growth of research has been accompanied by a professional level of governance. Our robust framework has already received acknowledgement.



Research Day encourages the culture of innovation and research, which is critical given the opening of the \$1.87 billion tertiary teaching Sunshine Coast University Hospital next year.

Florey Institute - Memorandum of Understanding signed

At the Research Day, the very positive announcement was made that the Florey Institute of Neuroscience and Mental Health, University of the Sunshine Coast and the SCHHS have now officially formed a partnership to firstly advance neuroscience and mental health clinical trials, prior to the commencement of investigator led research.

The partnership will result in expanding research capacity, capability and building networks and partnerships with a recognised leader in research and education.

As research of the brain and its diseases continues to gain momentum, the partnership will provide a mutually beneficial opportunity for all three parties to leverage local, state and national experience and talent to ensure optimum benefit is derived for the community from research, particularly neurological and mental health-related research.

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



AMAQ COUNCILLOR REPORT

Dr Wayne Herdy

INTERESTING NUMBERS FROM THE RECENT AMAQ CONFERENCE IN INDIA.

The population of India is 1.2 B = 60 times the population of Australia (in about half the land area). The population is growing at 1.8% pa, the annual increase equals the population of Australia. India's population will be larger than China's by 2028, 2B by 2040.

An oddity: a family planning programme from 1976 offered a free transistor radio for men presenting for vasectomy. Beggars presented for vasectomy for the free radio (without understanding what they were giving up), sold the radio on the black market, and could not understand why they could not present for a second time. Over 19M radios were given away, so many that the retail sales fell off and the retail distributor company went out of business.

Average life expectancy in India is 66 years (Australia is in the low 80s). The biggest single contribution is high infant mortality rate, and I think we were told that it is 30 times the Australian rate.

Despite the national population density, 80% of the population are rural, most travel more than 20km to the nearest village for primary healthcare (not necessarily a doctor as we understand it). 50M have to travel over 100km to reach primary care.

GPI (gross personal income) is AUD 5,350 pa (Australia's GPI is about \$60K).

There are only 0.7 doctors per 1000 (Aus = 3.3).

There are 1.2 nurses per 1000 population (UN recommends minimum 2.5).

A typical GP consultation is 2-5 minutes, but there are sometimes 2-3 consultations simultaneously. GPs' hours of work often extend to midnight.

India needs 550 new medical schools to achieve the global average number of doctors. All of our speakers denied that the brain drain of Indian medical graduates was a significant problem, but none had the numbers. However, we were told that healthcare workers working overseas are a significant source of foreign exchange, although this is probably more nurses than doctors and more from exports to other developing or third-world economies rather than from doctors emigrating to wealthier lands.

Many doctors expand their incomes by creating private family-operated "nursing homes" = day surgery clinics, not geriatric aged care, typically 20 beds. Typically the husband is a surgeon, the wife is an obstetrician.

Public health budget is only 1% of GDP (least of all OECD economies, Aus = 9%, US probably 16%).

Average health expenditure is \$75 pp pa (lowest of all OECD; Aus = \$6K = almost highest of OECD), 33% is public funding, 87% is out of pocket. About 30% have basic health insurance. This is one of the world's highest out-of-pocket spending rates. 40M families fall below poverty line each year trying to meet health costs.

The healthcare sector growth is 16% pa. The health sector employs 5M people. 70% of new beds are in the private sector.

There is virtually no programmed aged care, virtually no nursing homes as we know them (or maybe none).

There are a few geriatric respite centres styled as private aged-care resorts and very expensive, staffed by personnel trained in health care but not specifically in aged care, and not near the aged care standards known elsewhere in the Western world.

Telemedicine is being used to offset lags in physical and human infrastructure. It is more accessible than face-to-face healthcare. Even in shanty towns, locals watch Bollywood on (very cheap) smart phones. India is not particularly smart at technical innovation, but has a real talent for marketing and application of existing technology to new applications.

Indian generic drug makers now account for 40% of world generics. They have a large capacity for drug manufacture (they are the largest exporter to USA, double China's pharmaceutical exports).

Medical tourism is a major growth industry. Most patients come from elsewhere in Asia. The standards appear to be comparable with Western standards but prices are competitive with prices elsewhere in Asia. Don't ask me about guarantees or legal liability, but my guess is that a bad outcome won't get a good response under Indian liability.

After the food shortages of the 1960s, the fastest-growing disease profile is obesity and obesity-related diseases. Trauma is high (esp road traffic trauma), suicide rising rapidly especially in rural areas.

Austrade sees clear commercial opportunities – health intelligence, training (especially post-graduate and nursing), India lists high in biotech and offers cheaper R&D (Aus is strong on innovation but performs poorly on commercializing developments, India is strong on delivering affordable development), senior health is a nascent sector poorly serviced by Western standards.

India offers specialist training opportunities for Australian post-graduates. The example explored at the conference was knee arthroscopy. An undergraduate needs to perform at least 150 scopes to claim minimal expertise. Most orthopaedic trainees do not perform that number of scopes, because we do not have sufficient patients in an environment to be operated on by a trainee. A trainee could work in India and perform that number of scopes in a week. Procedural specialist trainees can spend a relatively short time in India to complete large numbers of procedures at a time when the same trainee would struggle to complete their logbooks in 5 years of training at home.

REVALIDATION

Ref Medical Board of Australia "Expert Advisory Group on revalidation. Interim report" August 2016.

It is interesting that the Board chose the term "revalidation" rather than "re-certification".

Dr Joanna Flynn (Chair of the Board) always says that a first purpose of the medical board is to support doctors, but her talks are always about the second purpose, to protect patients.

Comments from the audience:

"Another bureaucratic intervention with no scientific basis and no apparent benefit to patients?"

"The only possible benefit is as a dementia screening tool."

AMAQ COUNCILLOR REPORT/cont:

What is the problem? The problem is probably that the profession, the Colleges, are not sufficiently self-regulating. If we fail to self-regulate, regulation will be foisted on us.

Where is the evidence? It is known that 1% of doctors account for 25% of complaints. There is a case for re-credentialling of a problem sub-population. But even though re-accreditation has been increasingly adopted in other countries, there is no hard evidence that it makes a difference to adverse outcomes or complaints. The supposed increased safety for patients remains as yet unproven.

The Medical Board of Queensland is chaired by a midwife, and has a minority of members who are doctors. Six senior doctors have resigned from the Board in past year out of frustration. Applicants to fill the vacancies, and those recommended by AMAQ, were not accepted. There is a serious question about the integrity and validity of the Medical Board of Queensland.

