



SCLMA President's Message

Dr Di Minuskin

It has been a busy month since my last report. I did have the opportunity to meet with Peter Dutton. I used this encounter to voice my concern about placing financial barriers to accessing medical care for the most vulnerable members of our society. We discussed the current funding models that are a disincentive to offering a fully inclusive style of general practice that includes home visits and afterhours care. The future of eHealth and the development of interfacing IT platforms between primary and tertiary care was also on the agenda. It would seem that the government is receiving similar messages on multiple fronts. I hope that the policy writers are listening to those of us that are actually doing the work.

On the subject of IT platforms and communication, Rob Ingham and I attended a meeting at Nambour hospital to discuss ways of improving this. It was a great opportunity to sit down with Medicare Local, SCHHS staff and "grassroots" GPs to discuss the issues and brainstorm some solutions. The desire for improvement is there on both sides, but this may take some time to evolve into a solution. Policy changes have to filter through multiple levels of administration. I am still receiving emails from my colleagues complaining about issues we thought had been resolved and bringing to light new concerns. This is indeed frustrating, but I think with firm resolve and patience we will succeed in improving the flow of information to and from hospital and primary care. Please continue to email me with your "brickbats" and "bouquets" so we can see what is working and what is not.

The last month has seen the release of details on the new Primary Care Networks. I was somewhat concerned to see that the sunshine coast region would be included in an area that extends north to Rockhampton and west to Emerald. It seems a little odd to me that at a state level we have moved toward local governing bodies with Hospital Boards, but this federal model plans to spread its arms over a huge area that has very different health needs and logistic problems.

However I have not read the "manual" on how this is going to work, so perhaps I should hold off judgement.

The BEACH report has also made for interesting reading. A snap shot of the changing face of general practice shows 43% are female, almost half of all GPs are over the age of 55, 98% are computerised, we manage 158 problems for every 100 encounters, one in three consults are for people >65yrs, we are prescribing less drugs, but are ordering more tests. I wonder what the picture will look like in 10 years?



Lastly, on the theme of "What on earth were they thinking", news has come to light about a DIY PAP smear test that has received TGA approval, soon to be available through pharmacies and supermarkets. There appears to be valid concern from the profession about this test. I object to a statement from the makers of this device. They say having a traditional PAP smear "is a lot of time you're wasting". Since when was attending to your health "wasting time"! GPs generally don't just do a PAP smear. It is an opportunity to do a full examination including breast care. Depending on the age of the patient, contraception, urinary symptoms, menopause and multiple other subjects are discussed. In addition, over the years, I have found a few vulval carcinomas and numerous malignant skin cancers including melanomas whilst the patient is disrobed for her PAP smear. DIY medicine is not in the patients' best interest. Another marketing point was avoiding the embarrassment of a PAP smear performed by a doctor. Personally, I would find it a lot more embarrassing standing in line at the supermarket while they called for a price check for "that PAP smear thing" from aisle 7!

Best Wishes, Di Minuskin

**The SCLMA
thanks
Sullivan
Nicolaidis
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for the
distribution of
the monthly newsletter.**



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DECEMBER 2014 NEWSLETTER



**Deadline Date will
be FRIDAY 12th
DECEMBER.**

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 approximately 800 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

Enquiries: Jo Ph: 5479 3979 or 0407 037 112

Email: jobo@squirrel.com.au

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

Directory form available on the website.





Welcome to the G20 edition of the SCLMA newsletter.

You can all stop watching the ABC now, Putin has left the country and Tony Abbott has survived to shirtfront on another day.

Brisbane excelled as a host city and I think we all felt a sense of pride at been able to host the G20.

Protestors behaved, bikies remained in groups of 2 and not 3 and the whole country breathed a sigh of relief when the weekend was over. With soaring heat and record temperatures climate change is surely back on the agenda.

Kevin Hegarty's column this month talks about research projects and new clinical trials. As we transition towards the new University hospital all clinical departments at NGH having been ramping up research and clinical trial opportunities. General Practice is often not aware of these opportunities for their patients, so moving forward I will try and enlist the help of my hospital colleagues to email me details of trials which I will briefly make mention in this column. Kicking this off, Radiation Oncology currently has 2 prostate cancer trials. The first trial "RAVES" is for patients who have had a radical prostatectomy but present with residual disease in the prostate bed and the 2nd current trial is "ENZARAD" which involves radiotherapy plus androgen deprivation therapy plus the new hormone enzalutamide.

I welcome Shaun Rudd's column in regards to helping our junior colleagues, interns find placement to be able to complete their internships. It must be extremely demoralizing if once you have achieved your Bachelor of Medicine, Bachelor of Surgery to then find that you cannot complete your registration because of the lack of intern positions. I congratulate the work the AMA does in this regard and encourage more colleagues to get involved.

Moving on to the topic closest to my heart, good food, I have recently discovered the wonderful science behind great seafood chowder. More will be exposed next month.

For those of you like me who have a year 12 student at home. It has been a rollercoaster 12 months with emotions high and low but to all of them well done, you make us proud.

Bon Appetite

Marcel Knesl

mknesl@oceaniaoncology.com

HIGHLIGHTS:

P 5:	Kevin Hegarty - Health Service Link
P 7:	Dr Shaun Rudd - AMAQ President
P 8:	Dr Sandra Peters GPLO Update
P 9:	Dr Justin D'Arcy - Melanoma Conf
P 11:	Dr Wayne Herdy - Scope of Practice
P 12-13:	Medicare Local Report
P 16-17:	Dr Clive Fraser - Motoring column
P 17:	Intro new member - Dr Bhavesh Patel
P 19:	Case Study - Sunshine Coast Radiology
P 35:	Classifieds

SCLMA CLINICAL MEETINGS

6.30pm for 7pm (over by 9pm)

THURSDAY 27 NOVEMBER 2014

Speaker: Dr Brenda Heyworth

Topic: **A Practical Approach to Diagnosis and Treatment in Child Psychiatry**

Speaker: Dr Erica Baer

Topic: **Child Protection Reforms - what has changed and what hasn't?**

Sponsor: The Property Clinic (Paddy Guildford)

Venue: Maroochydore Surf Club

(Nina Colina, SCLMA Bursary Recipient, USC will attend to give a brief overview of her study)

ENQUIRIES:

Jo Bourke

Ph: 5479 3979 (M) 0407 037 112

Email: jobo@squirrel.com.au

Meeting attendance:

- **Free for current members.**
- **Non members: \$30. (\$50 for Ebb)**
- **Application forms available on night.**
- **Membership forms also available on the website: www.sclma.com.au**

2015 Monthly Clinical Meetings

Attention - Speakers & Sponsors

Thursday 26 February - available

To date we have interest and tentative bookings from:

Sunshine Coast Radiology (Parisa Mediphur)

Qld Fertility Group (Claire Ellem)

Caloundra Private Clinic (Pam Bull)

Samsung (Kaye Swallow)



ANNOUNCES OPENING of the NEW BUDERIM CLINIC 10 KING STREET

Dr John Reardon – Dr Hong Shue – Dr Sorab Shavaksha – Dr Rosanne Middleton

Over the past 16 years the wonderful clinic that was started by John & Sandra Reardon at Cotton Tree continued to grow and grow, and over the past 2 or 3 years it became clear that there would soon come a time when the Clinic could no longer keep up the same level of care previously offered, due to sheer space restrictions and demand for services.

The problem was this : How would the Clinic continue to provide personal, dedicated, family friendly, local care, whilst embracing the change that technology, new ideas and best practice offered, without losing the heart and soul of the existing clinic? Well, the search for a new site was on!!

The philosophy of the business was this : Each patient should be able to drive to the front door, park their car, feel peaceful and relaxed and be able to undertake treatment in the company of family, friends with caring staff and great food.

So we looked, and we looked, and we looked.