In UK, the experience was that many older doctors retired prematurely when revalidation was introduced, a massive loss of knowledge and experience from the profession.

AHPRA website opens by informing readers how to lodge a complaint, which raises a question about bias on the part of AHPRA. The mass of numbers of complaints is a fundraiser for the agency. Managing complaints is a major time-consumer for administrators. Only a tiny proportion of complaints result in disciplinary action.

Visit the AHPRA website and make a comment.

At the meeting, there was no discussion about cost. Re-accreditation, or re-examination, will involve two costs (a) opportunity cost as doctors study instead of earning income, and (b) the actual cost of re-examination, which won't come cheap (maybe half the cost of a College final exam, your guess is as good as mine, plus costs of travel to an examination centre if you are regional).

The public will argue that this is a cost to be borne by the profession, if it is a pre-requisite to earning our professional incomes. The profession will argue that the cost is intended to protect the public so the public should pay, presumably as a slightly increased government rebate to factor in a few weeks of study leave every year. No prizes for guessing which argument will win – he who pays the piper will call the tune.

SOAPBOX

On the last day of the AMAQ conference in India in September, participants had the opportunity to have 5 minutes on a public soapbox to discuss their preferred topic, with 5 minutes Q & A to follow.

An underlying theme was that best outcomes will be achieved if we have medical leadership, doctors heading the policy bodies and executive bodies that govern the profession.

- Medical marijuana. Now authorized by Federal & State governments – but with high levels of regulation under limited specified criteria. Canada has 2 years experience, “a nightmare” for GPs and promises to get worse. Controversial and divisive in the profession.
- Medical certificates. Every medical certificate is a cheque on somebody's account. A doctor who signs the certificate has to exercise due care and accept responsibility.

- Locums to remote places. An interesting mode of practice.
- Loving the unloveable. I got to discuss strategies to encourage GPs to accept, if not welcome, marginalized and unpopular patients.
- OFB. Aus is unusual in having a national screening programme, but world data is based on 2-year screening while our national programme is 5-year plan. Compliance is about 60%. The essence is “screening” i.e. it is intended for asymptomatic low-risk population. High-risk or symptomatic patients are investigated, not “screened”.
- 80 years of medicine. 80th anniversary of UQ Medical school conducted recently (there were 22 graduates in the first cohort photo 1940). Remarkable how many family connections persisted in subsequent graduating years.



Recertification. See separate report.

New code of conduct for medical graduates in Singapore. C of C's need to be living documents reviewed periodically to accommodate a changing world. Social media especially are changing patterns of behaviour and Singapore has regulated professional relationships on social media. [Note that AHPRA and Medical Board of Australia have a guideline on social media practice. There is a special emphasis on not publishing testimonials.]

Psychiatric services – prevention and treatment. If services are managed by social workers, funding ends up being spent on soft services such as social care. Patients with best health outcomes are those who have choices in life.

Medical assistance in dying – a Canadian experience. Assisted suicide legislation has been enacted, with criteria that are not as clearly defined as we would like (e.g. a “competent” patient). Needs second opinion, no financial connection, 10-day cooling-off period. Practitioners feel uncomfortable in this role. Nurses are allowed to set up the infusion! [Gasp of horror from the audience.] The caution: this is a train rushing down the tracks towards Australian doctors, we need to be proactive so that lawyers do not dictate the rules.

Change in health insurance in Australia. For the first time in years, we have seen a fall in numbers of insured patients from 47.6% to 47.2%. Patients are losing faith in the private health insurance market. Increasing “junk” policies with multiple and unclear exclusions, difficult fine print. Devaluation in policies because private hospitals chasing business, directing referrals, forming alliances with selected specialists, with high out of pocket costs. Changing from fee-for-service to fee-for-outcome, and increasing audits by insurers. Patients want bundled fees, with no gap (now 85%) or known gap (now 6.5%). Insurers becoming more interventionist, e.g. “pre-approval”, or requiring justification for extra hospital days or expensive medications (remember US-style managed care). Administrators are starting to refer to complications as “errors” – the terminology has a clear direction, but doctors argue that this should not shape funding. The insurers' profit in the year March 2015 to March 2016 was \$1.476B. Minister Ley has formed a committee to reform private health insurance.

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SCHHS GPLO – OCTOBER 2016 UPDATE

Dr Sandra Peters

Greetings from the GP liaison team at Nambour Hospital. We hope this finds you all well as we gear up to the end of another year.

Clinical Prioritisation Criteria (CPC) and HealthPathways:

Work is progressing on the localisation of HealthPathways and the CPC criteria are being embedded in the request pages. Feedback from a sample of GPs has been positive so it is full steam ahead for us. At this stage we look likely to be seeing Sunshine Coast HealthPathways going live on 1st November! 75 localised pathways are in draft and we hope to see them all live on 1st November. Newly localised pathways will be added as they are signed off. Each pathway has a feedback button which I would encourage you to use – particularly if there is a resource or contact details you would like to see added.

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

Nurse Navigator Program:

The new cohort of Nurse Navigators have commenced in Maleny/Hinterland and Gympie with the service set to expand to Caloundra in 2017. Feedback from patients accessing the program has been very positive as you can see below:

63 year old gentleman from Maleny

- Helps keep all those involved in my care in the loop
- Explains things as needed and keeps me on my toes in terms of me keeping up appointments that I might otherwise forget or postpone.

74 year old gentleman from Tin Can Bay

- Gave me hope for a better outcome of my ailments. Reduced my depression and stress, made me feel that someone was listening to me at last.
- By improving and reducing my stress, my relationship with others is also improved.

Queensland Health Viewer:

The project team at the Clinical Excellence Division, Brisbane are working on how we as external clinicians will access The Viewer. The GPLOs continue to advocate for a solution which is integrated with GP clinical software to allow for ease of access. More information as soon as I receive any!

SPOT ON update:

The interim 6 month evaluation is almost complete and of > 500 patients participating in the pilot approximately one half were seen by their regular GP and the remainder at the tier 2 practices. Surveys will be distributed to GPs via survey monkey as part of this evaluation and the research team appreciate the time taken to complete as it is important to try and capture the impact of the SPOT ON programme on general practice. The programme has been extended for a further 12 months to allow for a comprehensive evaluation of clinical outcomes, patient and clinician experience and in addition an economic evaluation of the model.

Until next month,
Cheers, Sandra

sandra.peters@health.qld.gov.au

Mobile 0427 625 607

PHN placing the focus on positive mental health

As an organisation, Central Queensland, Wide Bay, Sunshine Coast PHN staff stuck it to suicide stigma this October for Mental Health Week 2016. Working in the health industry, it's important to understand how our peers and co-workers are touched by suicide in their everyday lives. Staff from across our Sunshine Coast and Gympie offices have been involved in a range of positive mental health and wellbeing activities leading up to Queensland Mental Health Week at the beginning of October.



As a primary health care organisation, it's our responsibility to spread the word about positive mental health language, encourage others to check in with each other regularly and provide contacts for support. We recognise the need for improved mental health and suicide prevention services in our catchment – particularly in rural and remote areas where access to primary mental health services may be limited, or where there's a lot of stigma attached to mental illness. In the coming financial year, we'll be committing a significant amount of resources to the mental health service landscape.

We're also supporting a wide range of mental health awareness, wellbeing and suicide prevention activities in the greater Sunshine Coast community. The awareness events kicked off in late August at the PHN Gympie office, which hosted the 'Converstation' bike – a custom built stationary bicycle used to start conversations about positive mental health and wellbeing.

The bike, designed and funded by the Gympie Mental Health Week Organising Committee, uses pedal power to convert energy to run a television connected to the bike, which will play topical mental health videos. The bike is a metaphorical representation of mental health stigma in the community – if the bike stops being ridden, the 'conversation' on the screen also stops. The bike was also a prominent feature of the popular Gympie Gold Rush Festival in early October.

PHN staff recently gathered in the Maroochydore office to mark RUOK Day, World Suicide Prevention Day and Mental Health week and hear stories of people affected by suicide. Guest Lynda Neville from StandBy Response Service and discussed the importance of language when discussing suicide, and how avoiding "the 'C' word" can reduce the stigma around suicide. Guidelines developed by mental health professionals recommend using "took his/her own life", "died by suicide" or "suicided" instead of the word 'commit'.

StandBy Response Service can provide individual in-house training about suicide awareness, including how to have safe conversations in the workplace and after care for individual staff and affected workplaces. StandBy also provide an invaluable 'linkage' service for workplaces and can connect businesses to relative leading industry partners e.g. MATES in Construction, PANDA, Transcultural MH etc. Standby Responsive Service StandBy Coordinator Ms Lynda Neville presented on the issue of stigmatising language, and the need to reduce the 'C' word when discussing suicide or comforting a bereaved loved one. At the PHN, we're encouraging other health professionals to be mindful of language when taking part in such discussions.

The statistics tell us about 2500 people in Australia took their own life in 2014. We're encouraging practices to be in the know around appropriate language to discuss or report suicide in Queensland Mental Health Week 2016, and advise GPs, allied health practitioners and practice staff to visit MindFrame to learn more about respectful conversations. For more, visit <http://www.mindframe-media.info/>



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.



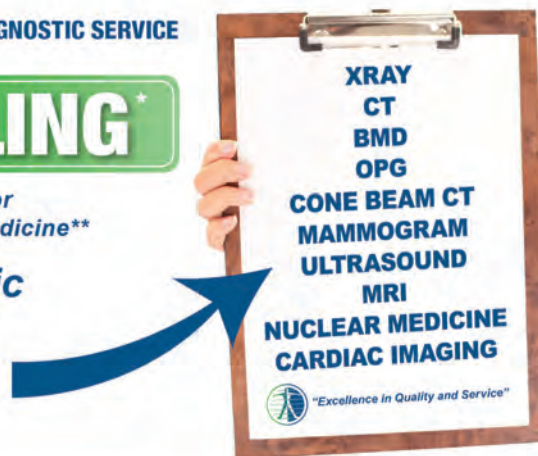
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Plaza Parades
Ph: 5443 8660

Noosa
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Pav A, 111 Goodchap St
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New Trauma Recovery Program for Veterans

The Sunshine Coast
Private Hospital
at Buderim

The Sunshine Coast Private Hospital now offers an intensive program to help guide veterans through the trauma recovery process.

Covering topics such as anxiety, depression, anger, addiction and sleep disorders, the program aims to provide veterans with:

- A clear understanding of post traumatic stress disorder and its impact, as well as factors that maintain trauma
- The opportunity to learn how to use cognitive behavioural therapy to overcome trauma
- Assistance to prepare a relapse prevention plan

Patients are now being accepted and do not require a specialist referral. Send your referral via Medical Objects or fax to 5452 0671.



Cooinda Mental Health Service
12 Elsa Wilson Drive
Buderim QLD 4556

T: 1300 780 413 F: 5452 0671
sunshinecoasthospital.com.au/cooinda
cooinda.ptsd@uchealth.com.au



Planning Aged Care Needs



The wave of older Australians will continue to grow over the coming decades. As such, we can no longer afford to ignore the issues around aged care with over 1 million retirees already accessing aged care services in Australia.

Planning ahead can help to demystify aged care and reduce stress levels. With awareness and pre-planning retirees can maintain control and choice and have access to the financial resources to pay for care and minimise the stress on families. This brief article discusses the steps older Australians could consider when planning to move to residential aged care.

Assessing options

Aged care help can be accessed in a retirees home or in a residential service. They are able to arrange a free assessment by an Aged Care Assessment Team/Service (ACAT/ACAS).

They will need to have ACAT/ACAS approval before they can access a government subsidised home care package or residential care.

Tips – They can book an appointment directly with ACAT/ACAS on 1800 200 422. Further information is available at www.myagedcare.gov.au

Searching for services

Make a list. This should include location, amenities and specific health care needs. This list will help patients develop a shortlist of potential services that they may require. Also patients need to check what fees will be asked for accommodation and ongoing services to ensure it is affordable.

Tips - Search for services by visiting myagedcare.gov.au and search by postcode for the list of aged care facilities in their preferred location. Also search the internet for 'aged care placement services' for advice and help to choose a service and negotiate a place.

Structuring finances

Residents may be faced with accepting a place in whichever service has a low-means place available and could even be a shared room. Structuring assets to pay for accommodation as well as create sufficient cash flow is paramount.

Estate planning

Retiree's Wills should be reviewed and updated to reflect wishes. As dementia is a leading factor behind the need for care services, when the time comes it is likely that the client will need to delegate financial decisions to someone else. This is easier if an enduring power of attorney (and guardianship) is in place. So it is important to have the appropriate powers in place before a person has lost legal capacity as once capacity has been lost, it will be too late to set up the powers and a trip to the Guardianship Tribunal will be needed.

If you would like to discuss any questions you may have please give me a call.