Finally, a real option 10 King Street, Buderim.

The new Buderim site had everything. We could offer every patient a spectacular view of the Sunshine Coast and Moreton Bay. We could offer every patient the ability to drive to the front door, with ample free parking. We could offer the surrounds of 6.5 Ha of parkland and bushwalks.

More importantly, we could offer all of this in a facility that could continue to offer the heart and soul of what Sunshine Coast Haematology and Oncology Clinic was all about.

This was a place where we could offer world class treatment with dignified and humanised care. We weren't just going to throw down some vinyl chairs in an 'Oncology Ward', we were going to create something truly different.

We would like to invite all Sunshine Coast GPs and Surgeons to visit us at our new facility. We would also invite any of your patients who may need our care to drop by. It is our mission to take away the fear factor and make your patients, our guests.

Phone, or drop by today.



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For further Information phone : (07) 5479 0000 or www.schoc.com.au



HEALTH SERVICE LINK

November 2014



Over the past year, 63 new research projects were authorised to commence in our health service, including 17 clinical trials of drugs or interventions, 18 clinical and 28 health / social science projects.

This represents a 23.5 percent increase in projects from the previous year, with the most significant increase occurring in relation to clinical trials.

In line with the Research Strategic Plan, the Health Service committed over \$460,000 to new operationally funded research support positions to be established throughout 2014.

The Private Practice Trust Fund also provided funding for a new Clinical Trials Manager position and committed over \$200,000 towards supporting local research projects. Additionally, our Hospital Foundation, Wishlist, continues to increase its financial support for research.

In 2013/14 Wishlist committed \$159,623 to local research projects.

In 2014/15 Wishlist has more than doubled its commitment by allocating \$327,623 for research. Last year also saw the opening of the Sunshine Coast Academic and Research Centre in Nambour.

Research has been a constant feature of our Health Service and Wednesday 22 October 2014 saw our fourth annual Research Day. In keeping with previous years, this event not only provided the opportunity for staff to show-case their research efforts but reflected the increasing level of expertise in research that is emerging across the Health Service. This year also attracted guest speakers:

- Associate Professor Joanne Callen – Senior Research Fellow, Centre for Health Systems and Safety Research, University of New South Wales
- Mr Peter Westwood – Executive Officer, Griffith Health, Griffith University

Our Research Committee, under the astute and committed leadership of Associate Professor Nick Gray, is positioning the organisation well, given that we are now only two years out from the opening of the Sunshine Coast Public University Hospital, which will have as its showpiece the Skills, Academic and Research Centre.

Kevin Hegarty
Health Service Chief Executive
Sunshine Coast Hospital and Health Service
Kevin.Hegarty@health.qld.gov.au



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Pacific Radiology

AMA QUEENSLAND PRESIDENT'S REPORT

Dr Shaun Rudd



Dear members,

It's hard to believe that there is only one newsletter left before the AMA Queensland office packs up for the holidays. This year has been full of great accomplishments: fighting for better contracts for SMOs, working with the government to develop a more viable co-payment model, and continuing to bring new services and offerings to our members.

While the year is winding down, there is still work to be done. As you have probably seen in the media, concerns have been raised recently about Metro North staff changes and ongoing uncertainty surrounding tenure. Doctors are also concerned by the serious nature of current allegations at the executive level relating to probity issues.

AMA Queensland has been and will continue to monitor developments and support our members as these ongoing issues are sorted out. We will be working with the local Medical Staff Association and working to facilitate resolution where possible. In the meantime, we encourage members to call us with any of their concerns.

Major hospital developments haven't just been isolated to Brisbane. We recently saw two senior doctors stood down in Cairns after they spoke with the media about a recent Ebola scare.

The incident in Cairns was a learning experience for all staff involved as well as medical professionals around the country. It's a shame to see two doctors suspended when they could and should be helping the patients who need them, and we will continue to support these members with the goal of reinstatement.

Last month I mentioned concerns over expanding the roles of allied health professionals. In recent months, AMA Queensland has continued to consult with stakeholders and develop a position statement that addresses the scope of allied health professionals.

We will continue to advocate for a system that sees doctors and other medical professionals working together to support patients rather than substituting each other and will keep members updated on any new developments.

In addition to advocacy work, we've brought a number of new events and offerings to members. With intern placements starting soon, a key concern has been ensuring we are supporting our young members during this time in their careers. We recently held our Brisbane Intern Readiness Workshop and will be bringing this workshop to the Gold Coast and Townsville in the next few weeks.

We work to support members at all stages of their careers, but it's always special to welcome and support new members to the field of medicine. This will be a key priority in 2015 as we roll out a new resilience and wellbeing program.

The only way AMA Queensland can continue our vital advocacy work is with a strong membership base. If you are not yet a member, please consider joining by contacting our membership team on 07 3872 2222.

Sincerely,

Dr Shaun Rudd

AMA Queensland President

GPLO SCHHS - UPDATE NOVEMBER 2014



There are important changes taking place in the outpatient departments of Sunshine Coast Hospital and Health Service facilities to improve access to appropriate services for patients.

The volume of referrals being received by SCHHS has increased significantly over the past five years. In addition, the historical information shows that many referrals do not result in significant outcomes for the patient. (For example, the low conversion to surgery rate for patients seeing Orthopaedic surgeons between 2010 and 2013.) Often patients have waited long periods of time only to be advised their particular condition would have been better addressed by other avenues.

There are many other examples in both surgical and non-surgical disciplines.

WHAT THE SCHHS IS DOING

- Reducing waiting times by streamlining patient referrals so that patients are directed to the most clinically appropriate service.
- In collaboration with SCML, we are developing new referral templates that auto-populate with RACGP-suggested minimum information* for all referrals. The template will incorporate a drop down list of specialists for each specialty area and a link to the Referral Guide**.
- Speedy return of those referrals which do not conform to minimum information standards.

WHAT GPS CAN DO

- Contact SCML (see below for contact details) and request a visit from your local Field Officer. They can help you install the latest e-referral template appropriate for your practice software and show you how it links to the Referral Guide.
- Make time to familiarise yourself with the current Referral Guide. Some services may have changed over the years.
- If a referral is returned despite following the Referral Guide, please contact Dr Sandra Peters SCHHS GP Liaison Officer.

*RACGP endorsed referral standards can be found here:

<http://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-6/referral-documents/>

**Additional information regarding SCHHS specialist and allied health services, along with a link to the Specialist Outpatient Referral Guide (PDF download), can be found here:

<http://www.health.qld.gov.au/sunshinecoast/html/services/refer-home.asp>

Dr Sandra Peters, GPLO SCHHS

Sandra.Peters@health.qld.gov.au

Medical administration, 4th Floor, Block 3

Ph 07 5470 6541 Monday, Tuesday, Wednesday 8:30 - 17:00

2nd National SKMRC Melanoma Conference

Perth - 11 October 2014

Justin D'Arcy

I have recently attended the 2nd National Melanoma Conference of Scott Kirkbride Melanoma Research Center in Perth. This is a researchers' meeting and a little difficult for me to understand in places. Below, I have summarised some of the more practical things to come out of this meeting. This area of cancer treatment is moving very quickly, with major advances now established in both Surgical and Medical management.

MEDICAL ADVANCES:

Over the past 2 years, there have been very significant advances in the treatment of melanoma. The knowledge of molecular abnormalities in metastatic melanoma has resulted in the development of multiple drugs targeting the mutant BRAF pathway (dabrafenib). Large Phase III trials have established dual blockade of these pathways, as the standard of care with improvements in response rate, progression-free and overall survival.

Immunotherapy has been a shining light, especially drugs targeting the PD-1/PD-L1 axis (nivolumab, ipilimumab etc), that then hyper stimulate the immune system. Remarkable response rates and durable responses have been seen leading to accelerated approval of these agents for use.

Both these targeted kinase inhibitors and Immune therapies, are making their way out of the management of Palliation for advanced disease, and into the far greater field of adjuvant therapy. Several clinical trials for adjuvant therapy are underway for node positive patients. All of these therapies have quite substantial side effects, and so their use as adjuvants will be keenly watched.

Professor Brian Bermeister then spoke to the prolongation of survival of patients with advanced disease, particularly those who are BRAF mutant. With this has come an increasing role for the use of radiotherapy in patients with limited metastases or in those patients where there is limited progression of some lesions in a situation of overall stability. It is now recognised that high doses of very conformal radiotherapy can lead to durable responses in the brain, spine, lung, liver and adrenal. These responses may also occasionally lead to bystander effects in other non-irradiated tumours, presumably related to an immune response resulting from tumour necrosis.

The BRAF mutation status can be assessed on the skin primary or a secondary deposit. Primary and secondary deposits both maintain their same BRAF status over time.

The value of FDG PET CT in the diagnosis and monitoring of melanoma, particularly in the metastatic setting, is expanding to explore the notion that PET may be a bio marker for tumour radio sensitivity and select some patients for radiotherapy over surgery.

SURGICAL ADVANCES- Sentinel node biopsy:

Charles M. Balch, University of Texas Southwestern Medical Center, gave surgical overview to explain that The Multicenter Selective Lymphadenectomy Trial I (MSLT I), capped a 35 year effort to resolve the controversy of whether surgical excision of regional lymph nodes has a staging or treatment benefit in melanoma patients.

Forerunner clinical trials, the WHO Melanoma Program Trial #14 (in Europe) and the Intergroup Melanoma Program (in the United States) led directly into the design of the Trial known as MSLT I, which began in 1994, culminating in the final report 20 years later in the February 14, 2014 issue of NEJM.

Professor John Thompson explained trial results show that, disease-free survival is prolonged by management based on SN status (i.e. with immediate completion lymph node dissection in patients found to be SN-positive), and indicate that there is a substantial survival benefit for SN-positive patients with intermediate-thickness melanomas treated in this way, compared with those who do not have SN biopsy and undergo node dissection later, when metastatic regional node disease becomes clinically apparent (10YS 62.1% versus 41.5%, $p=0.006$)

The data also clearly demonstrates the useful prognostic melanoma specific 10 yr survival difference for this same group if node positive 62% or if node negative 85%.

Who needs a sentinel node biopsy?

The SLNB trial supports a benefit for patients being offered SLNB when the primary tumour is 1.2-3.5mm in thickness. The likelihood of a positive node then is 17%. However, if SLNB is offered to all primary tumours over 1mm thickness or, when the primary is thinner than this but ulcerated or with high mitotic rate, the incidence of a positive node should be in excess of 10%. Nodal deposits of even 0.1mm size make a significant difference in prognosis.

There seems a diminishing role for previously standard chemotherapy in melanoma:

As trials further explore the place for these new targeted therapies beyond palliation and into the adjuvant setting, an even greater emphasis will develop to assess those at highest risk and in need, of what will shortly be, a new standard of care in the primary management of Melanoma beyond surgery.

Justin D'Arcy.



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 eight 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 Sea Eagles and the Sunshine Coast Stingrays.

Individual treatment plans are developed for each patient encompassing pre-operative care, surgery and non-operative treatment and a post operative plan leading up to and including a return to sport assessment.

Dr Lawrie works hand in hand with the patient's physiotherapist, coaching staff etc as needed to get the best possible outcome. Communication with allied health professionals is the key in this regard.

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.

Some 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 within 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.

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: info@sunshineortho.com.au
www.sunshineortho.com.au

- ❖ Acute patellar dislocation may respond to surgical repair if surgery is offered in the first 2 weeks after the injury.
- ❖ Early ACL surgery in the young active patient/sportsman.

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.

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SCOPE OF PRACTICE

Wayne Herdy

Wearing another hat, I was recently asked to give an opinion about delegated authorities. If I order somebody else to do a medical task that the person has been trained to do, can that person legally do that task?

The answer, in a more innocent day, used to be pretty clear. If the person had been given adequate training, and especially if I knew the person's capabilities and trusted them to do that job, then I could give them the instruction, and they were well protected legally if they obeyed my instructions.

Those innocent days are gone. The legal position that I was asked to give advice on turned out to be far less clear than it was even a decade or so ago (and in retrospect it was fairly murky even then).

Translating that into everyday modern practice, we are bedevilled today by legal complexities.

In general practice, we are used to giving instructions to our practice nurses. But some practice nurses are RNs and some are ENs. Do their employers really understand the limitations of their respective scopes of practice?

Some idiosyncratic practices train their practice nurses to perform tasks that most practice nurses might hesitate to do. Look at the emerging single-purpose practices such as skin clinics, sports medicine clinics, or womens' health centres, that all practise narrowly but still under the rubric of primary care. Are their practice nurses practising within their recognized scopes of practice?

In specialist practice, nurses perform tasks which are increasingly specialized, tasks which their employers trained them to perform but which were not taught in their nursing training. Nurse practitioners are today being trained as endoscopists and anaesthetists. How far can "scope of practice" be stretched before it will break?

Pushing the boundaries of "scope of practice" even further, the medical profession watches with alarm as pharmacists are urged to test the limits more and more. Over the past few years, we watched pharmacies promote their skills in diabetes and asthma management, and perform ultrasound examinations on heels to diagnose osteoporosis. Few pharmacists took the risk inherent in providing sick notes for employers, but the opportunity was well publicized at the time. Most alarmingly, they are probing deeper and deeper into the territory of mass immunization.

"Scope of practice" is a mobile definition. I am (I hope) competent at performing tasks, managing technologies, and prescribing medications that were undreamed-of when I graduated four decades ago. My scope of practice has expanded and deepened over those years. Nobody has re-credentialled me – and that prospect is an inevitable part of the future of medicine. But while I am confident that I am practising within my capabilities, who is really keeping a close watch over the scopes of practice of those who work beyond my control?

The opinions expressed herein are, as always, those of your correspondent,

Wayne Herdy.



SUNSHINE COAST MEDICARE LOCAL UPDATE

Highlights from 2013-14

Pattie Hudson CEO

Sunshine Coast Medicare Local (SCML) started the year with 11 team members and rapidly increased in number during the first quarter, to enable us to undertake the additional functions of general practice and allied health support, at the direction of the then Department of Health and Ageing. SCML finished the year with a team of 30, and although remaining lean in structure (in comparison with other Medicare Locals), with grand ideas and hard work, the SCML team have been able to rise to the challenge of keeping people well and out of hospital with specific outcomes for the community.



SCML's Annual Company Report is available on our website, but in the meantime, here is a taste of what we achieved in 2013-14:

- A significant addition to primary and allied health services in the remote towns in the Gympie district has been established via local clinics and transport solutions;
- Enhancement of after hours services in areas such as Cooroy, Maleny and the Hinterland;
- 190 health leaders participated in the Think Health forum to share and shape ideas for the future of primary health care in the region. Outcomes included:
 - Gympie Collaborative Network has been established to encourage a collaborative approach to creating solutions to meet the health needs of the Gympie region
 - The development of a new Bachelor of Health Science (Aboriginal and Torres Strait Islander Health) at University of the Sunshine Coast
 - A new subject at University of the Sunshine Coast 'Think Health' has been created, – using health as a key resource for a sustainable future
- An accommodation facility is providing short term housing in Nambour for people with severe and persistent mental health needs requiring sub-acute care;
- We 'took the pulse' of 2,113 participants in our health survey which has helped shape our regional health needs and develop a targeted Health Needs Assessment;
- 30 Cultural Awareness sessions have been conducted to support culturally appropriate healthcare services for Aboriginal and Torres Strait Islander people in the region;
- General practice and allied health professionals were supported by SCML's Health Outcomes Team by practice visits, education and professional development;
- A range of initiatives have been established to treat aged care residents and respiratory patients outside a hospital setting where appropriate
- Accreditation achieved through the Medicare Local Accreditation Scheme, with no noncompliance areas identified.