Kirk Jarrott Partner – 07 5437 9900

The statistics

- On average, one new case of dementia occurs in Australia every 6 minutes
- 30% of people over age 85 have dementia
- More than 50% of people in subsidised aged care facilities have dementia

Source: Alzheimers' Australia, www.fightdementia.org.au



Sunshine Coast Radiology works in collaboration with our referring doctors to deliver value through quality services.

We achieve this through a united vision, innovation and shared responsibility through a team of diverse radiologists who collectively bring a wealth of advanced knowledge to the field of medical diagnostics.

We are committed to providing excellence in diagnostics as patients are our number one priority.

This is proven with our on-going commitment and ISO certification reflected in our quality management systems.

Excellence in Diagnostics



 1300 MY SCAN / 1300 69 7226

 scradiology.com.au

NEUROLOGICAL PHYSIOTHERAPY

Neuro @ Sports & Spinal is a newly formed, specialised Physiotherapy team, put together to review and assess an individual's level of impairment and function in the presence of neurological disease or injury. This will assist in monitoring its progression and to determine the best possible care and services necessary to ensure the patient is managing as well as possible in everyday life.

An initial assessment with our Neuro team involves a comprehensive exam to devise a suitable rehabilitation plan individualised to the patient's needs. This plan will aim to:

- Improve or maintain function
- Slow the progression of symptoms
- Decrease career burden

Patients that may benefit from visiting Neuro @ Sports & Spinal include those with:

- Stroke • Acquired Brain Injury • Spinal Cord Injury • Huntington's Disease
- Parkinson's Disease • Muscle Disorders • Polyneuropathies • Multiple Sclerosis

The team consists of physiotherapists: **Laura Perry, Alice Latham and Kirstie Davidson.**



Laura Perry | Leading Physiotherapist for Neuro @ Sports & Spinal

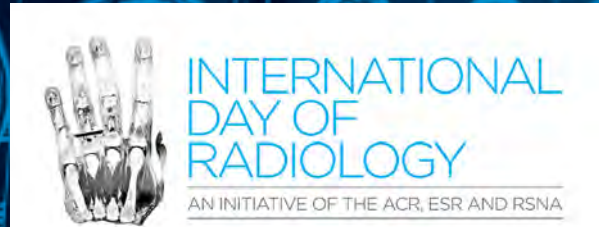
Laura graduated with a Bachelor of Physiotherapy at the University of South Australia, and since then has been working in private practice. Laura has developed a passion for neurological rehabilitation. Laura believes in a holistic approach to injury and management to help her patients achieve their goals and to provide the best possible outcome and care.



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International Day of Radiology Spotlights Advances in Breast Cancer Screening Treatment

IDOR 2016 celebrates thousands of lives saved by mammography and role that radiology plays in detection, diagnosis and management of breast diseases

- The International Day of Radiology is an initiative of the European Society of Radiology, the Radiological Society of North America and the American College of Radiology
- It is an annual event held with the aim of building greater awareness of the value that radiology contributes to safe patient care and improving understanding of the vital role radiologists play in the healthcare continuum.
- In 2016 the day is dedicated to breast imaging and the essential role that radiology plays in the detection, diagnosis and management of diseases of the breast. Find out more: <http://www.internationaldayofradiology.com/>



Sunshine Coast Radiology is proud to take part in International Day of Radiology (IDoR) — Tuesday, Nov. 8 — the 121st anniversary of the discovery of the X-ray. IDoR 2016 is dedicated to breast imaging and the essential role that radiology plays in the detection, diagnosis and management of breast diseases. IDoR 2016 will also include celebrations during National Radiologic Technology Week (Nov. 6–12).

This year, IDoR celebrates the thousands of lives saved by the many contributions of breast imagers and radiation oncologists. Since mammography use became widespread in the 1980s, breast cancer

deaths have plummeted nearly 40 percent. Every major medical organization with expertise in breast cancer care, including the American College of Radiology, the American Congress of Obstetricians and Gynecologists (ACOG) and Society of Breast Imaging (SBI), recommend that women start getting annual mammograms at age 40.



Breast cancer is the most common invasive cancer affecting women in Australia. One in eight women will be diagnosed with breast cancer in their lifetime and over 15,050 women are diagnosed each year. Medical imaging is one of the most progressive disciplines in healthcare and, with advances in technology and research, it is now possible to detect most breast cancers at a very early stage.

"We are proud to be celebrating the International Day of Radiology as a recognition of the role of radiology in improving human life. The profession of radiology continues to be innovative, investing in and developing new technologies to deliver advancements in all areas of medicine. Radiology is now an integral and essential component of advanced health care provision, with Radiologists and medical imaging technicians playing a vital role in achieving better health outcomes for patients." Dr Siavash Es'haghi, CEO – Sunshine Coast Radiology

 scradiology.com.au

Excellence in Diagnostics

VARIETY BASH 2016 - DUSTY SWAGS TO CHEQUERED FLAGS.

Dr Wayne Herdy - Warwick to Bathurst 30th Sept-9th October.

I have just completed the 2016 Variety Bash, and what an experience it was. And a learning curve. I'll talk about three domains - the fundraising purpose, the rally drive experience, and the social function of the Bash.

For those who haven't attended my previous communications, the Bash is a major fund-raising event for Variety Queensland, the children's charity. The money goes to supporting kids with special needs, and their families, and specific gifts are made to institutions. Variety has a venerable history arising when a child was left in a theatre to be cared for by actors (read the website for more history). The Bash started 30 years ago when Dick Smith persuaded his friends to drive cars at least 30 years old from Burke to Burketown, and it has run annually since, 27 years in Queensland.

The fundraising purpose is pretty clear. What is not so clear is where the money goes. I was comfortable supporting this charity because it looked to me that most of the money goes to where it is actually supposed to go, which is more than you can say for most large charities.

During this Bash, the fund donated a specialized trampoline to a school to allow disabled kids to enjoy the experience and maybe improve their motor function. Individual support is more detailed, and I plan bringing to an LMA meeting a local family who has benefited from the support of Variety. Each family has a different function. To add a perspective, and I hope it is not commercial in confidence; the top 10 fund-raisers in this Bash raised about a million dollars between them.

The lowest fund-raisers had a minimum target of \$8500 each, which we barely reached. Some teams spent the entire year in fund-raising, with sausage sizzles, raffles, golf days, and all very time-consuming slow ways of reaching the qualifying minimum.

The car rally experience was not what I had experienced in the past, but was a lot easier. This is a fun run, a drive in the country with mates. It is not a rally, so it is not competitive, not a speed trial. The navigation was also mostly straight-forward, the only real challenge being last-minute changes to the route caused by road closures after extensive flooding in central NSW.