SUNSHINE COAST MEDICARE LOCAL UPDATE/ cont:

eReferral Support:

The Field Officers at SCML will be assisting practice managers and GPs by the end of November 2014 with the installation and orientation of the new and updated eReferral that replaces the old Tactical eReferral templates previously used.

Secure Messaging training can and will be provided to providers that require assistance with sending these eReferrals electronically to the OPD.

This updated eReferral template and further ongoing updates will also be available on the SCML website to import into your software as well.

For support, please contact Vanessa Lynn on vlynn@scml.org.au or **5456 8100**

Innovative clinical audit pilot:

Sunshine Coast Medicare Local (SCML) is undertaking a series of Australian-first innovative clinical audit pilot projects with General Practices across the Sunshine Coast and Gympie regions in support of the Sunshine Coast Hospital and Health Service (SCHHS) Redesign Unit.

Through a unique combination of RACGP-endorsed **Quality Improvement (QI)** and **Continuing Professional Development (CPD)** activities, the aims of this pilot are to:

1. Assist General Practice teams in the implementation of robust systems that support the increase in active screening/detection in the following areas:
 - Osteoporosis; osteopenia
 - Asthma
 - Chronic obstructive Pulmonary Disease and,
2. Support General Practitioners in the application of current best practice therapeutic Guidelines through the increased engagement of patients with both pharmacological and non-pharmacological therapies and risk-reduction activities.

The University of the Sunshine Coast (USC) is partnering with SCML in this project through the provision of ethics approval and research assistance. It is expected that this research assistance will lead to publication in relevant Journals.

To register your Practices' interest in this innovative pilot please email:

Dr Zoltan Bourne: zbourne@scml.org.au or

Jodie Sargent: jsargent@scml.org.au

This activity has been approved by the RACGP QI&CPD Program.

40 Category 1 points – (Activity: 15250)

2014-2016 Triennium

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Admitting Psychiatrist



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Ph: 5452 0506 **Fx:** 5444 7299

Dr Todd Cash

Consultant Psychiatrist
MBBS, RACGP, FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorder, Trauma-related Disorders.

Ph: 5478 4244 **Fx:** 5444 3670

Dr Fionnuala Dunne

Consultant Psychiatrist
MB.MRCPsych., FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, Eating Disorders, Drug & Alcohol Dependence, PeriNatal Mental Health.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Sharon Harding

Consultant Psychiatrist
MBBS (NSW), FRANZCP
Admitting Psychiatrist



General Adult Psychiatry, Women's Mental Health, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, PTSD and Trauma, Work-related Injuries & Medico-legal.

Ph: 5452 0506 **Fx:** 5444 7299

Cooinda Mental Health Service offers:

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A Group Therapy program offering evidence based programs in:

- Cognitive Behavioural Therapy (CBT) for Low Mood & Depression
- Cognitive Behavioural Therapy (CBT) for Anxiety
- Overcoming Addiction
- Mental Health for Young Adults (18 – 25 years)
- Mental Health for Older Adults (65 years+)

Family Carers: No-cost monthly information sessions available, presented by the clinical team.

Each patient will have a treating Consultant Psychiatrist and a clinical team: Registrar in Psychiatry, Psychologists, Mental Health Clinical Nurses, Occupational Therapist, Exercise Physiologist and access to other specialists as required (Medical Services, Social Worker, Dietician).



General Enquiries 1300 78 04 13

Dr Dhushan Illesinghe

TSCPH Director of Psychiatry
MBBS, MD(Psych), FRCPsych., FRANZCP

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, One-Off Urgent Assessments, Diagnosis clarification.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Chris Martin

Consultant Psychiatrist
MBBS, FRANZCP

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorder, Trauma-Related Disorders, Grief & Loss, Alcohol Dependence.

Ph: 5478 4111 **Fx:** 5478 4109

Dr Mohamed Milad

Consultant Psychiatrist
MBBS, FRANZCP, MRC PSYCH (UK),
D.P.M (IRE) Cert. Psychogeriatric (UK)

Admitting Psychiatrist



General Adult Psychiatry, Older Persons Psychiatry, Memory Disorders, Mood Disorders, Stress Disorder, ADHD, Autism Spectrum Disorder.

Ph: 5444 8066 **Fx:** 5444 8055

DAY PROGRAM ADMISSIONS

Dr Michelle Lien

Consultant Psychiatrist
MBBS, FRANZCP

Day Program Admissions



General Adult Psychiatry, Mood Disorders, Anxiety Disorders, Psychotic Disorders, Adjustment Disorders, Personality Disorders.

Ph: 5452 0506 **Fx:** 5444 7299

Dr Quentin Mungomery

Consultant Psychiatrist
MBBS, FRANZCP

Day Program Admissions



General Adult Psychiatry, PTSD.

Ph: 5456 1766 **Fx:** 5456 1421

WHAT DO I DO NOW?

Contact your preferred Admitting Psychiatrist on the phone number/s listed above
OR

For more information contact Cooinda Mental Health Service
Phone 1300 78 04 13 or email scph.cooinda@uhealth.com.au

Cooinda Mental Health Service

The Sunshine Coast Private Hospital
12 Elsa Wilson Drive, Buderim
www.tscph.com.au

The Sunshine Coast
Private Hospital
at Buderim



MEDICAL MOTORING

with Dr Clive Fraser



Car servicing and the Hippocratic Oath

"At your service"

Car manufacturers spend millions every year on developing systems and software that keep new cars on the road.

It is therefore not surprising that they might be motivated to take steps to protect their intellectual property.

Hollywood and record companies have taken a financial battering because of the unlawful downloading of movies and music so why wouldn't car companies try to maintain ownership of their data.

But by refusing to share all of this information, owners may then be obligated to take their vehicles back to the dealer for even the most basic repairs.

I've experienced how annoying this is first-hand when my car simply got a flat battery.

My vehicle lowers the windows slightly when the doors open so when my car senses a low voltage from the battery my windows just keep coming down.

Not so good if it's raining or you want to secure the vehicle because you can't get it started

Fortunately, my road-side assist got me going again, but they couldn't reset the air-bag warning light which is the default warning for any fault with my vehicle.

So off to the dealer I went for half a day and \$100 to reset the service light.

But there are lots of places in Australia that don't have a dealer for every type of vehicle on the road.

And as a key differential from movie and music piracy, independent repairers have always offered to pay for the use of the information.

But that still hasn't produced consensus between the manufacturers/importers represented by FCAI (Federal Chamber of Automotive Industries), the dealers represented by AADA (Australian Automotive Dealer Association) and the independent repairers represented by AAAA (Australian Automotive After-market Association).

FCAI and AADA last month pointed out that a 2012 review by CCAAC (Commonwealth Consumer Affairs Advisory Council) found that "there does not appear to be any evidence of systemic consumer detriment regarding the sharing of service and repair information in the automotive industry".



From that you might infer that it was all sorted, but CCAAC also recommended that, "the automotive industry develop, within a reasonable period of time, an outcome that ensures there is a process for independent repairers to access repair information".

Two years later that hasn't occurred and FCAI and AADA still claim that they are "the only organisations that appear to be making progress on this matter" with a voluntary code.

AAAA have fired back with accusations that FCAI has "walked away from the negotiation table" and that the voluntary code is "biased and inadequate".

FCAI have accused AAAA of "abandoning the process", a little unfair I feel when they released the voluntary code without consulting the other parties.

AAAA say that restricting access to the information is anti-competitive and restricts the owner's choice of repairer.

As a peace offering VACC (Victorian Automobile Chamber of Commerce) has offered to make their extensive repair information library available to all independent repairers in Australia.

Apparently the VACC call centre currently answers 98 per cent of received technical enquiries.

AADA say that, "It's therefore difficult to understand what repair information AAAA wants, which is not readily available at a small cost, or provided as part of being a VACC member".

MEDICAL MOTORING /CONT with Dr Clive Fraser

That all looks like smoke and mirrors to me because AAAA have clearly said that they, "are seeking access to the information, tools and training required to diagnose faults, repair and maintain today's technically complex vehicles under 'fair and reasonable' commercial terms".

And just getting back to that 98% figure I'd bet that 2% relates to the information about the flux capacitor which we all know is a very important component in modern cars.

Whilst I'm not a betting man I'm putting my money on the little guys at AAAA who have said that, "as these are the same multinational car companies operating in the Australian market, we must ask the FCAI: 'Why do you believe Australian consumers do not deserve the same rights as car owners in Europe and North America?'

As doctors we are spared these silly arguments about who owns the fleas on the dog.

After all the Hippocratic Oath states that, "I will teach them my art without reward or agreement; and I will

impart all my acquirements, instructions, and whatever I know, to my master's children, as to my own; and likewise to all my pupils, who shall bind and tie themselves by a professional oath, but to none else".

Enough said!

Safe motoring,

Doctor Clive Fraser



Introducing new member

Dr Bhavesh Patel (Paediatric Surgeon) **MBChB (Otago, NZ), FRACS**

Dr Patel brings considerable expertise to the Sunshine Coast in the specialty areas of minimally invasive surgery (laparoscopy and thoracoscopy), paediatric and neonatal surgery, urology and burns.

As well as Sunshine Coast University Private Hospital and Nambour Selangor Private Hospital, he holds appointments at Lady Cilento Children's Hospital (previously known as Royal Children's Hospital), Mater Children's Private Brisbane and Nambour General Hospital.

Dr Patel was brought up in New Zealand and trained in major centres including Auckland, Wellington, Hamilton and Dunedin before moving to Australia and completing his training in Brisbane and Sydney.

A keen teacher, he is an active senior lecturer with the University of Queensland School of Medicine, a faculty member of the Academy of Surgical Educators with the Royal Australasian College of Surgeons and a co-founder of the Australasian Paediatric Surgery Research Interest Group.

He holds memberships with the Australia and New Zealand Association of Paediatric Surgeons; Society of Paediatric Urologists of New Zealand and Australia; International Paediatric Endosurgery Group; Australia and New Zealand Burns Association and the International Children's Continence Society.

Dr Patel looks forward to working in close collaboration with you to provide multidisciplinary care and ensure the best outcome for all patients.



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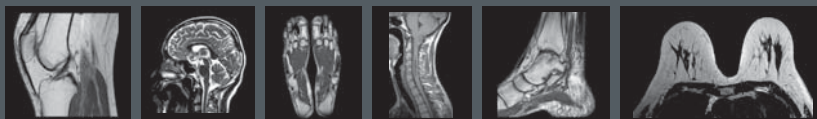


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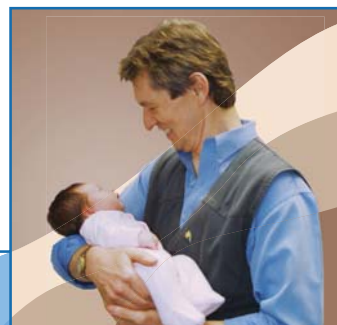
Having delivered so many babies, James Moir understands that every pregnancy is special and that every woman has different needs. He'll be there through the important stages of your patient's pregnancy to ensure that she and her child receive the highest level of individualised treatment and care.

So, as her long journey begins, you can confidently recommend Dr. James Moir as the experienced guide to help her through those important steps with knowledge, care and understanding.

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Web: www.moirmedical.com.au
Phone: 5444 0799

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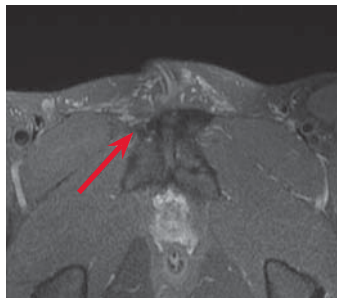




Sports Hernia

Findings

There is avulsion of the proximal right adductor longus muscle. This injury appears long standing as it is not associated with any intramuscular or bony oedema. The left adductor longus muscle appears normal.



Diagnosis

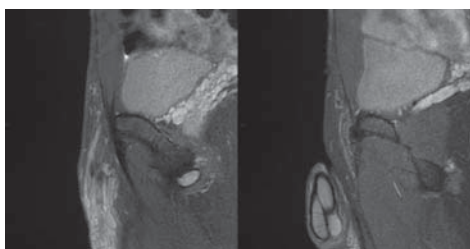
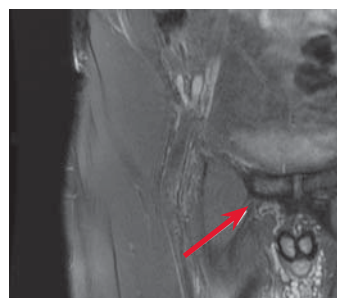
Findings in keeping with long standing avulsion of adductor longus tendon (sports hernia/athletic pubalgia)

Discussion

Clinical features

Athletic pubalgia is a diagnosis of exclusion. Other more important cause of groin pain must first be ruled out. The symptoms are usually very nonspecific and include:

- tenderness on palpation of the medial inguinal floor
- tenderness on palpation over the pubic ramus
- exacerbated pain with resisted hip adduction



Radiological features

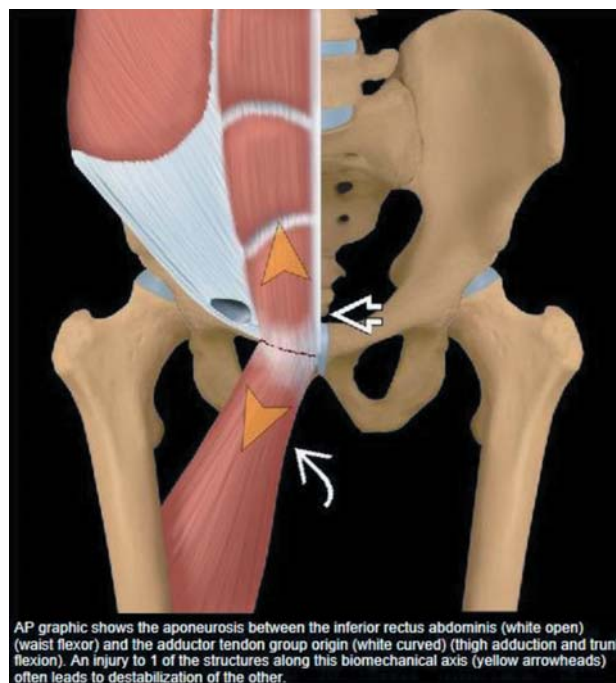
This diagnosis can only be made on MRI and findings are usually very subtle. Specific protocol for this pathology must be done to give a proper diagnosis. The most specific finding is a hyperintense T2WI signal involving the anteroinferior aspect of the pubic

symphysis. Other findings include:

- osteitis pubis
- tenoperiosteal disruption of the aponeurosis or frank tear
- marrow oedema at the pubic tubercle

Differential diagnosis

- piriformis syndrome
- hip adductor injury
- pelvis stress / insufficiency fracture



Etymology

The name sports hernia is a misnomer, since there isn't an actual hernia. However, it is commonly misdiagnosed as an inguinal hernia and the surgical approach is similar to hernia repair.



Health = Wealth, but Wealth may need to fund Health.