For an ex-rally driver/navigator, it was elementary, but for your average driver some of the mud sections through the forests were an extension of the comfort zone. There was a fairly challenging day of unpredictable and treacherous mud roads, but all cars and crews finally got in to a belated dinner.

What was different was the age of the cars involved, minimum 30 years old, needing a lot of care and attention as the days went by and old machinery showed its weak spots. Our car started chewing a LOT of oil, almost to the point of calling in at service stations to fill the oil and check the petrol. The engine will need some substantial rebuilding before the car sets off on its next adventure.

There were a number of AWs, (auxiliary workshops), which had entered as non-Bashers but in support of their friends in a Bash car, and the RAAF provided a mobile workshop that has surprising capabilities. During the Bash, a 1950s fire truck blew a clutch, and a VW beetle of similar vintage crunched its front end. In both cases, a replacement part could be found reasonably locally and both vehicles were back on the road within a day.

The part that I was least prepared for was the mad antics of the social activity. From the moment we arrived at the starting point, it was clear that we had some very strange travelling companions. The cars had, in some cases, entered 10 or more Bashes and over the years a lot of work had been put into creating some quite bizarre vehicles. The photos tell only part of the story.

The crews were even more entertaining. About half of the entrants were repeat entrants from past years, and played out their chosen characters day and night. One has to wonder if they all totally put their characters away in a box at home and become normal folk again until the next Bash.

My favourite car was Mad Max and my favourite characters the Hippy Hornbags (from Maleny). We had clowns, two versions of Batman, Rocky Horror and the Simpsons, Men in Black and the Cat in the Hat, Captain Risky, and on it went. The hardest to ignore were the Aussie Rock team, with VERY loud music blasting from the top of their car day and night.

Of the 81 cars, half were old hands and had a polished act, the half of us who were newcomers were at first bewildered by the spectacle and eventually all just joined in the fun. By the end of the tour, we all knew one another, and it was clear why the past Bashers were greeting one another as old friends from day one.

My team was entered as Old Bones (complete with skeleton costumes, although somehow that got translated to Old Farts which carried less of a medical message). Every day had a stop somewhere, usually pre-arranged to attract local attention and bring local kids in to get a touch of excitement and oodles of handouts from the Bash teams. Every small town where we stopped got an economic boost, an estimated \$90K each stop spent on catering (service clubs, P&Cs), fuel, and alcohol which figured prominently in the social calendar from the outset (every car having a designated driver of course).

Would I do it again? Yes, but this time I would use the experience to create a better Bash for my team. I can see plenty of options to make it an opportunity for health promotion (Random Breast Test stops, when did you last have a mammogram? Prostate testing, don't worry fellas it's only a blood test. And perpetuating our Old Bones theme - 'Healthy young bones make healthy old bones' (an osteoporosis theme.) The Variety Bash next year will be departing from Caloundra in August and going out to Longreach. So the fundraising and the car preparation start all over again. W Herdy.

Congratulations to long-time SCLMA member

Dr Heather Parker, Aviation Medical Examiner

Dr Heather Parker was made an Honorary Life member of the Australasian Society of Aerospace Medicine at the annual convention in Townsville recently. Heather has been a Designated Aviation Medical Examiner for the Civil Aviation Safety Authority for over 30 years and she has served on its Committee for six years. During her time on the committee she convened conferences, presented papers, wrote articles for every newsletter, and actively contributed to the development of ASAM.

ASAM has been in existence for 67 years since 1949 and 36 people have been made honorary Members, only three of them women doctors. One of these was a former Sunshine Coast GP Dr Dorothy Herbert who was made an Honorary member in 1997.

Heather attained a Diploma in Medical Journalism from UQ and has written articles for JASAM, Airnews, Helinews, Australian Flying, Australian Doctor and Medical Observer.

She is a GP and a private pilot, and passionate about medicine and flying. She learned to fly at Caloundra in 1989 and joined the Australian Women Pilots' Association (AWPA). Over the years Heather has attained AME status with other authorities: NZ, USA, Canada, UK and Europe, Singapore, South Africa and Moldova.

Heather worked with the Wide Bay/Burnett Regional Health Authority which required her to fly herself to outlying centres including Wondai and Kingaroy to conduct Women's Health clinics.

She organised her own flights to Gayndah or Kingaroy each month to work in private GP practices for 12 years.

With a friend she flew to Mt Isa to raise money for the RFDS, and to the AWPA conferences in Dubbo, Longreach, Echuca and Alice Springs. She flew in the Great Hawaiian Air Race in 2001, raising money for the "Make-a-wish" Foundation. She also served on the Aviation Safety Forum in Canberra.

In 2006 Heather was awarded the Nancy-Bird Walton Award from AWPA for "the most noteworthy contribution to aviation by a woman of Australasia", and in that same year an OAM for "services to aviation and to medicine".

She has recently been appointed as Medical Assessor to QCAT which involves travelling to Brisbane to sit on the Tribunal. She is still working as a GP in Peregrine Springs and does about 500 Pilot Medicals a year for various Authorities.



More Variety Bash photos on back page and on the SCLMA website. Check out the Variety Bash website to see all donations: <https://2016varietybash.everydayhero.com/au/wayne>

MEDICAL MOTORING

with Dr Clive Fraser

Holden Commodore SV6

"Driven to extinction"



Friday 6th October 2016 was a sad day for Ford fans all over Australia (and New Zealand).

It was the day that the very last Ford Falcon rolled off the production line at Broadmeadows, a blue Falcon XR6.

Ironically it was also the last Friday before the 2016 Bathurst 1000 race which would see Ford place third.

Ford has manufactured cars in Australia for 91 years and 4,356,628 vehicles have been built at Broadmeadows.

With the plant's closure 1200 jobs at Ford would go with probably another 8,000 jobs in the components industry also being lost.

Undoubtedly many tears will be shed over the loss of Australia's automotive manufacturing industry.

Though they have always been arch rivals Holden now has the locally-built six cylinder rear-wheel drive market all to itself at last.

So I decided to take a long last look at the soon to be extinct VF Holden Commodore with a trip from Sydney to Terrigal and on to Newcastle and the Hunter Valley.

For reasons too complicated to explain I made the journey twice so I covered 1,000 kilometres in three days.

No problems finding my SV6 Commodore in the airport parking lot.

Everyone complains that in the 21st Century all cars look the same, but the Commodore still stands out in the crowd, because it is so big.