By Kirk Jarrott

It can be said that health is your wealth, but when your patients need to go into Aged Care they can be severely hamstrung from a financial perspective. This article gives you some idea of the costs involved with Aged Care and we also discuss eligibility to the Commonwealth Seniors Health Card (CSHC).

The Living Longer, Living Better (LLLb) legislation came into effect on 1 July 2014. These changes are in response to Australia's ageing population and the resulting challenges facing the current aged care system. While the changes are designed to make aged care costs more transparent for consumers, aged care will remain a highly complex area.

There are 2 key changes firstly, certain aged care places which cannot impose accommodation bonds (namely high level aged care places without extra services) will be able to go forward. Secondly, the abolition of bond retention by aged care providers (currently aged care providers can retain up to \$19,860 of the accommodation bond over five years) means that the size of accommodation bonds can be expected to rise.

Making the decision to move into aged care can be highly stressful not only for the elderly person involved but also their family, as they decide:

- whether or not to sell the family home;
- what to do with the family home, if retained;
- how to and how much of the accommodation bond to pay;
- how to pay other ongoing aged care costs.

Accommodation bonds average \$327,844 according to KPMG (May 2013). The daily aged care fee is calculated depending upon the individual's income and assets by the Department of Human Resources (Centrelink). The basic daily fee is \$47.15 per day or \$660.10 per fortnight. This does not include extra services so the daily care fee which can be very expensive for a family to finance.

The CSHC concession card provided to self-funded retirees of age pension age who are not eligible to receive the age pension cuts out at \$51,500 for single and \$82,400 combined taxable income for couples.

In summary, when we are considering financial goals for our clients we look towards what they may need if their wealth is to support their health.

Best regards

Kirk Jarrott BComm, DFP, AD(Acc)

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Way Out West



dr. plonk

If you venture a little further past the “dress circle” of Melbourne wineries, you start to discover the intertwined pathways of rural development, gold discovery and grape growing. One such area is the Grampians, some 2 ½ hours west of Melbourne and includes towns like Ararat, Great Western and Stawell.

It is an area I know well with my wife's family having a sheep farm in the region. The early days of travel from QLD to Victoria seemed such a drudge until I discovered these wineries in relative close proximity. VB and Carlton draft was replaced by Best Bin 0 Shiraz, Seppelts St Peters Shiraz etc.

The wines can vary from micro-climate and region. Shiraz is somewhat consistent with well-developed dark fruits but with either white or black pepper notes depending on vintage conditions. Aromatic Riesling is probably the consistent white variety with lovely florals and acidity.

Some of the oldest vines exist in these areas and are quite diverse, for e.g. Vermintino, Dolcetto; Menieur. The more recognized wineries such as Seppelts, Bests, Mt Langhi Ghiran and Montarra continue to produce top shelf table wine. There are a number of emerging stars such as Mt Cole Wine works, Grampian Estate and Michael Unwin wines.

Seppelts, with 150 year old vineyards, is best known for benchmarking Australian sparkling wines with many overseas accolades. They practically invented sparkling burgundy. It is rumored Dame Nelly Melba wanted to take a bath in champagne so the boys at Seppelts obliged by filling a tub up with 213 bottles of fizz. It was rumored that when she had finished the wine was too good to waste so it was rebottled: 214 rebottled? Work that out!

There's a palpable sense of history at Bests of Great Western, established in 1893. The Semi-retired Viv Thompson is a true gentleman of the industry. He has handed the reins to the 5th generation, his son Ben Thompson. Viv takes you on a guided tour of the winery and it is more akin to a mother hen tending her developing hatchlings.

The famous Royal Mail Hotel in Dunkeld stands as a beacon to the weary traveler. High class rooms, degustation menus and a 100 plus page wine list that

always ranks top 5 in Australia. It's a great place for your base if travelling in the region. Also visiting the asylum for the criminally insane, the notorious J ward in Ararat is a quirky thing to do. Also plenty of good eats in Ararat.

Wines Tasted

Best's Great Western Bin 0 Shiraz 2012- Color- deep red to purple. Nose- Spikey plums and floral notes with French oak influences with hints of leather. Palate- Big juicy wine from fruit oak and tannin integrated to be a splendid drink now, but give 7-9 years to peak. Have with steak tartar

Mt Cole Fenix Rising Shiraz 2010- owned by a colleague, Dr Graham Burtuch, this is an award winning wine. Colour- deep red/purple. Nose- dark berries, savory notes and white pepper. Luscious palate with a lingering tannic finish. !0 year keeper. Have with game pie.

Seppelt Great Western St Peter Shiraz 2012- Very dark purple. Nose- savory dark fruits, more spicy and peppery than most local Shiraz. Palate- Controlled fruit expression. Tannins and oak effect balance fruit flavors. Still very young. At least 5 years to make full sense of this wine. Have with smoked beef strips.

Michael Unwin Tattooed Lady Shiraz 2012-medium red color. Nose- more cherry lighter fruits but elegant rose petal nuances with white pepper. Palate – abundant fruit that is balanced well with its own medium body structure. Quite a velvety and” drink now “wine. Have with crispy skin Vietnamese duck.



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NEW ZEALAND

Besides its diverse and stunning natural beauty, New Zealand is also famous for boasting some of the world's finest culinary treats and most savory wines. As a matter of fact, a great number of Foodies and Oenophiles consider New Zealand as their ultimate slice of heaven on earth.

Come with me, as we take you to a gastronomic journey from the most talked about Pacific Rim cuisine to the long stretch of wine vineyards all throughout the country.

The Traditional Hangi Cooking Method

Take a bite of New Zealand's food culture by experiencing a Hangi feast. Hangi is a traditional way of cooking food that was introduced by the Maori natives. It uses heated rocks and wet sacks to slowly cook wrapped meat and vegetables in an underground pit oven. Experience the Maori culture and delight yourself in a Hangi feast by visiting Tamaki Maori Village in Rotorua.

The Modern Pacific Rim Cuisine

The Modern Pacific Rim cuisine is a mouthwatering medley of fresh local produce from the freshest mussels to the juiciest, best-tasting roast lamb. Kiwis love to jazz their food with unusual twists but equally appetizing and pleasing to the palate. They like infusing herbs and spices to add flavor to their contemporary dish. Their cuisine is a playful fusion of British, Asian and Maori flavors.

Wine Tasting Adventure

New Zealand has a long stretch of vineyards reputed as the best wine-producers in the world. It is believed that Kiwis owe their high-quality wines to their climate which lengthens the ripening period. This accounts for their wines to age gracefully.

Taste your way to the classic wine trails from Hawke's bay in the North to Marlborough in the South. These wineries don't only have the best tasting wine, but they also produce the finest cheese.



The Bustling North Island

The Bay of Islands is a playground for beach lovers and water athletes. Here, you may swim with the dolphins, sail a yacht, go on a boat cruise, forest hikes, helicopter tours or simply lay your towel on the beach as the soothing sound of the waves melt your worldly worries away. After enjoying beach and sand, let us go back in time and visit Waitangi Treaty Grounds, which is one of New Zealand's most significant historic sites.

There are a lot of things to do and enjoy in the Hamilton-Waikato region. For one, the Hobbit-sized village and the lush greeneries that you see in the Lord of the Rings movie was filmed here. The Waitomo Cave is also a must-see attraction, as it is also home to light-emitting glow worms, which give the cave's stalactites and stalagmites a stunning glow. It is indeed a sight and beauty to behold!

Southside Adventure at Queenstown

Known as the Adventure capital of New Zealand, Queenstown offers a wide range of activities. For those who fancy a mid-air adventure, bungee jumping, swinging and flying fox are all available. If water adventure is more of your thing, you can do whitewater rafting, river surfing and canyon swinging. But if that is not thrilling enough for you, try doing some skydiving, paragliding, snow skiing or hang gliding.

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Your Sunshine Coast Shoulder Physio Team...

SHOULDER TEAM COMMENCES ROTATOR CUFF TEAR PILOT STUDY

Simon Burley and Louise Meek, are very experienced shoulder Physiotherapists from Sports and Spinal Physiotherapy centres. Through their commitment to shoulder Physiotherapy both have been accepted into the Shoulder & Elbow Physiotherapist Australasia group.

Simon and Louise are currently establishing a pilot study in conjunction with a number of Sunshine Coast Orthopaedic surgeons and Bond University.

The study is investigating the effectiveness of a specific shoulder physiotherapy protocol they have developed over a number of years for the treatment of rotator cuff tears.



"A recent article by Kuhn et al. (Journal Shd Elb surgery 2013), investigated the effectiveness of physiotherapy treatment on atraumatic full-thickness rotator cuff tears. They found that physiotherapy was effective 75% of the time with significant improvements in patient-specific outcome scores, and the fact a low percentage of patients elected to have surgery. These results were achieved with only one physiotherapy session per week over 12 weeks."



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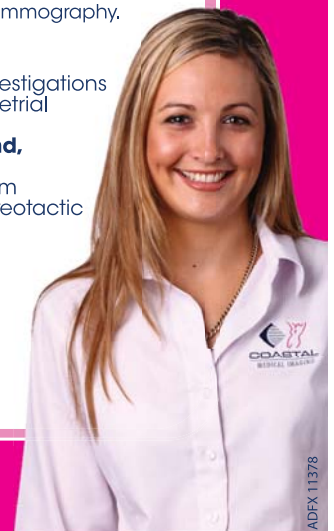
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Ph: 5438 5959

Maroochydore
Unit 1, Cnr Horton &
Plaza Parades
Ph: 5443 8660

Noosa
Noosa Private Hospital
Pav A, 111 Goodchap St
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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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<u>PRACTICE ADDRESS:</u> This is for delivery of your monthly invitation and monthly newsletter by Couriers from Sullivan Nicolaides Pathology thus avoiding postage costs to the SCLMA.				
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<u>ALTERNATE ADDRESS:</u> (if practice address not applicable)				
	Street:			
	Suburb:		Postcode:	
	Phone:			
<u>PRACTITIONER DETAILS:</u>				
	Qualifications:			
	Date of Birth:		Year of Graduation:	
	Hospital employed / Private Practice (cross out one)			
	General Practice / Specialist (cross out one)			
	Area of Speciality:			
<u>PLEASE NOTE:</u> <i>Retired doctors who wish to join the Association are required to attach a letter of good standing from their respective College.</i>				
<u>PROPOSERS:</u> (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).				
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Full-time ordinary members - GP and Specialist	\$ 55.00	Your Monthly Invitation		
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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				
<u>Please note:</u> <i>Membership applications will be considered at the next Management Committee meeting.</i>				

The Sunshine Coast Local Medical Association has Public Liability Insurance

**SUNSHINE COAST LOCAL MEDICAL ASSOCIATION
MANAGEMENT COMMITTEE MEETING
THURSDAY 25 SEPTEMBER 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES
(Accepted at Committee meeting 23 October 2014)**

The meeting opened 1815.

Attendance: Drs Rob Ingham, Scott Phipps, Jenny Grew, Peter Ruscoe, Mason Stevenson, Denise Ladwig, Scott Masters, Peter Dobson (Medicare Local), Nigel Sommerfeld, Jo Bourke (Observer)

Apologies: Drs Di Minuskin, Wayne Herdy, Jeremy Long, Marcel Knesl, Byron Oram, Kirsten Hoyle, Fiona McGrath.

Minutes of last meeting: 28 August 2014.

The Minutes were accepted as a true and accurate record.

Moved: Peter Ruscoe. Seconded: Rob Ingham.

Business arising from Minutes: *Nil*

President's Report: *Dr Di Minuskin - Apology*

Vice President's Report : Dr Rob Ingham.

- Co-payment – Budget blow out and unsustainability of the health care system refuted by recent report (AIHW, showing Australia's growth in health care expenditure is the lowest since the mid 1980s). Thus the co-payment issue remains problematic. Rob noted that general practice is the most efficient area of the health system. Thus while academic research is worthy of financial investment, it should not be at the expense of general practice.
- Musculoskeletal Clinic – Rob spoke of a patient taken off the waiting list by the clinic's physio, without medical intervention and with advice to him to re-refer if he required his patient to be returned to list. Rob felt that the clinic's protocols should be reviewed and the process investigated.
- Further discussion indicated that the Clinic is three months into six month trial. Peter Dobson stated that in fact patients and GPs find this system to be working.
- Rob and Di to follow up with Sandra Peters.

Secretary's Report: *Dr Wayne Herdy - Apology*

Correspondence In: (tabled by acting secretary)

- Warren Bunker SC Council – request to discuss future growth on Sunshine Coast
- Warren Bunker – confirmation meeting with Di Minuskin 17 Oct 2014, Caloundra Council
- Vivien Griffin SCEC – Invitation to Forum on Climate Change

- Phil Johnson, Focus Health Network – notice of closure end Sept 2014

Correspondence Out:

- Di Minuskin – to Scott Phipps – re closure FHN
- Di Minuskin – to Phil Johnson re closure or FHN
- Di Minuskin – to Ian Colledge - re representing SCLMA at Climate Change Forum

Business arising from Correspondence: *Nil*

Treasurer's Report : *Dr Peter Ruscoe*

(a) Accounts to be paid:

- Australia Post – Account August 2014
- Office National – Account August 2014
- Jo Bourke – Secretariat August 2014
- Jo Bourke – Newsletter September 2014
- C Bourke – Genetique – September website updates
- Snap Printing – September Invitations 2014
- Snap Printing – September newsletter 2014
- Jo Bourke – reimbursement secure bin cost

Dr Peter Ruscoe moved... 'that the Treasurer's report be noted and that the payments be approved'. Seconded: Rob Ingham. Carried.

(b) Membership Report.

- Dr Georgina Hale (General medicine, TSCPH)
- Dr Jacqueline Heagney (Defence/Occupational Medicine, Maroochydore)

The membership applications were accepted.

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

Meetings Convenor Report: *Dr Scott Masters*

- Christmas in July 2015 – discussion re venue and date. Feedback to be sought re these decisions;
- October 23 meeting – Ebb Waterfront Dining – Dr Karl Schulz. Dr Shaun Rudd, President AMA Qld will attend to meet members and speak briefly
- November 27 meeting – Dr Brenda Heyworth and Dr Erica Baer. USC Bursary recipient, Nina Colina will attend the meeting. Mdore Surf Club Function Room.

Focus Health Network Report: *Dr Scott Phipps – Apology*

Medicare Local Report: *Dr Peter Dobson:*

- Peter reported they are 'in limbo' with boundaries still to be announced. With FHN closing there is the

**SCLMA MANAGEMENT COMMITTEE MEETING
THURSDAY 28 AUGUST 2014
Maroochydore Surf Club Function Room, Maroochydore
MINUTES /cont:**

need to direct services with confusion as to where information will come from.

- Medicare Local is currently advertising for a liaison position;
- The Heath Outcome Team (HOT) is organising training dates to achieve better outcomes; Peter Ruscoe expressed need for dedicated meetings for GPs.
- Need for regular report in the SCLMA newsletter to inform members. Jo Bourke to follow up with CEO.

Hospital Liaison Report: Dr Jeremy Long - Apology

General Business:

- Agreements between SCLMA and Jo Bourke and Carol Hawkins are due for renewal;
- Jo to circulate to committee members for perusal prior to the October meeting.

Meeting Close: 1855

Next Meeting: Thursday 23 October 2014

Ebb Waterfront Restaurant, Duporth Ave, Maroochydore.