That does provide a challenge fitting into those small parking spaces that beckon in Darlinghurst and Potts Point.

But all that bulk on the outside does translate into acres of space internally.

There is a rear seat that is living room size and really does fit three adults, though I can't remember the last time anyone sat in the back when I've been driving.

The Friday afternoon commute out of Sydney sees the Commodore crawling along with thousands of other commuters so it seems around town there really is no point in having a 3.6 litre V6 and 210 kW under the hood.

I wasn't disappointed once I hit the F1 Freeway as it's there that the Commodore can finally stretch its legs.

My last drive in a Commodore was in a VE which was 43 kg heavier than the VF.

The attractive styling of the VF also means that the coefficient of drag has dropped from 0.33 to 0.30, meaning that the VF accelerates faster and also uses less fuel.

That's a combination that rev-heads and greenies will agree on.

On the open road the Commodore has effortless power and I can see just why sales reps have always preferred "family" cars when they spend all day on the road.

Commodore can forever claim bragging rights in the power race with the 6.2 litre V8 VF HSV GTS having power of 430 kW and 740 Nm of torque.

That makes that version of the VF the most powerful car ever produced for public sale in Australia.

In the United States General Motors sells this car as the Chevrolet SS and in the United Kingdom as the Vauxhall VXR8.

MEDICAL MOTORING / cont:



Whilst I loved the Commodore's driving experience I can't say I liked it's on-board MyLink entertainment centre.

Sydney drivers all know that 702 ABC Sydney doesn't have reception on the Central Coast.

I found the simple task of storing 1233 ABC Newcastle particularly confusing, and the operation of the radio was further complicated by the inadvertent pushing of the horizontally placed buttons below the touch screen.

One thousand kilometres in a Commodore is surprisingly pleasant.

My lumbar spine and gluteal region agreed that the seats were comfortable.

And I think that 7.8 litres per 100 km in a mixture of stop-start and freeway driving is commendable for a family-sized car.

Would I buy a VF Commodore?

Yes, because I've never owned one and I think it would satisfy my nostalgic cravings.

Safe motoring,
Doctor Clive Fraser



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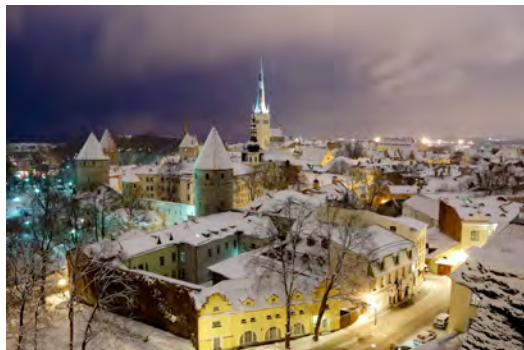
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Experience New Europe in Estonia

One of the smallest nations in the Baltic region, Estonia has recently emerged as most sought-after destinations in Europe. Its mesmerizing cultural heritage, untouched wetlands, remote islands, thriving city life, spectacular castles will definitely leave you awestruck. Estonia offers different holidays options for everyone, suiting every age group and every taste. The unexplored countryside makes Estonia a perfect choice for destination weddings, honeymoons, vacations or getaways with friends and families.



For the Urban Dwellers

Estonia has a creative mix of Europe and rich historical heritage of Russia, which inspires the lifestyle and delights the visitors. The capital city of Tallinn invites urban dwellers to discover and explore the transformation of creative villages. Kalamaja in Tallinn makes a perfect venue for musical concerts and is host to music festivals such as Jazzkaar and Tallinn Music Festival. The city is also home to architectural marvels of Soviet era such as Patareid sea- fortress, Seaplane harbor, Port Noblessner.

Wanderlust

With almost half of the country covered with forests, Estonia is a nature's paradise, offering you enough to explore the unique landscapes. The Soomaa National Park, located in South Western Estonia and spread in the 390 square kilometers area, the park is known for its picturesque peat bogs. Bog walking is the most interesting outdoor activity in the wetlands, allowing you to explore regions inaccessible on foot. The other famous National parks are Lahemaa national park, Matsalu national park and Vilsandi National Park.

For the Adrenaline Rush Seekers

If you get your kick from adventure activities, Estonia invites you with its open arms, offering an unmatched adrenaline experience and tons of outdoor sports and activities such as off-road racing, go karting, rallying, hiking and sky diving. Estonia has almost 3000 kilometer coastline, making it heaven for watersports such as kayaking, canoeing, windsurfing, and scuba diving. The country is renowned for its love for sports and games, with readily available options throughout such as outdoor gyms, tennis courts, golf clubs, medieval archery centers, and bowling alleys.

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- *A guided trip through the city of Tallinn, exploring the creative villages and savoring local cuisines*
- *Visit to Kalamaja in Tallinn to experience Tallinn Music Festival*
- *Visit to Sangaste Castle and Taagepera Castle, to experience the history and elegant lifestyle of Estonia*
- *A guided Bog walking tour in Soomaa National Park, getting soaked in the natural beauty of Estonia, exploring wetlands and experiencing undisturbed flora and fauna.*
- *Organized Skiing tour in the city of Otepää and Sky diving near Tallinn*

Book today to Witness a whole new Europe in Estonia, a refreshing experience altogether to feel and enjoy!

www.123Travelconferences.com.au

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			
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	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:		
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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.				

The Sunshine Coast Local Medical Association has Public Liability Insurance

SCLMA WEBSITE - MEMBER DIRECTORY

www.sclma.com.au



SAMPLE:

	PRACTICE	CONTACT	FAX	EMAIL / WEBSITE
CARDIOLOGY				
Dr John SMITH				
Dr Tom BROWN <i>Interventional</i>				
GENERAL PRACTICE				
Dr Penny SMITH <i>Women's health</i>				
Dr Betty BROWN				

YOUR DETAILS

Please supply **ONLY** information you give consent to be published on the SCLMA website directory (**public domain**)

(Title) (First Name) (Surname)

Name of Practice _____

Address: _____

Suburb: _____ P/C _____

Phone: _____ Fax: _____

Email: _____

Website: _____

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

Special Interests: _____

Signed: _____ Date: _____

Post to: PO BOX 549 COTTON TREE 4558 OR FAX TO 5479 3995



Membership Matters!