Dr Jenny Grew, Acting Secretary.

MEMBERSHIP UPDATE

Current membership is 335.

Membership Applications to be tabled at the Committee meeting 27 November:

- Dr Nutan Kumta, Anaesthesia
- Dr Bhavesh Patel, Paediatric Surgery
- Dr Olivia Bigault, Radiation Oncology
- Dr Chris Raman, MSK Radiology

Application form is available on the SCLMA website

Also Directory form if you would like your details published on the website. (Please check your details if you are already on the Members Directory and fax update if any changes.

www.sclma.com.au

Monthly newsletter available to non-members, practice managers, allied health workers etc via email each month.

Email: jobo@squirrel.com.au

REDCLIFFE LOCAL MEDICAL ASSOCIATION NEWSLETTER

Redcliffe LMA produces a similar newsletter

For full details re advertising go to their website:

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

ADVERTISING GUIDELINES:

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

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

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

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

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10 BEST CADDY REMARKS

#10 Golfer: "Think I'm going to drown myself in the lake."
Caddy: "Think you can keep your head down that long?"

#9 Golfer: "I'd move heaven and earth to break 100 on this course."
Caddy: "Try heaven, you've already moved most of the earth."

#8 Golfer: "Do you think my game is improving?"
Caddy: "Yes, you miss the ball much closer now."

#7 Golfer: "Do you think I can get there with a 5 iron?"
Caddy: "Eventually."

#6 Golfer: "You've got to be the worst caddy in the world."
Caddy: "I don't think so. That would be too much of a coincidence."

Who Should Be Concerned?

- All Medical Practitioners in active practice
- Medical Practitioners approaching senior years of practice
- Senior Doctors on the General, Specialist and the General and Specialist Registers
- Medical Students who need mentors and teachers from the medical profession
- Medical Teaching and Training Institutions which rely on experienced medical professionals to teach and supervise.
- All members of the community concerned about the availability of health service practitioners in the event of a national or state disaster.

Thousands of Senior Doctors have been and will be affected because of exclusion from and closure of the LRPIOP category on the 1st of July 2013

How does the Board define 'practice'?

Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.

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#5 Golfer: "Please stop checking your watch all the time. It's too much of a distraction"
Caddy: "It's not a watch - it's a compass."

#4 Golfer: "How do you like my game?"
Caddy: "Very good, but personally, I prefer golf."

#3 Golfer: "Do you think it's a sin to play on Sunday?"
Caddy: "The way you play, it's a sin on any day."

#2 Golfer: "This is the worst course I've ever played on."
Caddy: "This isn't the golf course. We left that an hour ago."

#1 Best Caddy Comment:
Golfer: "That can't be my ball, it's too old."
Caddy: "It's been a long time since we teed off, sir.."



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November 2014

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Ph: 5444 7344 Fx: 5477 7037

Email: markdewet@outlook.com

- **Mark also continues to work, part time at Caloundra and Nambour public hospital.**

October 2014

TWO GP POSITIONS AVAILABLE - ONE OF WHICH IS DWS

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October 2014

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- Great team, flexible hours, remote access & newly built rooms.
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For a confidential enquiry contact:

adam@coastalfamilyhealth.com.au

or ph: 0412 577 725

October 2014

PSYCHIATRIST - DR PAUL CADZOW - NEW CLINIC

- Dr Paul Cadzow has a special interest in psychotherapy, including Cognitive Behavioural Therapy, Positive Psychology and Psychodynamic Psychotherapy. Dr Cadzow treats conditions including depression, anxiety, PTSD, and perinatal psychiatry for patients aged eighteen and above.
- Dr Cadzow has begun working at Clear Sky Specialist Centre, Suite 8, 102 Burnett Street, Buderim QLD 4556 (2 doors away from his previous practice)

Ph: 5456 2190 Webpage: www.clearskyclinic.com.au

Referrals via Medical Objects are preferred.

October 2014

PSYCHIATRIST - DR REBECCA WILD

- Dr Rebecca Wild treats a wide range of psychiatric conditions in children and adolescents, and has a particular interest in early intervention with infants and under fives.
- Weekly sessions in February 2015 at Clear Sky Specialist Centre, Suite 8, 102 Burnett Street, Buderim QLD 4556.

Ph: 5456 2190 Webpage: www.clearskyclinic.com.au

Referrals via Medical Objects are preferred.

DR ROSANNE MIDDLETON, CLINICAL PSYCHOLOGIST

- Dr Paul Cadzow, Consultant Psychiatrist, and Clear Sky Specialist Clinic is very pleased to announce that Dr Rosanne Middleton will be joining the practice from November 2014.
- Dr Rosanne Middleton is a qualified and endorsed Clinical Health Psychologist with many years experience working on the Sunshine Coast in both the public and private settings.
- Dr Middleton utilises evidence-based therapies in the assessment, diagnosis and treatment of various psychological disorders, including Anxiety Disorders, Mood Disorders, Adjustment Disorders, Health behaviour change, and Grief and Loss.

Accepting referrals now.

Ph: 5456 2190 Fax: 5456 1853

Webpage: www.clearskyclinic.com.au

October 2014

CHANGE of ADDRESS:

Sunshine Coast Haematology and Oncology Clinic

Dr John Reardon / Dr Hong Shue / Dr Sorab Shavaksha

- Please note, our rooms previously located at 32 Second Avenue, Cotton Tree ... and Level 2, Esplanade & Second, Cotton Tree are **NOW CLOSED**

NEW ADDRESS : 10 King Street, Buderim

Ph: 5479 0000 Fax: 5479 5050

October 2014

CHANGE OF ADDRESS - DR DAVID COLLEDGE, SURGEON, GENERAL / COLORECTAL.

- Dr Colledge has moved his consulting rooms to Suite 9B, Nucleus Medical Suites, 23 Elsa Wilson Drive, Buderim.
- Dr Colledge is continuing to operate at the Sunshine Coast Private Hospital Buderim and Nambour Selangor Private Hospital.

Ph: 5478 1449 Fax: 5444 2740

September 2014

ORTHOPAEDIC SURGEON – DR LUKE MCDERMOTT – RELOCATION

- Dr Luke McDermott wishes to advise he has relocated from Suite 18 to Suite 8, Sunshine Coast University Private Hospital, 3 Doherty Street, Birtinya, Qld 4575.

All Appointments: (07) 5438 8900, Fax: (07) 5302 6818.

September 2014

DR AJAY VERMA - CONSULTANT SPECIALIST PHYSICIAN,

- Has credentialling and admitting rights for Sunshine Coast University Private Hospital, Birtinya, from 1st September 2014. Now accepting new general medicine private inpatients at SCUPH.
- Consulting Rooms - Nucleus Medical Centre,
- Suite 8, Level 2, Sunshine Coast Private Hospital, Buderim 4556

Ph: 07 5479 6886 Fax: 07 5479 6889

For Inpatient referrals - Fax 07 5302 6660

September 2014

*Classifieds remain FREE
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Email: jobo@squirrel.com.au

Classifieds remain on the list for 3months.

SCLMA CLINICAL MEETING - 23 OCTOBER 2014

Ebb Waterfront and Dining, Duporth Avenue, Maroochydore
Dr Karl Schulze, Vascular Surgeon - *'A Vascular Surgical Update'*
Sponsors - Covidien and Sunshine Vascular



Dr Janusz Bonkowski with Dr John Evans



Dr Edwin Kruys, new member Dr Georgina Hale
with Dr James Muir



Dr John Blenkin with Dr Moses Mutiah



Dr Kevin Barker with SCLMA Life Member,
Dr Clem Nommensen



Dr Fabio Brecciaroli with Dr Geoffrey Byrne

Right:
Presenter
Dr Karl
Schulze,
Vascular
Surgeon
with Jayne
Schulze