***Membership Applications accepted at the
SCLMA Management Committee held 27
October 2017***

- ***Dr Scott Kitchener (General Practice)***
- ***Dr Morne Terblanche (Anaesthetics)***
- ***Dr Anita Ponniah (General Practice)***
- ***Dr Kirsten Price (Breast Surgeon)***
- ***Dr Alicia Lorenz (General Practice)***
- ***Dr Chris Lawson (General Practice)***
- ***Dr Michael Naue (General Practice)***

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

***For changes and new listings please
complete the Directory form on
opposite page (public info only).***

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

Fax: 5479 3995

Email jobo@squirrel.com.au

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION INC
MANAGEMENT COMMITTEE MEETING
THURSDAY 25 AUGUST 2016
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee Meeting 15 September 2016)**

Attendance: Drs Di Minuskin, Scott Masters, Jenny Grew, Peter Ruscoe, Mason Stevenson, Kirsten Hoyle, Mark De Wet, Jon Harper, Jeremy Long, Marcel Knesl (Observers – Drs Steven Coverdale and Ted Weaver)

Apologies: Drs Wayne Herdy, Nigel Sommerfeld.

Minutes of last meeting: 28 July 2016 (*To be accepted*).

Moved: Peter Ruscoe **Seconded:** Marcel Knesl. Accepted.

Business arising from Minutes: Nil

President's Report: *Dr Di Minuskin*

- Progression of Urgent Care Centre, Caloundra: call for expressions of interest have gone to GPs to work in the centre. The discussion required includes the types of illnesses likely to be seen.
- The proposed opening is January 2017 with ongoing assessment as to the longevity of the project.

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

Secretary's Report: *Dr Jenny Grew*

Correspondence In:

- Copy B Owler & C Zappala – to Health Minister re Griffith Medical School SCoast
- E Weaver & S Coverdale – re Medical student places Sunshine Coast
- Chris Zappala – re extra medical places

Correspondence Out: Nil

Business arising from Correspondence:

- Drs Weaver and Coverdale opened discussion, summarising the contents of their letter for the Committee, noting in addition the negative impact on recruitment to the Sunshine Coast University Hospital and that the information contained in their letter has been presented to the AMA.
- The AMA has indicated that it does not sanction a further increase in total medical student places nationally. Drs Weaver and Coverdale argue that if extra medical school places are not allocated to the Sunshine Coast Hospital and Health Service, then a full medical school equivalent will not be viable locally.
- Discussion ensued as to the political background for this issue, to workforce implications and for the need to make a decision on the SCLMA's stance on the issue.

Motion: *'that the SCLMA does not support the stated AMA position but rather, it strongly supports the request to the Commonwealth Government for funding to secure the requisite number of Medical Student places for the Sunshine Coast HHS to establish a Medical School.'*

Moved: Peter Ruscoe. Seconded: Di Minuskin. Carried.

Treasurer's Report : *Dr Peter Ruscoe*

(a) Accounts to be paid:

- Australia Post – July 2016 Account
- M7 Band – Xmas function
- Smart Steps Accounting - audit
- Jo Bourke – Secretariat July 2016
- Jo Bourke – Adobe CC subscription July 2016
- C Hawkins – Assist Secretariat July 2016
- C Hawkins – AGM Expenses
- Snap Printing – Newsletter July 2016
- Snap Printing – Newsletter August 2016
- Jo Bourke – Newsletter August 2016
- Peter Ruscoe – function expenses
- Jo Bourke – function expenses
- Wayne Herdy – Niki pump - Cittamani

Peter Ruscoe moved that the accounts as presented be approved for payment.

Seconded: Jeremy Long. Carried.

(b) Membership Report:

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

Peter Ruscoe moved that the membership applications be approved. Seconded: Jenny Grew. Carried.

AMAA Councillor's Report: *Dr Wayne Herdy – Apology.*

- Mason noted that the North Coast AMAA position is vacant, candidates sought.

Meetings Convenor Report: *Dr Scott Masters*

- Successful SCLMA social function acknowledged.
- Sponsors lined up for the remainder of this year's meetings.
- HealthPathways will be presented as a topic at a forthcoming meeting.

Hospital Liaison Report: *Dr Jeremy Long*

- Lots of recruitment activity from exceptionally good applicants, all of whom mention the Medical School.

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MINUTES /cont:
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PHN Country to Coast Report: Dr Jon Harper

- HealthPathways has been launched at a symposium. Clinical algorithms will be edited to localise them. Consultation with GPs and specialists will commence in due course.
- Jon highlighted involvement with the University of the Sunshine Coast as being invigorating for the PHN.
- The PHN is supportive of the SCHHS Medical School proposal.

Next Meeting:

15 September 2016 Maroochydore Surf Club.

Maroochydore Surf Club

PLEASE NOTE CHANGE OF DATE TO 3rd THURSDAY INSTEAD OF 4th THURSDAY TO AVOID SCHOOL HOLIDAYS.

General Business:

- Discussion of nominations for SCLMA Committee positions prior to AGM.

Meeting Close: 1859

Dr Jenny Grew, Secretary

**REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER**

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

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

ADVERTISING GUIDELINES:

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

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

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

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

PLEASE NOTE THE FOLLOWING:

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

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



TAKE FIVE

FROZEN CARBURETOR

People often complain about the police, but you rarely hear about the positive things they do, such as this incident involving a biker and a frozen carburetor

Last January on a bitterly cold winter's day, a North Dakota State Trooper on patrol came upon a motorcyclist who was stalled by the roadside. The biker was swathed in heavy protective clothing and wearing a full-face helmet to protect the face from the cold weather.

"What's the matter?" asked the Trooper. "Carburetor's frozen," was the terse reply. "Pee on it. That'll thaw it out." "I can't," said the biker. "OK, watch me closely and I'll show you."

The Trooper unzipped and promptly warmed the carburetor as promised. Moments later the bike started and the rider drove off, waving.

A few days later, the local State Troopers' office received a note of thanks from the father of the motorcyclist. It began: "On behalf of my daughter Jill..."

BLONDES

Two blondes are filling up at a petrol station and the first blonde says to the second, "I bet these awful fuel prices are going to go even higher." The second blonde replies, "Won't affect me, I always put in just \$10 worth."

One day, Jill's husband came home from the office and found her sobbing convulsively. "I feel terrible," she told him. "I was pressing your suit and I burned a big hole in the seat of your trousers." "Forget it," consoled her husband. "Remember that I bought an extra pair of trousers for that suit." "Yes, and it's lucky for you that you did," said Jill, drying her eyes. "I used them to patch the hole"

A blonde decided to redecorate her bedroom. She wasn't sure how many rolls of wallpaper she would need, but she knew that her blonde friend from next door had recently done the same job and the two rooms were identical in size.

"Buffy," she said, "How many rolls of wallpaper did you buy for your bedroom?" "Ten," said Buffy. So the blonde bought the ten rolls of paper and did the job, she had 2 rolls leftover. "Buffy," she said. "I bought ten rolls of wallpaper for the bedroom, but I've got 2 leftover!" "Yes," said Buffy. "So did I."

Blonde Interview The executive was interviewing a young blonde for a position in his company. He wanted to find out something about her personality so he asked, "If you could have a conversation with any person, living or dead, who would that be?" The blonde quickly responded, "The living one."

THE PREGNANT BLONDE

The other day my neighbour, who is blonde, came running up to me in the driveway just jumping for joy! She said, "I have some really great news!" I am pregnant!

I knew that she had been trying for a while so I told her, "That's great! I couldn't be happier for you!" Then she said, "There's more." She said, "Well, we are not having just one baby. We are going to have twins. Amazed at how she could know so soon after getting pregnant, I asked her how she knew. She said...

"That was the easy part. I went to Wal-Mart and they actually had a home pregnancy kit in a twin-pack. Both tests came out positive!"

EATING IN THE FIFTIES and SIXTIES

- Pasta was not eaten.
- Curry was a surname.
- A takeaway was a mathematical problem.
- A pizza was something to do with a leaning tower.
- All potato crisps were plain; the only choice we had was whether to put the salt on or not.
- Rice was only eaten as a milk pudding.
- Calamari was called squid and we used it as fish bait.
- A Big Mac was what we wore when it was raining.
- Brown bread was something only poor people ate.
- Oil was for lubricating, fat was for cooking.
- Tea was made in a teapot using tea leaves and never green.
- Sugar enjoyed a good press in those days, and was regarded as being white gold.
- Cubed sugar was regarded as posh.
- Fish didn't have fingers in those days.
- Eating raw fish was called poverty, not sushi.
- None of us had ever heard of yoghurt.
- Healthy food consisted of anything edible.
- People who didn't peel potatoes were regarded as lazy.
- Indian restaurants were only found in India.
- Cooking outside was called camping.
- Seaweed was not a recognised food.
- "Kebab" was not even a word, never mind a food.
- Prunes were medicinal.
- Surprisingly, muesli was readily available, it was called cattle feed.
- Water came out of the tap.
- If someone had suggested bottling it and charging more than petrol for it, they would have become a laughing stock!!

QUICK TIP: Dependent vs Dependant

Americans love simplifying language, so they use the word "dependent" for both the adjective AND noun. But in Australian English, we distinguish the noun (a person who is dependent on someone else – usually a child) as a "dependant", while the adjective (relying on or addicted to) is "dependent".

1. The man was dependent on coffee to wake him up.
2. Meanwhile, his dependants were annoying other patrons in the cafe...

QUOTE of the day

*Life is 10% what happens to you
and 90% how you react to it.*

Charles R. Swindoll

CLASSIFIEDS

CHILD PSYCHIATRIST - OPEN TO REFERRALS SHORT WAITING LIST

- Dr Brenda Heyworth now consults 5 days/week from Nucleus Medical Suites, Buderim.
- Please fax specialist doctor referral
- (No Mental Health Plan needed)

Ph. 5444 5022 Fax. 5444 5033"

September 2016

GP WANTED TO JOIN FRIENDLY TEAM - BUDERIM

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

Please contact Nicola on (07) 5456 1600

Email: pm@betterhealthonbuderim.com.au

September 2016

CONSULTING ROOM AVAILABLE FOR LEASE

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

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

September 2016

GPs REQUIRED FOR BUSY BUDERIM PRACTICE

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

Email shanti@scchealthcentre.com.au

Ph; 0418 714 864.

September 2016

VRGP MOOLOOLABA

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

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

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

August 2016

VRGP or ADVANCED REGISTRAR

Interested in Practice ownership in Peregrine Beach Part time or full time GP who wishes to transition to full practice ownership

- Modern busy mixed billing practice
- Thirty-seven years established, fully accredited
- Medical Director software,
- Family practice
- Friendly supportive staff

Contact GP owner 0407 137 070

GP REQUIRED - O&G PRACTICE - BUDERIM

Excellent opportunity for a GP to join our Integrated Women's Health Practice located in Buderim on the beautiful Sunshine Coast Queensland.

We are looking for a full time or part time VR or Non VR GP to join our well established practice.

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

For further information please contact Dr Dana Moisuc or Danielle Evans, Practice Manager **Ph: 07 5478 3533**

Email: reception@danamoisuc.com.au

July 2016

POSITION VACANT - CALOUNDRA SKIN CLINIC

Non-corporate practice established in 2003

- Private billing, Remuneration by negotiation
- Full time or part time
- Friendly supportive team including nursing support
- Modern premises with three consultation rooms, treatment room and OT
- We are in an area of Work Force Shortage

Dr Alex Morgan 075492 6333(W) 075443 2610(H) after hours Email : tk1doc@gmail.com

July 2016

SPECIAL OPPORTUNITY -MAROOCHYDORE

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

pm.wrnc@yahoo.com.au or 0409 447 096

Continuing as per request.

VR GP REQUIRED – PELICAN WATERS FAMILY DOCTORS

VR GP required for doctor owned Family Medical Centre in Pelican Waters, Caloundra.

Long established, accredited and fully computerised, General Practice with full time experienced Nurse and Receptionist support. Visiting Allied Health Professionals and pathology on site. Mixed billing and flexible working hours available. For further information please contact Practice Manager: **Karen Clarke on 07 5492 1044 or e-mail gbmedcentre@bigpond.com.au. (Afterhours on 0438 416 917)**

Continuing as per request.

Classifieds remain FREE for current SCLMA members, \$110 for non-members.

Ph Jo: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

SCLMA CLINICAL MEETING - 15 SEPTEMBER 2016

Maroochydore Surf Club Function Room, Maroochydore

Speaker: Dr Jonathan Robertson, Interventional Radiologist

Topic: *'Interventional Radiology : It's like Surgery, only Magic'*

Speaker: Dr Rebecca Magee, Sunshine Coast Vascular and Endovascular Surgeon

Topic: *'Advancements in lower limb Arterial Reconstruction'*

Thank you to our Sponsors: Medtronic and National Home Doctor



Left:
Presenters:
Dr Jonathan Robertson and Dr
Rebecca Magee

Sponsor:
Scott Steele from Medtronic.



More photos from Wayne Herdy's Variety Bash drive
to Bathurst with co-driver Bernard Ballantyne

